

Offsales 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:
 - Mechanisms to keep beer cold in place
 - Required Beer Signs posted
 - [Beer Sign 1](#)
 - [Beer Sign 2](#)
 - [Beer Sign 3](#)
- 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	Date
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X
