



OFFICE OF THE CLERK AND RECORDER

**REQUIRED DOCUMENTS LIST**

**LIQUOR OR FERMENTED MALT BEVERAGE LICENSE TRANSFER OF OWNERSHIP APPLICATION**

As of January 2022

**A. APPLICATION (State Form DR 8404 or DR 8403):**

1. Complete all sections on either form DR 8404 or form DR 8403 depending on type of license.
2. Provide copy of Sales Tax License.
3. Attach appropriate fees (see Section L.).
4. 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.
5. Applicants applying for a Liquor Licensed Drugstore:
  - a. Provide evidence that at least twenty percent of the licensee's gross annual income derived from total sales during the prior twelve months at the drugstore premises for which a new license is sought is from the sale of food items as defined by the State licensing authority.

**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. WHOLESALE AFFIDAVITS for the purposes of complying with section 44-3-303(1)(d), C.R.S.**

1. The state or a local licensing authority shall not approve a transfer of ownership until the applicant files with the local licensing authority confirmation from each wholesaler that has sold alcohol beverages to the transferor that the wholesaler has been paid in full for all alcohol beverages delivered to the transferor.

**E. SOLE PROPRIETOR/HUSBAND AND WIFE PARTNERSHIP AGREEMENT (if applicable).**

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

F. **PARTNERSHIP APPLICANT (if applicable):**

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

G. **CORPORATE DOCUMENTS (if applicable):**

1. Certificate of Incorporation ([www.sos.state.co.us](http://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](http://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).

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

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

I. **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 K.3.)

J. **MANAGER INFORMATION:**

1. Hotel & Restaurant ("H&R"), H&R with Optional Premises, Tavern, Lodging & Entertainment (Manager's Registration):
  - a. Applicant as Manager:
    - (1) Color photograph (front facial). Include the name, position, and month/year when the photo was taken.
    - (2) Licensee's Statement Regarding Knowledge of Colorado Liquor Laws.
  - b. Separate and Distinct Manager:
    - (1) \$75.00 payable to El Paso County Clerk and Recorder.
    - (2) \$75.00 payable to the Colorado Department of Revenue.
    - (3) Management Agreement (employer/employee).
    - (4) Affidavit showing duties, limitations and compensation (if no written agreement).
    - (5) Individual History Record (State Form DR 8404-I).
    - (6) Color photograph (front facial). Include the name, position, and month/year the photo was taken.
    - (7) Licensee's Statement Regarding Knowledge of Colorado Liquor Laws.
    - (8) Fingerprint receipt (see Section K.3.).
2. Other On-Premises Licensees:
  - a. Applicant as Manager:
    - (1) Color photograph (front facial). Include the name, position, and month/year when the 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 the name, position, and month/year when the photo was taken.
  - (3) Licensee's Statement Regarding Knowledge of Colorado Liquor/Beer Laws.
  - (4) Fingerprint receipt (see Section K.3.).
3. Retail Liquor Store or FMB Off-Premises: (Applicant as manager or a separate and distinct manager.)
  - a. Color photograph (front facial). Include the name, position, and month/year when the photo was taken.
  - b. Licensee's Statement Regarding Knowledge of Colorado Liquor/Beer Laws.
4. Liquor Licensed Drugstore:
  - a. Liquor Licensed Drugstore Manager's Permit:
    - (1) State Form DR 8000.
    - (2) \$200.00 payable to the Colorado Department of Revenue (\$100.00 application fee and \$100.00 permit fee).
    - (3) Individual History Record (State Form DR 8404-I).
    - (4) Color photograph (front facial). Include the name, position, and month/year when the photo was taken.
    - (5) Licensee's Statement Regarding Knowledge of Colorado Liquor/Beer Laws.
    - (6) Fingerprint receipt (see Section K.3.).

