



OFFICE OF THE CLERK AND RECORDER

REQUIRED DOCUMENTS LIST
NEW FERMENTED MALT BEVERAGE LICENSE APPLICATION

As of January 2022

A. APPLICATION (State Form DR 8403):

1. Complete all sections.
2. Attach appropriate fees (see Section K.).
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 control (fences, walls, etc.).
 - c. Separate diagram for each floor (if multiple levels).
 - d. Bold/Outlined Licensed Premises.
 - e. Indicate “North” with an arrow.

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 (matching question #2 of application).
 - c. Lease must have termination date (one year needed).
 - d. Legal description for the location of the proposed licensed premises.

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:

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

E. PARTNERSHIP APPLICANT (if applicable):

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

F. CORPORATE DOCUMENTS (if applicable):

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

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

1. Articles of Organization (www.sos.state.co.us or Secretary of State's Office at (303) 894-2200).
2. Certificate of Good Standing (www.sos.state.co.us or Secretary of State's Office at (303) 894-2200).
3. Operating Agreement.
4. Certificate of Authorization if foreign LLC (out of state applicants only).

H. **BACKGROUND INFORMATION (not required if State Master File):**

(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. **FMB Beer On-Premises:**
 - a. Applicant as Manager:
 - (1) Color photograph (front facial). Include name, position, and month/year when photo was taken.
 - (2) Licensee's Statement Regarding Knowledge of Colorado Liquor/Beer Laws.
 - b. Separate and Distinct Manager:
 - (1) Individual History Record (State Form DR 8404-I).
 - (2) Color photograph (front facial). Include name, position, and month/year when photo was taken.
 - (3) Licensee's Statement Regarding Knowledge of Colorado Liquor/Beer Laws.
 - (4) Fingerprint receipt (see Section J.3.).
2. **FMB Beer Off-Premises:** (Applicant as manager or a separate and distinct 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.

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>

K. **FEES:**

NEW	COUNTY LICENSE & APP. FEES:	STATE LICENSE & APP. FEES:
FERMENTED MALT BEVERAGE (FMB SALE OFF, OR ON)	1,007.50	1,217.50
RETAIL LIQUOR STORE LICENSE	1,037.50	1,412.50
LIQUOR LICENSED DRUGSTORE	1,037.50	1,412.50
BEER & WINE LICENSE	1,063.75	1,536.25
HOTEL & RESTAURANT LICENSE	1,075.00	1,600.00
H & R WITH ONE OPTIONAL PREMISES	1,075.00	1,700.00 (plus 100.00 for ea. Additional Optional Premises)
RESORT COMPLEX LICENSE	1,075.00 (plus 15.00 for each additional Related Facility)	1,600.00 (plus 160.00 for each Related Facility)
CAMPUS LIQUOR COMPLEX	1,075.00 (plus 15.00 for each additional Related Facility)	1,600.00 (plus \$160.00 for each Related Facility)
LODGING & ENTERTAINMENT	1,075.00	1,600.00
TAVERN LICENSE	1,075.00	1,600.00
OPTIONAL PREMISE LICENSE	1,075.00	1,600.00
RETAIL GAMING TAVERN LICENSE	1,075.00	1,600.00
BREW PUB/DISTILLERY PUB LICENSE	1,075.00	1,850.00
VINTNERS RESTAURANT LICENSE	1,075.00	1,850.00
CLUB LICENSE	1,041.25	1,408.75
ARTS LICENSE	1,041.25	1,408.75
RACETRACK LICENSE	1,075.00	1,600.00
OTHER APPLICATION FEES:		
CONCURRENT REVIEW (New Apps only)		100.00 in addition to above
Sidewalk Service Area		75.00 in addition to above

*Note: Fees listed herein are pursuant to December 28, 2021 State Fee Schedule. State fees are subject to change and may not be accurately reflected in this chart. Please see the State of Colorado's website <https://sbq.colorado.gov/liquor> to check for the latest information concerning State fees. State collects 85% of the local license fee for the old age pension fund pursuant to C.R.S. § 44-3-505(3), see Section B of DR 8404.

