



OFFICE OF THE CLERK AND RECORDER
REQUIRED DOCUMENTS LIST
BED AND BREAKFAST PERMIT APPLICATION

As of May 2021

A. APPLICATION (State Form DR 8447):

1. Complete appropriate sections.
2. Attach fees:
 - a. \$25.00 payable to El Paso County Clerk and Recorder.
 - b. \$71.25 payable to Colorado Department of Revenue.
3. Attach diagram of the premises to be licensed:
 - a. Maximum size of 8½ x 11 inches.
 - b. Approximate dimensions and interior description.
 - c. Outline and initial perimeter of the licensed premises in bold ink.
 - d. Indicate "North" with an arrow.
4. Attach a copy of the Resolution approving a Use Subject to Special Review allowing the Bed and Breakfast. (if applicable)

B. PROOF OF POSSESSION OF PROPERTY:

1. Deed, lease, or assignment of lease:
 - a. Executed and signed by all parties involved.

C. FINANCIAL DOCUMENTS:

1. Purchase agreement or stock transfer agreement.
2. Notes and/or loans (assumed, banks, previous owner).
3. Affidavit (on source of all funds invested).

D. PARTNERSHIP AGREEMENT (not needed if husband and wife) (if applicable).

E. CORPORATE DOCUMENTS (if applicable):

1. Complete appropriate sections of State Form DR 8177 (Limited Liability Company and Corporate Report of Changes).
2. Complete Articles of Incorporation date stamped by the Secretary of State (if incorporated less than two years).
3. Certificate of Good Standing (if the corporation is at least two years old). The Certificate must be dated within the last two years and may be obtained via www.sos.state.co.us or the Secretary of State's Office at (303) 894-2200.
4. Certificate of Authority (if a foreign corporation).
5. Minutes of corporate meeting (reflecting elections, resignations, stock breakdown, etc.).

F. **LIMITED LIABILITY COMPANY DOCUMENTS (if applicable):**

1. Complete appropriate sections of State Form DR 8177 (Limited Liability Company and Corporate Report of Changes).
2. Articles of Organization date stamped by the Secretary of State or Certificate of Good Standing. A Certificate of Good Standing may be obtained via www.sos.state.co.us or the Secretary of State's Office at (303) 894-2200.
3. Operating Agreement.
4. Certificate of Authority (if a foreign company).
5. Minutes of meeting (reflecting elections, resignations, etc.).

G. **BACKGROUND INFORMATION:**

(Required for each individual applicant; each general or limited partner owning at least ten percent interest; each officer, director and stockholder owning at least ten percent of stock for corporations; and limited liability company members with at least a ten percent ownership interest.)

1. Individual History Record (State Form DR 8404-I).
2. Fingerprint receipt (see Section I.3.).

H. **MANAGER INFORMATION:**

1. Applicant as Manager:
 - a. One color photograph (front facial). Write the name, position, and month/year on the back of each photograph.
 - b. Licensee's Statement Regarding Knowledge of Colorado Liquor/Beer Laws.
2. Separate and Distinct Manager:
 - a. Individual History Record (State Form DR 8404-I).
 - b. One color photograph (front facial). Write the name, position, and month/year on the back of each photograph.
 - c. Licensee's Statement Regarding Knowledge of Colorado Liquor/Beer Laws.
 - d. Fingerprint receipt (see Section I.3.).

I. **ADDITIONAL INFORMATION:**

1. **APPLICATION SUBMITTAL:**

Submit all documentation (one set of originals) and fee(s) to the Clerk to the Board Department, Citizens Service Center, 1675 W. Garden of the Gods Road, Colorado Springs, Colorado between 8:00 a.m. and 5:00 p.m., Monday through Friday.

2. **EMAIL:**

Please provide an email address for license renewal correspondence.

3. **FINGERPRINTING:**

(As of November 1, 2018, all applicants must use a third-party vendor to submit fingerprints for a liquor license background check.)