K. **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 Road, 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>

L. **FEES:**

<b>LICENSE APPLICATIONS</b>	<b>COUNTY</b>	<b>STATE</b>
<b>TRANSFER OF OWNERSHIP</b>	<b>LICENSE &amp; APP. FEES:</b>	<b>LICENSE &amp; APP. FEES:</b>
FERMENTED MALT BEVERAGE (FMB SALE OFF, OR ON)	757.50	1,217.50
RETAIL LIQUOR STORE LICENSE	787.50	1,412.50
LIQUOR LICENSED DRUGSTORE	787.50	1,412.50
BEER & WINE LICENSE	813.75	1,536.25
HOTEL & RESTAURANT LICENSE	825.00	1,600.00
H & R WITH (1) OPTIONAL PREMISES	825.00	1,700.00 (plus 100.00 for each additional Optional Premises)
RESORT COMPLEX LICENSE	825.00 (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 additional Related Facility)
LODGING & ENTERTAINMENT	825.00	1,600.00
TAVERN LICENSE	825.00	1,600.00
OPTIONAL PREMISE LICENSE	825.00	1,600.00
RETAIL GAMING TAVERN LICENSE	825.00	1,600.00
BREW PUB/DISTILLERY PUB LICENSE	825.00	1,850.00
VINTNERS RESTAURANT LICENSE	825.00	1,850.00
CLUB LICENSE	791.25	1,408.75
ARTS LICENSE	791.25	1,408.75
RACETRACK LICENSE	825.00	1,600.00
<b>OTHER APPLICATION FEES:</b>		
CHANGE OF LOCATION	750.00	150.00
TEMPORARY PERMIT (Transfer app only)	100.00	N/A

\*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 [www.colorado.gov](http://www.colorado.gov). 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 Liquor Retail License Application

<input type="checkbox"/> <b>New License</b> <input type="checkbox"/> <b>New-Concurrent</b> <input type="checkbox"/> <b>Transfer of Ownership</b> <input type="checkbox"/> <b>State Property Only</b> <input type="checkbox"/> <b>Master file</b>			
<ul style="list-style-type: none"> <li>• <b>All answers must be printed in black ink or typewritten</b></li> <li>• <b>Applicant must check the appropriate box(es)</b></li> <li>• <b>Applicant should obtain a copy of the Colorado Liquor and Beer Code: <a href="http://SBG.Colorado.gov/Liquor">SBG.Colorado.gov/Liquor</a></b></li> </ul>			
<b>1.</b> Applicant is applying as a/an <input type="checkbox"/> Individual <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Association or Other <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership (includes Limited Liability and Husband and Wife Partnerships)			
<b>2.</b> Applicant If an LLC, name of LLC; if partnership, at least 2 partner's names; if corporation, name of corporation			FEIN Number
<b>2a.</b> Trade Name of Establishment (DBA)		State Sales Tax Number	Business Telephone
<b>3.</b> Address of Premises (specify exact location of premises, include suite/unit numbers)			
City		County	State    ZIP Code
<b>4.</b> Mailing Address (Number and Street)		City or Town	State    ZIP Code
<b>5.</b> Email Address			
<b>6.</b> If the premises currently has a liquor or beer license, you <b>must</b> answer the following questions			
Present Trade Name of Establishment (DBA)		Present State License Number	Present Class of License    Present Expiration Date
<b>Section A</b>		<b>Section B (Cont.)</b>	
<b>Nonrefundable Application Fees*</b>		<b>Liquor License Fees*</b>	
