

REQUIRED DOCUMENTS LIST
CHANGE(S) TO A LIQUOR OR FMB LICENSE
As of May 2021

A. CHANGE OF CORPORATE STRUCTURE:

1. Corporate Report of Changes (State Form DR 8177):
 - a. Complete Item Nos. 1-11.
 - b. Attach fee(s):
 - (1) Check payable to El Paso County Clerk and Recorder in the amount of \$100.00 per officer/member.
 - (2) Not required for a position shift of an existing officer.
 - (3) Not required if an applicant with five or more chain stores has created a “master file” with the State Liquor Enforcement Division and the fee has been paid to State. A copy of the State “master file” letter must accompany the application.
2. Corporate Documents:
 - a. Articles of Incorporation date stamped by the Secretary of State (if incorporated less than two years).
 - b. Certificate of Good Standing (if the corporation is at least two years old). The Certificate must be dated within the past two years and may be obtained via www.sos.state.co.us or the Secretary of State’s Office at (303) 894-2200.
 - c. Certificate of Authority (if a foreign corporation).
 - d. Minutes of corporate meeting (reflecting elections, resignations, stock breakdown, etc.).
3. Background Information: (Officer, director or stockholder owning at least ten percent of stock.) (Not required if a State “master file” letter is submitted with the application.)
 - a. Individual History Record (State Form DR 8404-I). (Not required for a position shift of an existing officer.)
 - b. Licensee’s Statement Regarding Knowledge of Colorado Liquor Laws.
 - c. Fingerprint receipt (see Section I.3.). (Not required for position shift of an existing officer.)

B. CHANGE OF LIMITED LIABILITY COMPANY MEMBER(S):

1. Limited Liability Company Report of Changes (State Form DR 8177):
Complete Item Nos. 1-11.
 - a. Attach fee(s):
 - (1) Check payable to El Paso County Clerk and Recorder in the amount of \$100.00 per officer/member.
2. Limited Liability Company Documents:
 - a. 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.
 - b. Operating Agreement.

- c. Certificate of Authority (if a foreign company).
- d. Minutes of meeting (reflecting elections, resignations, etc.).
- 3. Background Information: (Members with at least ten percent ownership interest.)
 - a. Individual History Record (State Form DR 8404-I).
 - b. Fingerprint receipt (see Section I.3.).
 - c. Licensee's Statement Regarding Knowledge of Colorado Liquor Laws

C. CHANGE OF MANAGER (if applicable):

- 1. Hotel & Restaurant ("H & R"), H & R with Optional Premises, Tavern, Resort Complex or Lodging & Entertainment (Manager's Registration):
 - a. Permit Application & Report of Changes (State Form DR 8442):
 - (1) Complete appropriate sections.
 - (2) Attach fees:
 - (a) Check payable to El Paso County Clerk and Recorder in the amount of \$75.00.
 - (b) Check payable to Colorado Department of Revenue in the amount of \$75.00.
 - b. Management Agreement (employer-employee).
 - c. Affidavit showing duties, limitations, and compensation (if no written agreement).
 - d. Individual History Record (State Form DR 8404-I).
 - e. One color photograph (front facial). Include the name, position, and month/year when photo was taken.
 - f. Licensee's Statement Regarding Knowledge of Colorado Liquor Laws.
 - g. Fingerprint receipt (see Section I.3.).
- 2. Arts, Beer and Wine, Club, Racetrack, and FMB On-Premises:
 - a. Permit Application & Report of Changes (State Form DR 8442):
 - (1) Complete appropriate sections.
 - b. Individual History Record (State Form DR 8404-I).
 - c. One color photograph (front facial). Include the name, position, and month/year when photo was taken.
 - d. Licensee's Statement Regarding Knowledge of Colorado Liquor/Beer Laws.
 - e. Fingerprint receipt (see Section I.3.).
- 3. Retail Liquor Store and FMB Off-Premises:
 - a. Permit Application & Report of Changes (State Form DR 8442):
 - (1) Complete appropriate sections.
- 4. Liquor Licensed Drugstore:
 - a. Permit Application & Report of Changes (State Form DR 8442):
 - (1) Complete appropriate sections.
 - b. State Form DR 8000.
 - (1) Attach Fee:
 - (a) \$100.00 payable to the Colorado Department of Revenue.
 - c. Individual History Record (State Form DR 8404-I).
 - d. One color photograph (front facial). Include the name, position, and month/year when photo was taken.
 - e. Licensee's Statement Regarding Knowledge of Colorado Liquor/Beer Laws.
 - f. Fingerprint receipt (see Section I.3.).