Vendor & Appointment Scheduling Websites:

IdentoGO: (855) 845-7434

<https://uenroll.identogo.com/workflows/25YQHT>

American BiIdentity: 720) 292-2722

<https://www.americanbiidentity.com/>

4. COLORADO LIQUOR AND BEER CODE:
WEB SITE: <https://www.colorado.gov/pacific/enforcement/liquor-enforcement-laws-rules-regulations>

*IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT
THE CLERK TO THE BOARD DEPARTMENT AT (719) 520-6430.*

Bed and Breakfast Permit Application

Applicant is a:

- Corporation Partnership
 Individual Limited Liability Company

1. Name of Applicant		State Sales Tax Number	
2. Trade Name of Establishment (DBA)		Email Address	
3. Address			Phone Number
City	County	State	Zip Code
4. Mailing Address (Number and Street)	City or Town	State	Zip Code

- Attach a copy of a deed or lease in the exact name of the applicant only, reflecting possession of the permitted area for at least the minimum duration of this permit (1 year from date of issuance).
- Attach a diagram of the premises which accurately reflects the area where alcohol beverages will be stored, served, possessed or consumed.

Pursuant to 44-3-412, C.R.S., Applicant hereby states that it qualifies for a Bed and Breakfast Permit, in order to serve complimentary alcohol beverages, and certifies to the State Licensing Authority:

_____ That it has no more than 20 sleeping rooms, and
 _____ That it provides at least 1 meal per day at no charge other than for overnight lodging, and
 _____ That it does not sell alcohol beverages by the drink or in sealed containers, and
 _____ That it will not serve alcohol beverages for more than 4 hours in any one day, as follows:

Monday Hours		Tuesday Hours		Wednesday Hours		Thursday Hours		Friday Hours		Saturday Hours		Sunday Hours	
From:	m.	From:	m.	From:	m.	From:	m.	From:	m.	From:	m.	From:	m.
To:	m.	To:	m.	To:	m.	To:	m.	To:	m.	To:	m.	To:	m.

Oath of Applicant

I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.

Signature	Title	Date
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Report and Approval of Local Licensing Authority (City/County)

The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the applicable provisions of Title 44, Articles 4 and 3, C.R.S., as amended.

THEREFORE, THIS APPLICATION IS APPROVED.

Local Licensing Authority (City or County)	Date filed With Local Authority
Signature	Title
	Date

Report of State Licensing Authority

The foregoing has been examined and complies with the filing requirements of Title 44, Article 3, C.R.S., as amended.

Signature	Title	Date
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DO NOT WRITE IN THIS SPACE - FOR DEPARTMENT OF REVENUE USE ONLY

Date License Issued	License Account Number	Period

\$50.00 (Cash Fund)	\$21.25 (OAP Fund)	TOTAL
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DR 8177 (06/10/19)
COLORADO DEPARTMENT OF REVENUE
 Liquor Enforcement Division
 (303) 205-2300

Report of Changes Corporation, Limited Liability Company and Partnership Liquor and Fermented Malt Beverage Licenses

LLC/Partnership
 Corporation **See Instructions and Fee Schedule on Page 2**

1. Corporate/LLC Partnership Name		2. State Tax Account Number		3. State Liquor License Number	
4. Trade Name				5. Telephone Number	
6. Address of Licensed Premises		City	State	ZIP	
7. Mailing Address if different than above		City	State	ZIP	
8. LIST ALL officers, directors (corporation) or Managing Members (LLC) or General Partner(s). Each officer, Director, Managing Member or Partner MUST FILL OUT a DR 8404-I (Individual History Record).					
Position Held	Names	Home Address	DOB	Replaces	
9. LIST ALL 10% (or more) Stockholders or 10% (or more) Members or 10% (or more) Limited Partners. Each person listed Must Fill out a DR 8404-I (Individual History Record)					
Stockholders/Members/Partners owning 10% (or more) of business	%	Home Address	DOB	Replaces	
10. Registered Agent			Address For Service		
Oath of Application I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge.					
11. Authorized Signature		Title		Date	
Report of Local Licensing Authority The foregoing changes have been received and examined by the Local Licensing Authority.					
12. Local Licensing Authority For				<input type="checkbox"/> County <input type="checkbox"/> Town/City	
Signature		Title		Date	
Attest				Date	
Do Not Write In This Space – For Department of Revenue Use Only					
Liability Information					
License Account Number	Period	Cash Fund	Total		

