



IDAHO STATE LIQUOR
DIVISION
Store Sample Tasting Event
Request Form



NAME OF REQUESTOR AND SUPPLIER FOR PRODUCT	
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PHONE NUMBER AND EMAIL ADDRESS OF REQUESTOR	
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PRODUCTS FOR TASTING: INCLUDE NABCA #, MIXER TYPE AND COCKTAIL SOLUTION IF APPLICABLE	
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SALES GOALS AND OBJECTIVES FOR THE TASTING:	
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DATES REQUESTED: INCLUDE FIRST AND SECOND CHOICES	
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STORE LOCATIONS RECOMMENDED: SHOULD BE BASED ON LOCATIONS WITH THE HIGHEST PROPENSITY TO SELL THE PRODUCT	
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TIME OF EVENT: MAXIMUM TO BE SCHEDULED IS 2 HOURS.	
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PERSON(S) OR AGENT TO CONDUCT THE EVENT: MUST BE 21 YEARS OF AGE WITH VALID ALCOHOL SERVER/SELLER CERTIFICATION	
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SUPPLIES OR EQUIPMENT REQUESTED FROM ISLD: EX; ELECTRICAL OUTLET	
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WHAT SUPPLIES WILL YOU BRING WITH YOU:	
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POS MERCHANDISE TO BE GIVEN TO CUSTOMERS IF APPLICABLE (OPTIONAL)	
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BY FILING THIS REQUEST, I AGREE TO OPERATE UNDER THE REQUIREMENTS OF TITLE 23 AND ALL OTHER APPLICABLE IDAHO LAWS AND REGULATIONS.

BY SIGNING THIS, I, _____, ACKNOWLEDGE THAT ALL THE INFORMATION PROVIDED IS TRUE AND CORRECT, AND THAT I AGREE TO MEET THE OPERATING CONDITIONS AS SPECIFIED IN THE GUIDELINES FOR CONSUMER TASTINGS OF DISTILLED SPIRITS.