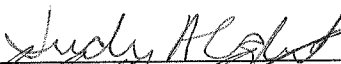



**COUNCIL COMMUNICATION**

<b>DATE:</b> May 11, 2010	<b>AGENDA NO. VIII. A. B. 3</b>	<b>SUBJECT:</b>
<b>Department Head:</b> Judy A. Egbert, City Clerk 		Tastings Permit Application – Beer Keg Depot
<b>City Manager:</b>  Nathan M. Cherpeski		
<b>PRESENTED BY:</b> Judy A. Egbert		

**Recommendation**

Approve Tastings Permit.

**Background**

Through Ordinance No. 6, 2010, Council opted in to allow Tastings at Retail Liquor Stores. This is the first application received under that authority.

**Factual findings:**

- The application is complete and the appropriate fee paid.
- Dates are specified on the application. These dates may be amended by the applicant giving the City Clerk 48 hours notice prior to the event.
- Server training has been documented.
- This permit will expire at the same time as the underlying liquor license, November 20, 2010.

**Issue Before the Council**

Does Council wish to approve this permit?

**Alternatives**

- Approve the permit.
- Do not approve the permit, specify potential reasons for denial, and set a date for a hearing.

**Fiscal Impact**

This is the first Tastings Permit to be requested. The level of City resources required are yet unknown, although the anticipation is that the impact will be minimal.

**Legal Opinion**

Available at the meeting if needed.

**Conclusion**

By enacting the ordinance, Council has agreed to allow Tastings. This permit application sets in motion the first of these.



May 10, 2010

City of Alamosa  
Liquor Authority  
PO Box 419  
Alamosa, CO 81101

Attn: Judy Egbert  
City Clerk

Attached is our paperwork to get our tasting license for Alamosa City. Attached is a check for \$100.00. Below is our control plan for the tasting events. Attached are also copies of our employee's certificates of TIPS training.

Our control plan is as follows: We would follow the guidelines from the State of Colorado on doing tastings. We are hoping to do 4 to 6 tastings a month. Attached are the dates that we are thinking of doing tastings. At this time this is far enough in advance for us. If for some reason those dates do not work or we want to add an additional day we will contact the City Clerk at least 48 hours in advance. We plan on doing our tastings between the hours of 1 and 6pm. We will have a person responsible for doing a log book that each person that is participating in the tasting that will have their id documented and verified that no one under the age of 21 or a person that is intoxicated is applying for the tasting. Each participant can only have up to four tastings total. We will have a wrist band that will be punched each time they have a tasting.

After the tasting is complete the product will either come home with the owners, or the vendor that is supplying the product.

If there is anything else you need please let us know.

Sincerely,

A handwritten signature in black ink, appearing to read "Cheryl O'Dowd", with a long horizontal flourish extending to the right.

Cheryl O'Dowd  
Secretary/Treasurer

City of Alamosa  
Liquor Store and Liquor-Licensed Drugstore  
TASTINGS PERMIT APPLICATION

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The following must accompany this application:

- \$100 application fee for initial application; OR
  - \$25 for annual renewal fee
  - Written control plan describing how the tastings events will be controlled and conducted in accordance with the Colorado Liquor Code and City of Alamosa ordinances (please include identification verification, monitoring unconsumed samples, destruction of unconsumed product after the event, and any other measures you will do)
  - Responsible Vendor Training documentation for each employee
- 

Name of Applicant (exactly as it appears on Retail Liquor Store or Liquor-Licensed Drugstore License): High Plains Investments, Inc.

Trade Name (d/b/a): Beer Keg Depot

Contact person: Dennis or Cheryl O'Dowd

Address of Premises (must match the underlying liquor license):  
603 Del Sol Drive Alamosa, CO 81101

Mailing address (if different from Premises): PO Box 2000 Alamosa CO 81101

Business phone: (719) 589-2960 State license number: 18-13995-0000

Tastings are requested on the following dates/times. You may apply for any number of tastings up to the annual maximum of 50 on this form. If not all 50 are requested at this time, you may request additional dates by notifying the City Clerk's office no later than 48 hours prior to the event. This schedule may be modified in the same manner. Attach additional pages if necessary.

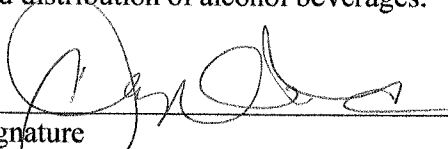
<u>Day of the week</u>	<u>Date</u>	<u>Time (start/end)</u>
<u>Thursday</u>	<u>May 20, 2010</u>	<u>1:00 pm to 6 pm</u>
<u>Saturday</u>	<u>May 22, 2010</u>	<u>1:00 - 6:00</u>
<u>Saturday</u>	<u>June 12, 2010</u>	<u>1:00 - 6:00</u>
<u>Saturday</u>	<u>June 19, 2010</u>	<u>1:00 - 6:00</u>

