

Onsales Beer Permit Initial Inspection

(Change of Business Name/Ownership Only)

Beer Permit # _____

Business Name: _____

Business Address: _____

- I confirm that no changes to the permitted space have occurred or will take place.
- I confirm that I meet all of the following requirements:
 - Seating for at least 16 persons in place
 - Hot/cold running water in restrooms
 - Adequate number of restrooms available to the public
 - Food available to the public at all times
 - Mechanisms to keep beer cold in place
- I confirm that to the best of my knowledge all of the information provided in this form is true.

*Please print your full name, sign and date below

First Name Last Name

X