<input type="checkbox"/> Application Fee for New License.....\$1,100.00 <input type="checkbox"/> Application Fee for New License w/Concurrent Review .....\$1,200.00 <input type="checkbox"/> Application Fee for Transfer .....\$1,100.00		<input type="checkbox"/> Liquor–Licensed Drugstore (County) .....\$312.50 <input type="checkbox"/> Lodging & Entertainment - L&E (City) .....\$500.00 <input type="checkbox"/> Lodging & Entertainment - L&E (County) .....\$500.00 <input type="checkbox"/> Manager Registration - H & R .....\$75.00 <input type="checkbox"/> Manager Registration - Tavern .....\$75.00 <input type="checkbox"/> Manager Registration - Lodging & Entertainment.....\$75.00 <input type="checkbox"/> Manager Registration - Campus Liquor Complex .....\$75.00 <input type="checkbox"/> Optional Premises License (City).....\$500.00 <input type="checkbox"/> Optional Premises License (County) .....\$500.00 <input type="checkbox"/> Racetrack License (City).....\$500.00 <input type="checkbox"/> Racetrack License (County) .....\$500.00 <input type="checkbox"/> Resort Complex License (City).....\$500.00 <input type="checkbox"/> Resort Complex License (County).....\$500.00 <input type="checkbox"/> Related Facility - Campus Liquor Complex (City) .....\$160.00 <input type="checkbox"/> Related Facility - Campus Liquor Complex (County) .....\$160.00 <input type="checkbox"/> Related Facility - Campus Liquor Complex (State).....\$160.00 <input type="checkbox"/> Retail Gaming Tavern License (City) .....\$500.00 <input type="checkbox"/> Retail Gaming Tavern License (County).....\$500.00 <input type="checkbox"/> Retail Liquor Store License–Additional (City).....\$227.50 <input type="checkbox"/> Retail Liquor Store License–Additional (County) .....\$312.50 <input type="checkbox"/> Retail Liquor Store (City).....\$227.50 <input type="checkbox"/> Retail Liquor Store (County) .....\$312.50 <input type="checkbox"/> Tavern License (City).....\$500.00 <input type="checkbox"/> Tavern License (County) .....\$500.00 <input type="checkbox"/> Vintners Restaurant License (City) .....\$750.00 <input type="checkbox"/> Vintners Restaurant License (County).....\$750.00	
<b>Section B</b>			
<b>Liquor License Fees*</b>			
<input type="checkbox"/> Add Optional Premises to H & R.....\$100.00 X _____ Total _____ <input type="checkbox"/> Add Related Facility to Resort Complex\$75.00 X _____ Total _____ <input type="checkbox"/> Add Sidewalk Service Area.....\$75.00 <input type="checkbox"/> Arts License (City) .....\$308.75 <input type="checkbox"/> Arts License (County) .....\$308.75 <input type="checkbox"/> Beer and Wine License (City).....\$351.25 <input type="checkbox"/> Beer and Wine License (County).....\$436.25 <input type="checkbox"/> Brew Pub License (City) .....\$750.00 <input type="checkbox"/> Brew Pub License (County).....\$750.00 <input type="checkbox"/> Campus Liquor Complex (City).....\$500.00 <input type="checkbox"/> Campus Liquor Complex (County) .....\$500.00 <input type="checkbox"/> Campus Liquor Complex (State).....\$500.00 <input type="checkbox"/> Club License (City).....\$308.75 <input type="checkbox"/> Club License (County) .....\$308.75 <input type="checkbox"/> Distillery Pub License (City).....\$750.00 <input type="checkbox"/> Distillery Pub License (County) .....\$750.00 <input type="checkbox"/> Hotel and Restaurant License (City).....\$500.00 <input type="checkbox"/> Hotel and Restaurant License (County) .....\$500.00 <input type="checkbox"/> Hotel and Restaurant License w/one opt premises (City) .....\$600.00 <input type="checkbox"/> Hotel and Restaurant License w/one opt premises (County).....\$600.00 <input type="checkbox"/> Liquor–Licensed Drugstore (City) .....\$227.50			
<b>* Note that the Division will not accept cash</b>			
<b>Questions? Visit: <a href="http://SBG.Colorado.gov/Liquor">SBG.Colorado.gov/Liquor</a> for more information</b>			
<b>Do not write in this space - For Department of Revenue use only</b>			
Liability Information			
License Account Number	Liability Date	License Issued Through (Expiration Date)	Total \$