Saturday	June 26, 2010	1:00 - 6:00
Saturday	July 10, 2010	1:00 - 6:00
Saturday	July 17, 2010	1:00 - 6:00
Saturday	July 24, 2010	1:00 - 6:00
Saturday	July 31, 2010	1:00 - 6:00
Saturday	August 7, 2010	1:00 - 6:00
Saturday	August 14, 2010	1:00 - 6:00
Saturday	August 28, 2010	1:00 - 6:00
Saturday	Sept 11, 2010	1:00 - 6:00

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Certification of Applicant

I hereby certify that the information in this application and all attachments is true, correct, and complete to the best of my knowledge; that it is my responsibility to assure that all employees conducting tasting events be certified in the state-approved Responsible Vendor Training; that my liquor license is valid and is in full force and effect; and that it is my responsibility and the responsibility of my agents and employees to comply with all applicable local and state laws, rules, and regulations as they relate to the serving, selling, and distribution of alcohol beverages.

  
 \_\_\_\_\_  
 Signature

*Secretary / Treasurer*  
 \_\_\_\_\_  
 Title

5-7-10  
 \_\_\_\_\_  
 Date

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Approval of the Local Licensing Authority

\_\_\_\_\_  
 Kathleen J. Rogers, Mayor

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Judy A. Egbert, City Clerk

\_\_\_\_\_  
 Date

**Congratulations!**

By successfully completing the TIPS (Training for Intervention ProcedureS) program, you have taken your place in the forefront of a nationwide movement to reduce the tragedies resulting from the misuse of alcohol. We value your participation in the TIPS program.

You will help to provide a safer environment for your patrons, peers and/or colleagues by using the techniques you have learned and taking a positive approach towards alcohol use.

If you have any information you think would enhance the TIPS program, or if we can assist you in any way, please contact us at 703-524-1200. Thank you for your dedication to the responsible sale and consumption of alcohol.

Sincerely,

Adam F. Chafetz  
President, HCI

For assistance or additional information, contact Health Communications, Inc. by using the information provided on the reverse side of your certification card. There is a minimal charge for a replacement card if your original card becomes lost, damaged or stolen.

<b>TIPS</b>	Off Premise	SSN:	XXX-XX-XXXX	
	Issued:	4/9/2010	Expires:	3/28/2013
	ID#:	2756544	D.O.B.:	XX/XX/XXXX
<p>NANCEE SIMS Po Box 2000 Alamosa, CO 81101-7000</p>				
<p>For service visit us online at <a href="http://www.gettips.com">www.gettips.com</a> Cynthia Flanagan, 52212</p>				

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<b>TIPS</b>	Off Premise	SSN:	XXX-XX-XXXX	
	Issued:	4/9/2010	Expires:	3/28/2013
	ID#:	2756546	D.O.B.:	XX/XX/XXXX
<p>NURA ISMAIL Po Box 2000 Alamosa, CO 81101-7000</p>				
<p>For service visit us online at <a href="http://www.gettips.com">www.gettips.com</a> Cynthia Flanagan, 52212</p>				

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<b>TIPS</b>	Off Premise	SSN:	XXX-XX-XXXX	
	Issued:	4/9/2010	Expires:	3/28/2013
	ID#:	2756548	D.O.B.:	XX/XX/XXXX
<p>KRISTINA SMEDBERG Po Box 2000 Alamosa, CO 81101-7000</p>				
<p>For service visit us online at <a href="http://www.gettips.com">www.gettips.com</a> Cynthia Flanagan, 52212</p>				

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<b>TIPS</b>	Off Premise	SSN:	XXX-XX-XXXX	
	Issued:	4/9/2010	Expires:	3/28/2013
	ID#:	2756540	D.O.B.:	XX/XX/XXXX
<p>CHERYL O'DOWD Po Box 2000 Alamosa, CO 81101-7000</p>				
<p>For service visit us online at <a href="http://www.gettips.com">www.gettips.com</a> Cynthia Flanagan, 52212</p>				

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<b>tips</b>	Off Premise	SSN:	XXX-XX-XXXX
Issued:	4/9/2010	Expires:	3/28/2013
ID#:	2756541	D.O.B.:	XXXX/XXXX
DANIELLE O'DOWD Po Box 2000 Alamosa, CO 81101-7000			
For service visit us online at <a href="http://www.gettips.com">www.gettips.com</a> Cynthia Flanagan, 52212			

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<b>tips</b>	Off Premise	SSN:	XXX-XX-XXXX
Issued:	4/9/2010	Expires:	3/28/2013
ID#:	2756642	D.O.B.:	XXXX/XXXX
DENNIS O'DOWD Po Box 2000 Alamosa, CO 81101-7000			
For service visit us online at <a href="http://www.gettips.com">www.gettips.com</a> Cynthia Flanagan, 52212			

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<b>tips</b>	Off Premise	SSN:	XXX-XX-XXXX
Issued:	4/9/2010	Expires:	3/28/2013
ID#:	2756543	D.O.B.:	XXXX/XXXX
TOM MANZANARES Po Box 2000			