D. CHANGE OF CORPORATE NAME:

- 1. Permit Application & Report of Changes (State Form DR 8442):
 - a. Complete appropriate sections.

- b. Attach fee:
 - (1) Check payable to Colorado Department of Revenue in the amount of \$50.00.
 - (2) Certificate of Amendment from the Secretary of State.

E. CHANGE OF TRADE NAME (D/B/A):

- 1. Permit Application & Report of Changes (State Form DR 8442):
 - a. Complete appropriate sections.
 - b. Attach fee:
 - (1) Check payable to Colorado Department of Revenue in the amount of \$50.00.

F. CHANGE OF LOCATION:

- 1. Permit Application & Report of Changes (State Form DR 8442):
 - a. Complete appropriate sections.
 - b. Attach fees:
 - (1) Check payable to El Paso County Clerk and Recorder in the amount of \$750.00.
 - (2) Check payable to Colorado Department of Revenue in the amount of \$150.00.
- 2. 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 proposed licensed premises in bold ink.
 - d. Indicate "North" with an arrow.
- 3. Proof of possession of property:
 - a. Signed copy of deed, lease, or assignment of lease. Licensee must have legal possession of the premises during the entire license period.
 - b. Legal description for the location of the proposed licensed premises.

G. CHANGE, ALTER OR MODIFY PREMISES:

- 1. Permit Application & Report of Changes (State Form DR 8442):
 - a. Complete appropriate sections.
 - b. Attach fee:
 - (1) Check payable to Colorado Department of Revenue in the amount of \$150.00 for permanent modifications.
 - (2) Check payable to the Colorado Department of Revenue in the amount of \$300.00 for temporary modifications.
- 2. Diagram of existing and proposed premises:
 - a. Maximum size of 8½ x 11 inches.
 - b. Approximate dimensions and interior description.
 - c. Outline and initial perimeter of the proposed licensed premises in bold ink.
 - d. Indicate "North" with an arrow.
- 3. Proof of possession of property:
 - a. Signed copy of deed, lease, or assignment of lease.

H. ADDITION OF OPTIONAL PREMISES TO AN EXISTING HOTEL AND RESTAURANT LIQUOR LICENSE:

- 1. Permit Application & Report of Changes (State Form DR 8442):
 - a. Complete appropriate sections.
 - b. Attach fee:

3. Proof of possession of property:
 - a. Signed copy of deed, lease, or assignment of lease.

H. **ADDITION OF OPTIONAL PREMISES TO AN EXISTING HOTEL AND RESTAURANT LIQUOR LICENSE:**

1. Permit Application & Report of Changes (State Form DR 8442):
 - a. Complete appropriate sections.
 - b. Attach fee:
 - (1) Check payable to Colorado Department of Revenue in the amount of \$100.00 for each additional premises.
2. 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 proposed licensed premises in bold ink.
 - d. Indicate "North" with an arrow.
3. Proof of possession of property:
 - a. Signed copy of deed, lease, or assignment of lease.

I. **ADDITIONAL INFORMATION:**

1. **APPLICATION SUBMITTAL:**
Submit only the original documentation 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.*

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	% Owned	Home Address	DOB	Replaces

10. Registered Agent	Address For Service
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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
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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

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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 Yes 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.
 Yes 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

Permit Application and Report of Changes

Current License Number _____
All Answers Must Be Printed in Black Ink or Typewritten
Local License Fee \$ _____

1. Applicant is a <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership..... <input type="checkbox"/> Limited Liability Company	Present License Number _____
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2. Name of Licensee	3. Trade Name
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4. Location Address

City	County	ZIP
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SELECT THE APPROPRIATE SECTION BELOW AND PROCEED TO THE INSTRUCTIONS ON PAGE 2.