## Application Documents Checklist and Worksheet

**Instructions:** This checklist 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](http://SBG.Colorado.gov/Liquor) for more information**

<b>Items submitted, please check all appropriate boxes completed or documents submitted</b>	
<b>I.</b>	<b>Applicant information</b> <input type="checkbox"/> A. Applicant/Licensee identified <input type="checkbox"/> B. State sales tax license number listed or applied for at time of application <input type="checkbox"/> C. License type or other transaction identified <input type="checkbox"/> D. Return originals to local authority (additional items may be required by the local licensing authority) <input type="checkbox"/> E. All sections of the application need to be completed <input type="checkbox"/> F. Master file applicants must include the Application for Master File form DR 8415 and applicable fees to this Retail License Application
<b>II.</b>	<b>Diagram of the premises</b> <input type="checkbox"/> A. No larger than 8 1/2" X 11" <input type="checkbox"/> B. Dimensions included (does not have to be to scale). Exterior areas should show type of control (fences, walls, entry/exit points, etc.) <input type="checkbox"/> C. Separate diagram for each floor (if multiple levels) <input type="checkbox"/> D. Kitchen - identified if Hotel and Restaurant <input type="checkbox"/> E. Bold/Outlined Licensed Premises
<b>III.</b>	<b>Proof of property possession (<u>One Year Needed</u>)</b> <input type="checkbox"/> A. Deed in name of the applicant (or) (matching question #2) date stamped / filed with County Clerk <input type="checkbox"/> B. Lease in the name of the applicant (or) (matching question #2) <input type="checkbox"/> C. Lease assignment in the name of the applicant with proper consent from the landlord and acceptance by the applicant <input type="checkbox"/> D. Other agreement if not deed or lease. (matching question #2)
<b>IV.</b>	<b>Background information (DR 8404-I) and financial documents</b> <input type="checkbox"/> A. Complete DR 8404-I for each principal (individuals with more than 10% ownership, officers, directors, partners, members) <input type="checkbox"/> B. Fingerprints taken and submitted to the appropriate Local Licensing Authority through an approved state vendor. <b>Do not complete fingerprint cards prior to submitting your application.</b> The Vendors are as follows: <b>IdentoGO</b> – <a href="https://uenroll.identogo.com/">https://uenroll.identogo.com/</a> Phone: 844-539-5539 (toll-free) <b>Colorado Fingerprinting</b> – <a href="http://www.coloradofingerprinting.com">http://www.coloradofingerprinting.com</a> Appointment Scheduling Website: <a href="http://www.coloradofingerprinting.com/cabs/">http://www.coloradofingerprinting.com/cabs/</a> Phone: 720-292-2722 Toll Free: 833-224-2227 <b>Details about the vendors and fingerprinting in Colorado can be found on CBI's website here:</b> <a href="https://cbi.colorado.gov/sections/biometric-identification-and-records-unit/employment-and-background-checks">https://cbi.colorado.gov/sections/biometric-identification-and-records-unit/employment-and-background-checks</a> <input type="checkbox"/> C. Purchase agreement, stock transfer agreement, and/or authorization to transfer license <input type="checkbox"/> D. List of all notes and loans (Copies to also be attached)
<b>V.</b>	<b>Sole proprietor/husband and wife partnership (if applicable)</b> <input type="checkbox"/> A. Form DR 4679 <input type="checkbox"/> B. Copy of State issued Driver's License or Colorado Identification Card for each applicant
<b>VI.</b>	<b>Corporate applicant information (if applicable)</b> <input type="checkbox"/> A. Certificate of Incorporation <input type="checkbox"/> B. Certificate of Good Standing <input type="checkbox"/> C. Certificate of Authorization if foreign corporation (out of state applicants only)
<b>VII.</b>	<b>Partnership applicant information (if applicable)</b> <input type="checkbox"/> A. Partnership Agreement (general or limited). <input type="checkbox"/> B. Certificate of Good Standing
<b>VIII.</b>	<b>Limited Liability Company applicant information (if applicable)</b> <input type="checkbox"/> A. Copy of articles of organization <input type="checkbox"/> B. Certificate of Good Standing <input type="checkbox"/> C. Copy of Operating Agreement (if applicable) <input type="checkbox"/> D. Certificate of Authority if foreign LLC (out of state applicants only)
<b>IX.</b>	<b>Manager registration for Hotel and Restaurant, Tavern, Lodging &amp; Entertainment, and Campus Liquor Complex licenses when included with this application</b> <input type="checkbox"/> A. \$75.00 fee <input type="checkbox"/> B. Individual History Record (DR 8404-I) <input type="checkbox"/> C. If owner is managing, no fee required