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

Colorado Fermented Malt Beverage License Application

<input type="checkbox"/> New License	<input type="checkbox"/> New-Concurrent	<input type="checkbox"/> Transfer of Ownership	
<ul style="list-style-type: none"> • All answers must be printed in black ink or typewritten • Applicant must check the appropriate box(es) • Local license fee \$ _____ • Applicant should obtain a copy of the Colorado Liquor and Beer Code: <i>SBG.Colorado.gov/Liquor</i> 			
1. Applicant is applying as a/an <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership (includes Limited Liability and Husband and Wife Partnerships) <input type="checkbox"/> Individual <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Association or Other			
2. Applicant(s) If an LLC, name of LLC; if partnership, at least 2 partners' names; if corporation, name of corporation		FEIN	
2a. Trade Name of Establishment (DBA)	State Sales Tax No.	Business Telephone	
3. Address of Premises (specify exact location of premises)			
City	County	State	ZIP Code
4. Mailing Address (Number and Street)	City or Town	State	ZIP Code
5. Email Address			
6. If the premises currently has a liquor or beer license, you MUST answer the following questions			
Present Trade Name of Establishment (DBA)	Present State License No.	Present Class of License	Present Expiration Date
Section A Nonrefundable Application Fees		Section B Fermented Malt Beverage Beer License Fees	
<input type="checkbox"/> Application Fee for New License	\$1,100.00	<input type="checkbox"/> Retail Fermented Malt Beverage On-Premises (City)	\$96.25
<input type="checkbox"/> Application Fee for New License - w/Concurrent Review	\$1,200.00	<input type="checkbox"/> Retail Fermented Malt Beverage On-Premises (County)	\$117.50
<input type="checkbox"/> Application Fee for Transfer	\$1,100.00	<input type="checkbox"/> Retail Fermented Malt Beverage Off-Premises (City)	\$96.25
		<input type="checkbox"/> Retail Fermented Malt Beverage Off-Premises (County)	\$117.50
		<input type="checkbox"/> Retail Fermented Malt Beverage On/Off-Premises (City)	\$96.25
		<input type="checkbox"/> Retail Fermented Malt Beverage On/Off-Premises (County)	\$117.50
		<input type="checkbox"/> Master File Location Fee \$25.00 x _____ To _____	
		<input type="checkbox"/> Master File Background \$250.00 x _____ Total _____	
Questions? Visit <i>SBG.Colorado.gov/Liquor</i> for more information Do Not Write In This Space - For Department Of Revenue Use Only			
Liability Information			
License Account Number	Liability Date:	License Issued Through: (Expiration Date)	Total
			\$

Application Documents Checklist and Worksheet

Instructions: This check list should be utilized to assist applicants with filing all required documents for licensure. **All** documents must be properly signed and correspond with the name of the applicant exactly. **All** documents must be typed or legibly printed. Upon final State approval the license will be mailed to the local licensing authority. Application fees are nonrefundable.

Questions? Visit: SBG.Colorado.gov/Liquor for more information.