Instructions

Corporation, Limited Liability Company or Partnership Report of Changes

NOTE: ENCLOSE A CHECK PAYABLE TO THE AUTHORITY WHERE THIS APPLICATION WILL BE FILED FOR \$100.00 FOR EACH PERSON LISTED IN SECTIONS 8 AND 9 ON THE APPLICATION. MASTERFILE APPLICANTS MUST INCLUDE A FEE OF \$250.00 FOR EACH PERSON LISTED PAYABLE TO THE COLORADO DEPARTMENT OF REVENUE. (Application filed directly to the state)

NOTE: Check the appropriate box at the top to indicate whether you are Limited Liability Company (LLC), Partnership or Corporation.

Attach the following supporting documents to the Report of Changes Application:

- Certificate of Incorporation (or) Date stamped Articles or, Partnership Agreement (Limited and General Partnerships)
- Certificate of Good Standing dated within the last two years
- Certificate of Authority (only if a foreign corporation)
- Copies of minutes of meetings by the Corporation, Limited Liability Company or Partnership supporting the changes reflected on the front of this application. This includes letters of resignation, or appointment of any officers, or directors of a Corporation, or any managing member or members of a Limited Liability Company, or any general or limited partner in a Partnership (including husband and wife partnerships).
- NOTE: If the Licensee as listed on Line 1 has a sole stockholder that is a Corporation, or LLC, or Partnership, attach a letter designating one officer, or managing member or the general partner to be the "principal person" for the applicant. This person MUST ALSO fill out a DR8404-I (Individual History Record) and submit fingerprints by making an appointment with an approved State Vendor through the Vendor's website:

The vendors are as follows:

IdentoGO - <https://uenroll.identogo.com/>

Phone: 844-539-5539 (toll-free)

IdentoGO FAQs: <https://www.colorado.gov/pacific/cbi/identification-faqs>

Colorado Fingerprinting – <http://www.coloradofingerprinting.com>

Appointment Scheduling Website:

<http://www.coloradofingerprinting.com/cabs/>

Phone: 720-292-2722

Toll Free: 833-224-2227

This application and all supporting documents must FIRST BE FILED WITH, AND APPROVED BY, THE LOCAL LICENSING AUTHORITY (CITY, TOWN, COUNTY). Applications will not be accepted unless all applicable questions are fully answered, all supporting documents correspond exactly with the name of the applicant.

1. List the name of the Corporation or Limited Liability Company or Partnership
2. List the State Sales Tax Number.
3. List the Applicant's State Liquor License Number.
4. List the Trade name of the business.
5. List the area code and telephone number of the business.
6. List the complete address, City, State and Zip Code, of the licensed premises.
7. List your mailing address if different than number 6 above.
8. List all officers, directors of a corporation, or all managing members of the LLC, or General Partners of Limited or General Partnerships. List the person's Position, Home Address, Date of Birth and the name of the person being replaced (if applicable).
9. List all 10% (or more) stockholders or members or Partners, and indicate ownership percentage, Home Address, Date of Birth, and the name of the person they purchased ownership interest from (if applicable).
10. List the name and address for service of the Registered Agent.
11. A person authorized to sign on behalf of the Applicant must sign the application, list their title, and the date the application was signed.
12. **To be filled out by the local licensing authority only. List the name of the authority and indicate if the authority is a county, town/city. Then sign the application, list your title and attest the city/county officials signature and date the application.**