Name	Type of License	Account Number		
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 <input type="checkbox"/> No <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 liquor license application (same license class), that was located within 500 feet of the proposed premises, been denied within the preceding two years? If "yes", explain in detail. _____		<input type="checkbox"/> <input type="checkbox"/>		
10. Are the premises to be licensed 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?		<input type="checkbox"/> <input type="checkbox"/>		
Waiver by local ordinance? <input type="checkbox"/> <input type="checkbox"/>		<b>or</b>		
Other: _____		<input type="checkbox"/> <input type="checkbox"/>		
11. Is your Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 1500 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of greater than (>) 10,000? <b>NOTE:</b> The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.		<input type="checkbox"/> <input type="checkbox"/>		
12. Is your Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 3000 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of less than (<) 10,000? <b>NOTE:</b> The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.		<input type="checkbox"/> <input type="checkbox"/>		
13 a. For additional Retail Liquor Store only. Was your Retail Liquor Store License issued on or before January 1, 2016?		<input type="checkbox"/> <input type="checkbox"/>		
13 b. Are you a Colorado resident?		<input type="checkbox"/> <input type="checkbox"/>		
14. 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 <u>current</u> financial interest in said business including any loans to or from a licensee.		<input type="checkbox"/> <input type="checkbox"/>		
15. Does the applicant, as listed on line 2 of this application, <b>have legal possession of the premises by ownership</b> , lease or other arrangement? <input type="checkbox"/> Ownership <input type="checkbox"/> Lease <input type="checkbox"/> Other (Explain in Detail) _____		<input type="checkbox"/> <input type="checkbox"/>		
a. If leased, list name of landlord and tenant, and date of expiration, <b>exactly</b> 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 16.		<input type="checkbox"/> <input type="checkbox"/>		
c. Attach a diagram that designates 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".				
16. 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/Percentage
Last Name	First Name	Date of Birth	FEIN or SSN	Interest/Percentage
<b>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.</b>				
17. Optional Premises or Hotel and Restaurant Licenses with Optional Premises: Has a local ordinance or resolution authorizing optional premises been adopted?				<input type="checkbox"/> <input type="checkbox"/>
Number of additional Optional Premise areas requested. (See license fee chart)				
18. For the addition of a Sidewalk Service Area per Regulation 47-302(A)(4), include a diagram of the service area and 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.				
19. Liquor Licensed Drugstore (LLDS) applicants, answer the following:				
a. Is there a pharmacy, licensed by the Colorado Board of Pharmacy, located within the applicant's LLDS premise?				<input type="checkbox"/> <input type="checkbox"/>
<b>If "yes" a copy of license must be attached.</b>				

Name	Type of License	Account Number		
<p><b>20. Club Liquor License applicants answer the following: <b>Attach a copy of applicable documentation</b></b></p> <p style="text-align: right;">Yes No</p> <p>a. Is the applicant organization operated solely for a national, social, fraternal, patriotic, political or athletic purpose and not for pecuniary gain? <input type="checkbox"/> <input type="checkbox"/></p> <p>b. Is the applicant organization a regularly chartered branch, lodge or chapter of a national organization which is operated solely for the object of a patriotic or fraternal organization or society, but not for pecuniary gain? <input type="checkbox"/> <input type="checkbox"/></p> <p>c. How long has the club been incorporated? <input type="checkbox"/> <input type="checkbox"/></p> <p>d. Has applicant occupied an establishment for three years (three years required) that was operated solely for the reasons stated above? <input type="checkbox"/> <input type="checkbox"/></p>				
<p><b>21. Brew-Pub, Distillery Pub or Vintner's Restaurant applicants answer the following:</b></p> <p>a. Has the applicant received or applied for a Federal Permit? (Copy of permit or application must be attached) <input type="checkbox"/> <input type="checkbox"/></p>				
<p><b>22. Campus Liquor Complex applicants answer the following:</b></p> <p>a. Is the applicant an institution of higher education? <input type="checkbox"/> <input type="checkbox"/></p> <p>b. Is the applicant a person who contracts with the institution of higher education to provide food services?  <b>If "yes" please provide a copy of the contract with the institution of higher education to provide food services.</b> <input type="checkbox"/> <input type="checkbox"/></p>				
<p><b>23. For all on-premises applicants.</b></p> <p>a. Hotel and Restaurant, Lodging and Entertainment, Tavern License and Campus Liquor Complex, the Registered Manager must also submit an Individual History Record          - DR 8404-I and fingerprint submitted to approved State Vendor through the Vendor's website. See application checklist, Section IV, for details.</p> <p>b. For all Liquor Licensed Drugstores (LLDS) the Permitted Manager must also submit a Manager Permit Application          - DR 8000 and fingerprints.</p>				
Last Name of Manager		First Name of Manager		
<p><b>24. 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.</b> <span style="float: right;">Yes No</span></p> <p style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></p>				
<p><b>25. Related Facility - Campus Liquor Complex applicants answer the following:</b> <span style="float: right;">Yes No</span></p> <p>a. Is the related facility located within the boundaries of the Campus Liquor Complex? <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">If yes, please provide a map of the geographical location within the Campus Liquor Complex.          If no, this license type is not available for issues outside the geographical location of the Campus Liquor Complex.</p> <p>b. Designated Manager for Related Facility- Campus Liquor Complex</p>				
Last Name of Manager		First Name of Manager		
<p><b>26. Tax Information.</b> <span style="float: right;">Yes No</span></p> <p>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"/> <input type="checkbox"/></p> <p>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"/> <input type="checkbox"/></p>				
<p><b>27. If applicant is a corporation, partnership, association or limited liability company, applicant must list all <b>Officers, Directors, General Partners, and Managing Members</b>. In addition, applicant must list any stockholders, partners, or members with <b>ownership of 10% or more in the applicant. All persons listed below</b> must also attach form DR 8404-I (Individual History Record), and make an appointment with an approved State Vendor through their website. See application checklist, Section IV, for details.</b></p>				
Name	Home Address, City & State	DOB	Position	%Owned
Name	Home Address, City & State	DOB	Position	%Owned
Name	Home Address, City & State	DOB	Position	%Owned
Name	Home Address, City & State	DOB	Position	%Owned
Name	Home Address, City & State	DOB	Position	%Owned
<p>** 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:  <input type="checkbox"/> 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.</p>				