Section A – Manager reg/change	Section C
• License Account No. _____ <input type="checkbox"/> Manager's Registration (Hotel & Restr.).....\$75.00 <input type="checkbox"/> Manager's Registration (Tavern).....\$75.00 <input type="checkbox"/> Manager's Registration (Lodging & Entertainment).....\$75.00 <input type="checkbox"/> Change of Manager (Other Licenses pursuant to section 44-3-301(8), C.R.S.) NO FEE	<input type="checkbox"/> Retail Warehouse Storage Permit (ea).....\$100.00 <input type="checkbox"/> Wholesale Branch House Permit (ea) 100.00 <input type="checkbox"/> Change Corp. or Trade Name Permit (ea) 50.00 <input type="checkbox"/> Change Location Permit (ea) 150.00 <input type="checkbox"/> Change, Alter or Modify Premises \$150.00 x _____ Total Fee _____ <input type="checkbox"/> Addition of Optional Premises to Existing H/R \$100.00 x _____ Total Fee _____ <input type="checkbox"/> Addition of Related Facility to an Existing Resort or Campus Liquor Complex \$160.00 x _____ Total Fee _____
Section B – Duplicate License	
• Liquor License No. _____ <input type="checkbox"/> Duplicate License \$50.00	<input type="checkbox"/> Campus Liquor Complex Designation No Fee <input type="checkbox"/> Sidewalk Service Area \$75.00

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Date License Issued	License Account Number	Period

The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.	TOTAL AMOUNT DUE	\$ _____ .00
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Instruction Sheet

For All Sections, Complete Questions 1-4 Located on Page 1

Section A

To Register or Change Managers, check the appropriate box in section A and complete question 8 on page 5. Proceed to the Oath of Applicant for signature. Submit to State Licensing Authority for approval.

Section B

For a Duplicate license, be sure to include the liquor license number in section B on page 1 and proceed to page 5 for Oath of Applicant signature.

Section C

Check the appropriate box in section C and proceed below.

- 1) **For a Retail Warehouse Storage Permit**, go to page 3 complete question 5 (be sure to check the appropriate box). Submit the necessary information and proceed to page 5 for Oath of Applicant signature. Submit to State Licensing Authority for approval.
- 2) **For a Wholesale Branch House Permit**, go to page 3 and complete question 5 (be sure to check the appropriate box). Submit the necessary information and proceed to page 5 for Oath of Applicant signature. Submit to State Licensing Authority for approval.
- 3) **To Change Trade Name or Corporation Name**, go to page 3 and complete question 6 (be sure to check the appropriate box). Submit the necessary information and proceed to page 5 for Oath of Applicant signature. Retail Liquor License submit to Local Liquor Licensing Authority (City or County). Manufacturer, Wholesaler and Importer's Liquor Licenses submit to State Liquor Licensing Authority.
- 4) **To modify Premise, or add Sidewalk Service Area**, go to page 4 and complete question 9. Submit the necessary information and proceed to page 5 for Oath of Applicant signature. Retail Liquor License submit to Local Liquor Licensing Authority (City or County). Manufacturer, Wholesaler and Importer's Liquor Licenses submit to State Liquor Licensing Authority.
- 5) **For Optional Premises** go to page 4 and complete question 9. Submit the necessary information and proceed to page 5 for Oath of Applicant signature. Retail Liquor License submit to Local Liquor Licensing Authority (City or County).
- 6) **To Change Location**, go to page 3 and complete question 7. Submit the necessary information and proceed to page 5 for Oath of Applicant signature. Retail Liquor License submit to Local Liquor Licensing Authority (City or County). Manufacturer, Wholesaler and Importer's Liquor Licenses submit to State Liquor Licensing Authority.
- 7) **Campus Liquor Complex Designation**, go to page 4 and complete question 10. Submit the necessary information and proceed to page 5 for Oath of Applicant signature.
- 8) **To add another Related Facility** to an existing Resort or Campus Liquor Complex, go to page 4 and complete question 11.