Items Submitted, Please Check all Appropriate Boxes Completed or Documents Submitted	
I.	<p>Applicant Information</p> <p><input type="checkbox"/> A. Applicant/Licensee identified</p> <p><input type="checkbox"/> B. State sales tax license number listed or applied for at time of application</p> <p><input type="checkbox"/> C. License type or other transaction identified</p> <p><input type="checkbox"/> D. Submit originals to local authority</p> <p><input type="checkbox"/> E. Additional information required by the local licensing authority</p>
II.	<p>Diagram of the Premises</p> <p><input type="checkbox"/> A. No larger than 8 1/2" X 11"</p> <p><input type="checkbox"/> B. Dimensions included (does not have to be to scale). Exterior areas should show control (fences, walls, etc.)</p> <p><input type="checkbox"/> C. Separate diagram for each floor (if multiple levels)</p> <p><input type="checkbox"/> D. Bold/Outlined licensed premises</p>
III.	<p>Proof of Property Possession (One Year Needed)</p> <p><input type="checkbox"/> A. Deed in name of the applicant ONLY (or) (matching question #2) date stamped/filed with County Clerk</p> <p><input type="checkbox"/> B. Lease in the name of the applicant ONLY (matching question #2)</p> <p><input type="checkbox"/> C. Lease Assignment in the name of the applicant (ONLY) with proper consent from the Landlord and acceptance by the applicant</p> <p><input type="checkbox"/> D. Other agreement if not deed or lease</p>
IV.	<p>Background Information (DR 8404-I) and Financial Documents</p> <p><input type="checkbox"/> A. Individual History Record(s) (Form DR 8404-I) Complete DR 8404-I for each principal (individuals with more than 10% ownership, officers, directors, partners, members)</p> <p><input type="checkbox"/> B. Fingerprints taken and submitted to the appropriate Local Licensing Authority through an approved state vendor. Master File applicants submit results to the State.</p> <p style="margin-left: 20px;">Do not complete fingerprint cards prior to submitting your application.</p> <p style="margin-left: 20px;">The Vendors are as follows:</p> <p style="margin-left: 20px;">IdentoGO – https://uenroll.identogo.com/ Phone: (844) 539-5539 (toll-free)</p> <p style="margin-left: 20px;">Colorado Fingerprinting – http://www.coloradofingerprinting.com Appointment Scheduling Website: http://www.coloradofingerprinting.com/cabs/ Phone: (720) 292-2722 Toll Free: (833) 224-2227</p> <p style="margin-left: 20px;">Details about the vendors and fingerprinting in Colorado can be found on CBI's website here: https://cbi.colorado.gov/sections/biometric-identification-and-records-unit/employment-and-background-checks</p> <p><input type="checkbox"/> C. Purchase agreement, stock transfer agreement, and/or authorization to transfer license</p> <p><input type="checkbox"/> D. List of all notes and loans.</p>
V.	<p>Sole Proprietor/Husband and Wife Partnership (if applicable)</p> <p><input type="checkbox"/> A. Form DR 4679</p> <p><input type="checkbox"/> B. Copy of State Issued Driver's License or Identification Card for each Applicant</p>
VI.	<p>Corporate Applicant Information (If Applicable)</p> <p><input type="checkbox"/> A. Certificate of Incorporation</p> <p><input type="checkbox"/> B. Certificate of Good Standing</p> <p><input type="checkbox"/> C. Certificate of Authorization if foreign corporation (out of state applicants only)</p>
VII.	<p>Partnership Applicant Information (If Applicable)</p> <p><input type="checkbox"/> A. Partnership Agreement (general or limited).</p> <p><input type="checkbox"/> B. Certificate of Good Standing</p>
VIII.	<p>Limited Liability Company Applicant Information (If Applicable)</p> <p><input type="checkbox"/> A. Copy of Articles of Organization</p> <p><input type="checkbox"/> B. Certificate of Good Standing</p> <p><input type="checkbox"/> C. Copy of Operating Agreement (if applicable)</p> <p><input type="checkbox"/> D. Certificate of Authorization if foreign LLC (out of state applicants only)</p>

