

Notice of Taste Test Research

Illinois Liquor Control Commission - Alcoholic Beverage



Company conducting marketing research: _____

Marketing research firm responsible for the study: _____

Address: _____ Contact: _____

_____ Title: _____

_____ Phone: _____

Name of Distributor: _____

Address: _____ City: _____ State: _____ Zip: _____

Field Service Location:	Interview Location:
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____

Date(s) of taste test: _____ Total Time Elapsed at the facility: _____ hours

Number of samples: _____ % Alcohol by volume: _____ Volume of each sample: _____ ounces

Total participants: _____ Participation Reward: \$ _____ Participants' Age: _____ – _____ years old

Protocol and Responsible Drinker Provisions: The manufacturer will provide the product and they will be responsible for any taxes, if applicable. Participants must be at least 21 years of age and are required to present government issued photo identification prior to beginning each interview. Participants are instructed to eat something before coming to their interview. They must sign a release form to attest that they are of legal drinking age, they have no medical condition that requires them to avoid alcohol, and they have not had any alcoholic beverages twelve hours prior to their scheduled appointment. Participants must sample the product at their own pace. They may not drive themselves home and must instead have a designated driver (who must sign in at the facility. Sandwiches, snacks, and non-alcoholic beverages should be provided after consumption of the samples. Time elapsed at the facility must correspond to 5 minutes for every ounce of beer, 12 minutes for every ounce of wine, and 10 minutes for every quarter-ounce of spirit.

Email this form to: Dean.Argiris@illinois.gov