Name	Type of License	Account Number	
<b>Oath Of Applicant</b>			
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	
<b>Report and Approval of Local Licensing Authority (City/County)</b>			
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)		
<p>The Local Licensing Authority Hereby Affirms that each person required to file DR 8404-I (Individual History Record) or a DR 8000 (Manager Permit) has been:</p> <p><input type="checkbox"/> Fingerprinted</p> <p><input type="checkbox"/> Subject to background investigation, including NCIC/CCIC check for outstanding warrants</p> <p>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</p> <p>(Check One)</p> <p><input type="checkbox"/> Date of inspection or anticipated date _____</p> <p><input type="checkbox"/> Will conduct inspection upon approval of state licensing authority</p>			
<input type="checkbox"/> Is the Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 1,500 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of > 10,0000?		Yes No <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Is the Liquor Licensed Drugstore(LLDS) or Retail Liquor Store (RLS) within 3,000 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of < 10,0000?		<input type="checkbox"/> <input type="checkbox"/>	
<p><b>NOTE:</b> The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.</p>			
<input type="checkbox"/> Does the Liquor-Licensed Drugstore (LLDS) have at least twenty percent (20%) of the applicant's gross annual income derived from the sale of food, during the prior twelve (12) month period?		<input type="checkbox"/> <input type="checkbox"/>	
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. <b>Therefore, this application is approved.</b>			
Local Licensing Authority for	Telephone Number	<input type="checkbox"/> Town, City <input type="checkbox"/> County	
Signature	Print	Title	Date
Signature	Print	Title	Date

## Colorado Fermented Malt Beverage License Application

<input type="checkbox"/> <b>New License</b>	<input type="checkbox"/> <b>New-Concurrent</b>	<input type="checkbox"/> <b>Transfer of Ownership</b>	
<ul style="list-style-type: none"> <li>• <b>All answers must be printed in black ink or typewritten</b></li> <li>• <b>Applicant must check the appropriate box(es)</b></li> <li>• <b>Local license fee \$ _____</b></li> <li>• <b>Applicant should obtain a copy of the Colorado Liquor and Beer Code: <i>SBG.Colorado.gov/Liquor</i></b></li> </ul>			
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
<b>Section A      Nonrefundable Application Fees</b>		<b>Section B      Fermented Malt Beverage Beer License Fees</b>	
<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 _____	
<b>Questions? Visit <i>SBG.Colorado.gov/Liquor</i> for more information</b> <b>Do Not Write In This Space - For Department Of Revenue Use Only</b>			
<b>Liability Information</b>			
License Account Number	Liability Date:	License Issued Through: (Expiration Date)	<b>Total</b>
			<b>\$</b>