7. Is the applicant (including any of the partners if a partnership; members or managers if a limited liability company; or officers, stockholders or directors if a corporation) or managers under the age of twenty-one years?	Yes	No		
	<input type="checkbox"/>	<input type="checkbox"/>		
8. Has the applicant (including any of the partners if a partnership; members or managers if a limited liability company; or officers, stockholders or directors if a corporation) or managers ever (in Colorado or any other state):				
(a) been denied an alcohol beverage license?	<input type="checkbox"/>	<input type="checkbox"/>		
(b) had an alcohol beverage license suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>		
(c) had interest in another entity that had an alcohol beverage license suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>		
If you answered yes to 8a, b or c, explain in detail on a separate sheet				
9. Has a Fermented Malt Beverage license for the premises to be licensed been denied within the preceding one year? If "yes," explain in detail.	<input type="checkbox"/>	<input type="checkbox"/>		
10. Is the proposed Retail Fermented Malt Beverage Off Premises license within 500 feet of any public or parochial school, the principal campus of any college, university, or seminary? NOTE: The distances are to be computed using the methods outlined under C.R.S. 44-3-313(1)(d)(II). Some limited exceptions apply under C.R.S. 44-3-313.	<input type="checkbox"/>	<input type="checkbox"/>		
11. Is the proposed Retail Fermented Malt Beverage Off Premises license, or On/Off premises license, within 500 feet of a Retail Liquor Store licensed under section 44-3-409 C.R.S.? Distance should be determined using guidelines outlined in 44-3-301(12)(c) C.R.S.	<input type="checkbox"/>	<input type="checkbox"/>		
12. Has a liquor or beer license ever been issued to the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation)? If yes, identify the name of the business and list any current or former financial interest in said business including any loans to or from a licensee.	<input type="checkbox"/>	<input type="checkbox"/>		
13. Does the applicant, as listed on line 2 of this application, have legal possession of the premises by virtue of ownership, lease or other arrangement?	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Ownership <input type="checkbox"/> Lease <input type="checkbox"/> Other (Explain in Detail) _____				
a. If leased, list name of landlord and tenant, and date of expiration, EXACTLY as they appear on the lease:				
Landlord	Tenant	Expires		
b. Is a percentage of alcohol sales included as compensation to the landlord? If yes complete question 12.				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
c. Attach a diagram or designate the area to be licensed in black bold outline (including dimensions) which shows the bars, brewery, walls, partitions, entrances, exits and what each room shall be utilized for in this business. This diagram should be no larger than 8 1/2" X 11".				
14. Who, besides the owners listed in this application (including persons, firms, partnerships, corporations, limited liability companies) will loan or give money, inventory, furniture or equipment to or for use in this business; or who will receive money from this business? Attach a separate sheet if necessary.				
Last Name	First Name	Date of Birth	FEIN or SSN	Interest
Last Name	First Name	Date of Birth	FEIN or SSN	Interest
Attach copies of all notes and security instruments and any written agreement or details of any oral agreement, by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment, and any agreement relating to the business which is contingent or conditional in any way by volume, profit, sales, giving of advice or consultation.				
15. Name of Manager(s) for all on premises applicants.				
Last Name	First Name	Date of Birth		
16. Does this manager act as the manager of, or have a financial interest in, any other liquor licensed establishment in the State of Colorado? If yes, provide name, type of license and account number.				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
17. Tax Information.				
a. Has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or any other person with a 10% or greater financial interest in the applicant, been found in final order of a tax agency to be delinquent in the payment of any state or local taxes, penalties, or interest related to a business?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
b. Has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or any other person with a 10% or greater financial interest in the applicant failed to pay any fees or surcharges imposed pursuant to section 44-3-503, C.R.S.?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

18. If applicant is a corporation, partnership, association or limited liability company, applicant must list all Officers, Directors, General Partners, and Managing Members. In addition, applicant must list any stockholders, partners, or members with ownership of 10% or more in the Applicant. All persons listed below must also attach form DR 8404-I (Individual History Record), and make an appointment to be fingerprinted by an approved State Vendor through the Vendor's website. See application checklist, Section IV, for details.

Name	Home Address, City & State	Date of Birth	Position	% Owned
Name	Home Address, City & State	Date of Birth	Position	% Owned
Name	Home Address, City & State	Date of Birth	Position	% Owned
Name	Home Address, City & State	Date of Birth	Position	% Owned

** If applicant is owned 100% by a parent company, please list the designated principal officer on above.
 ** Corporations - the President, Vice-President, Secretary and Treasurer must be accounted for above (Include ownership percentage if applicable)
 ** If total ownership percentage disclosed here does not total 100%, applicant must check this box:
 Applicant affirms that no individual other than these disclosed herein owns 10% or more of the applicant and does not have financial interest in a prohibited liquor license pursuant to Article 3 or 5, C.R.S.

Oath of Applicant

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. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Colorado Liquor or Beer Code which affect my license.

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

Date application filed with local authority	Date of local authority hearing – for new license applicants cannot be less than 30 days from date of application 44-3-311(1) C.R.S.
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Each person required to file DR 8404-I has been:

Fingerprinted

Subject to background investigation, including NCIC/CCIC check for outstanding warrants

That the local authority has conducted, or intends to conduct, an inspection of the proposed premises to ensure that the applicant is in compliance with and aware of, liquor code provisions affecting their class of license.
 (Check One)

Date of Inspection or Anticipated Date _____

Upon approval of state licensing authority

New Fermented Malt Beverage Off Premises licenses, and On/Off Premises licenses, distance requirements of 44-3-301 C.R.S. are satisfied
 New Fermented Malt Beverage On/Off premises licenses must meet the qualifications of 44-4-104 C.R.S.

