



OFFICE OF THE CLERK AND RECORDER

**REQUIRED DOCUMENTS LIST
BED AND BREAKFAST PERMIT APPLICATION**

As of January 2022

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. Dimensions included (does not have to be to scale). Exterior areas should show type of control (fences, walls, entry/exit points, etc.)
 - c. Separate diagram for each floor (if multiple levels).
 - c. Bold/Outlined Licensed Premises.
 - d. Indicate “North” with an arrow.
4. Attach a copy of the Resolution approving a Use Subject to Special Review and/or the Resolution approving a Variance of Use 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.
 - b. Exact name of applicant only.
 - c. Minimum duration of 1 year from date of issuance.

C. FINANCIAL DOCUMENTS:

1. Purchase agreement or stock transfer agreement.
2. Notes and/or loans.
3. Affidavit on source of all funds invested.

D. SOLE PROPRIETOR/HUSBAND AND WIFE PARTNERSHIP (if applicable):

1. Form DR4679
2. Copy of State issued Driver’s License or Colorado Identification Card for each applicant.

E. PARTNERSHIP (if applicable):

1. Partnership Agreement
2. Certificate of Good Standing (www.sos.state.co.us or the Secretary of State’s Office at (303) 894-2200).

F. CORPORATE DOCUMENTS (if applicable):

1. Complete appropriate sections of State Form DR 8177 (Limited Liability Company and Corporate Report of Changes – to show ownership).

2. Certificate of Incorporation (www.sos.state.co.us or the Secretary of State's Office (303) 894-2200).
3. Certificate of Good Standing (www.sos.state.co.us or the Secretary of State's Office at (303) 894-2200).
4. Certificate of Authorization if foreign corporation (out of state applicants only).

G. LIMITED LIABILITY COMPANY DOCUMENTS (if applicable):

1. Complete appropriate sections of State Form DR 8177 (Limited Liability Company and Corporate Report of Changes – to show ownership).
2. Articles of Organization date (www.sos.state.co.us or the Secretary of State's Office (303) 894-2200).
3. Certificate of Good Standing (www.sos.state.co.us or the Secretary of State's Office at (303) 894-2200).
4. Operating Agreement.
5. Certificate of Authority if a foreign company (out of state applicants only).

H. BACKGROUND INFORMATION:

(Required for individuals with more than 10% ownership: officers, directors, partners, members)

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

I. MANAGER INFORMATION:

1. Applicant as Manager:
 - a. Color photograph (front facial). Include name, position, and month/year when photo was taken.
 - 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. Color photograph (front facial). Include name, position, and month/year when photo was taken.
 - c. Licensee's Statement Regarding Knowledge of Colorado Liquor/Beer Laws.
 - d. Fingerprint receipt (see Section J.3.).

J. ADDITIONAL INFORMATION:

1. APPLICATION SUBMITTAL:

Submit original documentation and fee(s) to the Clerk to the Board Department, Citizens Service Center, 1675 W. Garden of the Gods Rd, Suite 2201, Colorado Springs, CO 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:

Vendor & Appointment Scheduling Websites:

IdentoGO: (855) 539-5539

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

Use code **25YQHT**

Colorado Fingerprinting: (720) 292-2722 Toll Free (833) 224-2227

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

Use Code **C030LIQI**.

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

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
Signature		<input type="checkbox"/> Town/City
	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

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