## 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](http://SBG.Colorado.gov/Liquor) for more information.**

<b>Items Submitted, Please Check all Appropriate Boxes Completed or Documents Submitted</b>	
<b>I.</b>	<p><b>Applicant Information</b></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>
<b>II.</b>	<p><b>Diagram of the Premises</b></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>
<b>III.</b>	<p><b>Proof of Property Possession (One Year Needed)</b></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>
<b>IV.</b>	<p><b>Background Information (DR 8404-I) and Financial Documents</b></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;"><b>Do not complete fingerprint cards prior to submitting your application.</b></p> <p style="margin-left: 20px;">The Vendors are as follows:</p> <p style="margin-left: 20px;"><b>IdentoGO</b> – <a href="https://uenroll.identogo.com/">https://uenroll.identogo.com/</a> Phone: (844) 539-5539 (toll-free)</p> <p style="margin-left: 20px;"><b>Colorado Fingerprinting</b> – <a href="http://www.coloradofingerprinting.com">http://www.coloradofingerprinting.com</a> Appointment Scheduling Website: <a href="http://www.coloradofingerprinting.com/cabs/">http://www.coloradofingerprinting.com/cabs/</a> Phone: (720) 292-2722 Toll Free: (833) 224-2227</p> <p style="margin-left: 20px;"><b>Details about the vendors and fingerprinting in Colorado can be found on CBI's website here:</b> <a href="https://cbi.colorado.gov/sections/biometric-identification-and-records-unit/employment-and-background-checks">https://cbi.colorado.gov/sections/biometric-identification-and-records-unit/employment-and-background-checks</a></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>
<b>V.</b>	<p><b>Sole Proprietor/Husband and Wife Partnership (if applicable)</b></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>
<b>VI.</b>	<p><b>Corporate Applicant Information (If Applicable)</b></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>
<b>VII.</b>	<p><b>Partnership Applicant Information (If Applicable)</b></p> <p><input type="checkbox"/> A. Partnership Agreement (general or limited).</p> <p><input type="checkbox"/> B. Certificate of Good Standing</p>
<b>VIII.</b>	<p><b>Limited Liability Company Applicant Information (If Applicable)</b></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>

<b>7.</b> 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"/>			
<b>8.</b> 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):	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
(a) been denied an alcohol beverage license? (b) had an alcohol beverage license suspended or revoked? (c) had interest in another entity that had an alcohol beverage license suspended or revoked?				
If you answered yes to 8a, b or c, explain in detail on a separate sheet				
<b>9.</b> 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"/>			
<b>10.</b> 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"/>			
<b>11.</b> 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"/>			
<b>12.</b> 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"/>			
<b>13.</b> 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"/> Ownership <input type="checkbox"/> Lease <input type="checkbox"/> Other (Explain in Detail) _____	<input type="checkbox"/> <input type="checkbox"/>			
<b>a.</b> If leased, list name of landlord and tenant, and date of expiration, EXACTLY as they appear on the lease:				
Landlord	Tenant			
Expires				
<b>b.</b> Is a percentage of alcohol sales included as compensation to the landlord? If yes complete question 12.				
<input type="checkbox"/> <input type="checkbox"/>				
<b>c.</b> 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".				
<b>14.</b> 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.				
<b>15. Name of Manager(s) for all on premises applicants.</b>				
Last Name	First Name	Date of Birth		
<b>16.</b> 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"/> <input type="checkbox"/>				
<b>17. Tax Information.</b>				Yes No
<b>a.</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, 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"/> <input type="checkbox"/>
<b>b.</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"/> <input type="checkbox"/>

**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
----------------------	------------------------	------

**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.
---	--

**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).

## Wholesaler Affidavit of Compliance

### Section 44-3-303(1)(d), C.R.S.

Wholesaler Licensee Name (If an LLC; partnership; corporation or name of corporation)			License Number	
Trade Name of Establishment/Doing Business As (DBA)			Phone Number (    )	
Physical Address	City	State	ZIP	
Email Address				
Transferor Retailer Licensee Name			License Number	
Trade Name of Establishment/Doing Business As (DBA)			Phone Number (    )	
Physical Address	City	State	ZIP	
<p>The above wholesaler affirms that all alcohol beverages delivered to the above transferor retailer are:</p> <p><input type="checkbox"/> Paid in Full (only for the purposes of complying with section 44-3-303(1)(d), C.R.S.)</p> <p style="padding-left: 20px;"><b>Note:</b> If Paid in full is selected, the wholesaler may no longer extend credit to the transferee or transferor until the local and state licensing authorities have approved the transfer of the liquor license.</p> <p><input type="checkbox"/> Not Paid in Full</p>				
Wholesaler:				
Signature	Print	Title	Date	

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: \_\_\_\_\_



## 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 <b>five</b> years. (Attach separate sheet if necessary)				
<b>Street and Number</b>		<b>City, State, Zip</b>		<b>From</b>
Current				
Previous				
6. List all employment within the last <b>five</b> years. Include any self-employment. (Attach separate sheet if necessary)				
<b>Name of Employer or Business</b>		<b>Address (Street, Number, City, State, Zip)</b>		<b>Position Held</b>
				<b>From</b>
				<b>To</b>
7. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry.				
<b>Name of Relative</b>		<b>Relationship to You</b>		<b>Position Held</b>
				<b>Name of Licensee</b>
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.) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
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.) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				

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
----------------------	-----------------	-------	------

**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