The foregoing application has been examined; and the premises, business to be conducted, and character of the applicant are satisfactory. We do report that such license, if granted, will meet the reasonable requirements of the neighborhood and the desires of the adult inhabitants, and will comply with the provisions of Title 44, Article 4 or 3, C.R.S. and Liquor Rules. **Therefore, this application is approved.**

Local Licensing Authority for	Telephone Number	<input type="checkbox"/> Town, City <input type="checkbox"/> County
Signature	Printed Name	Title
Signature (attest)	Printed Name	Title
		Date

Tax Check Authorization, Waiver, and Request to Release Information

I, _____ am signing this Tax Check Authorization, Waiver and Request to Release Information (hereinafter "Waiver") on behalf of _____ (the "Applicant/Licensee") to permit the Colorado Department of Revenue and any other state or local taxing authority to release information and documentation that may otherwise be confidential, as provided below. If I am signing this Waiver for someone other than myself, including on behalf of a business entity, I certify that I have the authority to execute this Waiver on behalf of the Applicant/Licensee.

The Executive Director of the Colorado Department of Revenue is the State Licensing Authority, and oversees the Colorado Liquor Enforcement Division as his or her agents, clerks, and employees. The information and documentation obtained pursuant to this Waiver may be used in connection with the Applicant/Licensee's liquor license application and ongoing licensure by the state and local licensing authorities. The Colorado Liquor Code, section 44-3-101. et seq. ("Liquor Code"), and the Colorado Liquor Rules, 1 CCR 203-2 ("Liquor Rules"), require compliance with certain tax obligations, and set forth the investigative, disciplinary and licensure actions the state and local licensing authorities may take for violations of the Liquor Code and Liquor Rules, including failure to meet tax reporting and payment obligations.

The Waiver is made pursuant to section 39-21-113(4), C.R.S., and any other law, regulation, resolution or ordinance concerning the confidentiality of tax information, or any document, report or return filed in connection with state or local taxes. This Waiver shall be valid until the expiration or revocation of a license, or until both the state and local licensing authorities take final action to approve or deny any application(s) for the renewal of the license, whichever is later. Applicant/Licensee agrees to execute a new waiver for each subsequent licensing period in connection with the renewal of any license, if requested.

By signing below, Applicant/Licensee requests that the Colorado Department of Revenue and any other state or local taxing authority or agency in the possession of tax documents or information, release information and documentation to the Colorado Liquor Enforcement Division, and its duly authorized employees, to act as the Applicant's/Licensee's duly authorized representative under section 39-21-113(4), C.R.S., solely to allow the state and local licensing authorities, and their duly authorized employees, to investigate compliance with the Liquor Code and Liquor Rules. Applicant/Licensee authorizes the state and local licensing authorities, their duly authorized employees, and their legal representatives, to use the information and documentation obtained using this Waiver in any administrative or judicial action regarding the application or license.

Name (Individual/Business)		Social Security Number/Tax Identification Number	
Address			
City		State	Zip
Home Phone Number		Business/Work Phone Number	
Printed name of person signing on behalf of the Applicant/Licensee			
Applicant/Licensee's Signature (Signature authorizing the disclosure of confidential tax information)			Date signed

Privacy Act Statement

Providing your Social Security Number is voluntary and no right, benefit or privilege provided by law will be denied as a result of refusal to disclose it. § 7 of Privacy Act, 5 USCS § 552a (note).

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
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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EL PASO COUNTY

FINANCIAL AFFIDAVIT

I/We, _____, _____, _____,
_____, hereby state the total amount invested in the business known as
_____, d/b/a _____,

El Paso County, is \$ _____. The funds were derived from the following sources:
(List each source and the manner in which you obtained these funds. Provide all account numbers,
banks/locations of accounts, names on the accounts, and amounts taken from accounts. If source is
other than a banking institution, list names, addresses, dates and amounts. Documentation for each
source listed is mandatory.)

- 1)
- 2)
- 3)
- 4)
- 5)

The above is/are the sole source(s) of the funds invested and no other persons or parties have a
financial interest. I/We declare under penalty of perjury in the second degree that I/we have read the
foregoing information and all attachments thereto, and that I/we know the contents thereof, and all
information set forth therein is true, correct and complete to the best of my/our knowledge and
information. (Corporate officers, partners or sole proprietor must sign.)

Subscribed and affirmed before me in the County of _____, State of _____,
this _____ day of _____, _____.

Notary Public

Commission Expiration 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