Individual History Record

To be completed by the following persons, as applicable: sole proprietors; general partners regardless of percentage ownership, and limited partners owning 10% or more of the partnership; all principal officers of a corporation, all directors of a corporation, and any stockholder of a corporation owning 10% or more of the outstanding stock; managing members or officers of a limited liability company, and members owning 10% or more of the company; and any intended registered manager of Hotel and Restaurant, Tavern and Lodging and Entertainment class of retail license

Notice: This individual history record requires information that is necessary for the licensing investigation or inquiry. All questions must be answered in their entirety or the license application may be delayed or denied. If a question is not applicable, please indicate so by "N/A". Any deliberate misrepresentation or material omission may jeopardize the license application. (Please attach a separate sheet if necessary to enable you to answer questions completely)				
1. Name of Business	Home Phone Number	Cellular Number		
2. Your Full Name (last, first, middle)	3. List any other names you have used			
4. Mailing address (if different from residence)	Email Address			
5. List current residence address. Include any previous addresses within the last five years. (Attach separate sheet if necessary)				
Street and Number	City, State, Zip	From	To	
Current				
Previous				
6. List all employment within the last five years. Include any self-employment. (Attach separate sheet if necessary)				
Name of Employer or Business	Address (Street, Number, City, State, Zip)	Position Held	From	To
7. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry.				
Name of Relative	Relationship to You	Position Held	Name of Licensee	
8. Have you ever applied for, held, or had an interest in a Colorado Liquor or Beer License, or loaned money, furniture, fixtures, equipment or inventory to any licensee? (If yes, answer in detail.)				<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you ever received a violation notice, suspension, or revocation for a liquor law violation, or have you applied for or been denied a liquor or beer license anywhere in the United States? (If yes, explain in detail.)				<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? (If yes, explain in detail.) Yes No

11. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? (If yes, explain in detail.) Yes No

12. Have you ever had any professional license suspended, revoked, or denied? (If yes, explain in detail.) Yes No

Personal and Financial Information

Unless otherwise provided by law, the personal information required in question #13 will be treated as confidential. The personal information required in question #13 is solely for identification purposes.

13a. Date of Birth		b. Social Security Number		c. Place of Birth		d. U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
e. If Naturalized, state where			f. When		g. Name of District Court		
h. Naturalization Certificate Number		i. Date of Certification		j. If an Alien, Give Alien's Registration Card Number		k. Permanent Residence Card Number	
l. Height	m. Weight	n. Hair Color	o. Eye Color	p. Gender	q. Do you have a current Driver's License/ID? If so, give number and state. <input type="checkbox"/> Yes <input type="checkbox"/> No # _____ State _____		

14. Financial Information.

a. Total purchase price or investment being made by the applying entity, corporation, partnership, limited liability company, other.
\$ _____

b. List the total amount of the **personal** investment, made by the person listed on question #2, in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases or fees paid. \$ _____

*** If corporate investment only please skip to and complete section (d)**
**** Section b should reflect the total of sections c and e**

c. Provide details of the personal investment described in 14b. You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment	Account Type	Bank Name	Amount

d. Provide details of the corporate investment described in 14 (a). You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment	Loans	Account Type	Bank Name	Amount

e. Loan Information (Attach copies of all notes or loans)

Name of Lender	Address	Term	Security	Amount

Oath of Applicant

I declare under penalty of perjury that this application and all attachments are true, correct, and complete to the best of my knowledge.

Authorized Signature	Print Signature	Title	Date
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**LICENSEE'S STATEMENT REGARDING
KNOWLEDGE OF COLORADO LIQUOR/BEER LAWS**

The Board of County Commissioners, as local licensing authority, and the El Paso County Sheriff's Office, as the enforcement agency for the local licensing authority, both expect a licensee to be knowledgeable of the Colorado liquor/beer laws. A licensee has the affirmative duty to read and understand the Colorado Liquor and Beer Codes and seek further clarification of such information if necessary.

I, _____, hereby state that I have read the Colorado Liquor and Beer Codes and the regulations promulgated thereunder and understand the contents thereof.

Signature

Date