Storage Permit	<p>5. Retail Warehouse Storage Permit or a Wholesalers Branch House Permit</p> <p><input type="checkbox"/> Retail Warehouse Permit for:</p> <p style="padding-left: 20px;"><input type="checkbox"/> On–Premises Licensee (Taverns, Restaurants etc.)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Off–Premises Licensee (Liquor stores)</p> <p><input type="checkbox"/> Wholesalers Branch House Permit</p> <p>Address of storage premise: _____</p> <p>City _____, County _____, Zip _____</p> <p>Attach a deed/ lease or rental agreement for the storage premises. Attach a detailed diagram of the storage premises.</p>				
Change Trade Name or Corporate Name	<p>6. Change of Trade Name or Corporation Name</p> <p><input type="checkbox"/> Change of Trade name / DBA only</p> <p><input type="checkbox"/> Corporate Name Change (Attach the following supporting documents)</p> <p style="padding-left: 20px;">1. Certificate of Amendment filed with the Secretary of State, or</p> <p style="padding-left: 20px;">2. Statement of Change filed with the Secretary of State, <u>and</u></p> <p style="padding-left: 20px;">3. Minutes of Corporate meeting, Limited Liability Members meeting, Partnership agreement.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Old Trade Name</td> <td style="width:50%;">New Trade Name</td> </tr> <tr> <td>Old Corporate Name</td> <td>New Corporate Name</td> </tr> </table>	Old Trade Name	New Trade Name	Old Corporate Name	New Corporate Name
Old Trade Name	New Trade Name				
Old Corporate Name	New Corporate Name				
Change of Location	<p>7. Change of Location</p> <p>NOTE TO RETAIL LICENSEES: An application to change location has a local application fee of \$750 payable to your local licensing authority. You may only change location within the same jurisdiction as the original license that was issued. Pursuant to 44-3-311(1) C.R.S. Your application must be on file with the local authority thirty (30) days before a public hearing can be held.</p> <p>Date filed with Local Authority _____ Date of Hearing _____</p> <p>(a) Address of current premises _____</p> <p style="padding-left: 20px;">City _____ County _____ Zip _____</p> <p>(b) Address of proposed New Premises (Attach copy of the deed or lease that establishes possession of the premises by the licensee)</p> <p style="padding-left: 20px;">Address _____</p> <p style="padding-left: 20px;">City _____ County _____ Zip _____</p> <p>(c) New mailing address if applicable.</p> <p style="padding-left: 20px;">Address _____</p> <p style="padding-left: 20px;">City _____ County _____ State _____ Zip _____</p> <p>(d) Attach detailed diagram of the premises showing where the alcohol beverages will be stored, served, possessed or consumed. Include kitchen area(s) for hotel and restaurants.</p>				

Change of Manager	<p>8. Change of Manager or to Register the Manager of a Tavern, Hotel and Restaurant, Lodging & Entertainment liquor license or licenses pursuant to section 44-3-301(8).</p> <p>(a) Change of Manager (attach Individual History DR 8404-I H/R, Tavern and Lodging & Entertainment only) Former manager's name _____ New manager's name _____</p> <p>(b) Date of Employment _____ Has manager ever managed a liquor licensed establishment? Yes <input type="checkbox"/> No <input type="checkbox"/> Does manager have a financial interest in any other liquor licensed establishment? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give name and location of establishment _____</p>
Modify Premises or Addition of Optional Premises, Related Facility, or Sidewalk Service Area	<p>9. Modification of Premises, Addition of an Optional Premises, Addition of Related Facility, or Addition of a Sidewalk Service Area</p> <p>NOTE: Licensees may not modify or add to their licensed premises until approved by state and local authorities.</p> <p>(a) Describe change proposed _____ _____ _____</p> <p>(b) If the modification is temporary, when will the proposed change: Start _____ (mo/day/year) End _____ (mo/day/year)</p> <p>NOTE: THE TOTAL STATE FEE FOR TEMPORARY MODIFICATION IS \$300.00</p> <p>(c) Will the proposed change result in the licensed premises now being located within 500 feet of any public or private school that meets compulsory education requirements of Colorado law, or the principal campus of any college, university or seminary? (If yes, explain in detail and describe any exemptions that apply) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(d) Is the proposed change in compliance with local building and zoning laws? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(e) If this modification is for an additional Hotel and Restaurant Optional Premises has the local authority authorized by resolution or ordinance the issuance of optional premises? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(f) Attach a diagram of the current licensed premises and a diagram of the proposed changes for the licensed premises.</p> <p>(g) Attach any existing lease that is revised due to the modification.</p> <p>(h) For the addition of a Sidewalk Service Area per Regulation 47-302(A)(4), include documentation received from the local governing body authorizing use of the sidewalk. Documentation may include but is not limited to a statement of use, permit, easement, or other legal permissions.</p>
Campus Liquor Complex Designation	<p>10. Campus Liquor Complex Designation</p> <p>An institution of higher education or a person who contracts with the institution to provide food services</p> <p>(a) I wish to designate my existing _____ Liquor License # _____ to a Campus Liquor Complex Yes <input type="checkbox"/> No <input type="checkbox"/></p>
Additional Related Facility	<p>11. Additional Related Facility</p> <p>To add a Related Facility to an existing Resort or Campus Liquor Complex, include the name of the Related Facility and include the address and an outlined drawing of the Related Facility Premises.</p> <p>(a) Address of Related Facility _____</p> <p>(b) Outlined diagram provided Yes <input type="checkbox"/> No <input type="checkbox"/></p>

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
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

**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