



OFFICE OF THE CLERK AND RECORDER

REQUIRED DOCUMENTS LIST
NEW RETAIL LIQUOR LICENSE APPLICATION

As of September 2022

A. APPLICATION (State Form DR 8404):

1. State Form DR 8404 can be found here:
<https://sbq.colorado.gov/sites/sbg/files/documents/DR%208404.pdf>.
2. Attach appropriate fees (see Section K).
3. Provide copy of Sales Tax License.
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. Kitchen – identified if Hotel & Restaurant.
 - f. 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 (copies attached).
3. Affidavit on source of all funds invested (if applicable).

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

1. State Form DR 4679 can be found here:
https://sbq.colorado.gov/sites/sbg/files/DR%204679_e_wo.pdf.
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 from the Colorado Secretary of State’s Office: (303) 894-2200) or <https://www.coloradosos.gov/>

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

1. Certificate of Incorporation from the Colorado Secretary of State's Office: (303) 894-2200) or <https://www.coloradosos.gov/>
2. Certificate of Good Standing from the Colorado Secretary of State's Office: (303) 894-2200) or <https://www.coloradosos.gov/>
3. Certificate of Authorization if a foreign corporation (out of state applicants only).

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

1. Articles of Organization from the Colorado Secretary of State's Office: (303) 894-2200) or <https://www.coloradosos.gov/>
2. Certificate of Good Standing from the Colorado Secretary of State's Office: (303) 894-2200) or <https://www.coloradosos.gov/>
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) which can be found here: https://sbg.colorado.gov/sites/sbg/files/documents/DR_8404I.pdf.
2. Fingerprint receipt (see Section J.3.).

I. **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 name, position, and month/year when 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) \$30.00 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) which can be found here: https://sbg.colorado.gov/sites/sbg/files/documents/DR_8404I.pdf,
 - (6) Color photograph (front facial). Include name, position, and month/year when photo was taken.
 - (7) Licensee's Statement Regarding Knowledge of Colorado Liquor Laws.
 - (8) Fingerprint receipt (see Section J.3.).
2. **Other On-Premises Licensees:**
 - 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) which can be found here: https://sbg.colorado.gov/sites/sbg/files/documents/DR_8404I.pdf.
 - (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.).
3. Retail Liquor Store: (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.
4. Liquor Licensed Drugstore:
- a. Liquor Licensed Drugstore Manager's Permit:
 - (1) State Form DR 8000 which can be found here: https://sbg.colorado.gov/sites/sbg/files/documents/DR_8000_e_wo.pdf.
 - (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) which can be found here: https://sbg.colorado.gov/sites/sbg/files/documents/DR_8404I.pdf.
 - (4) Color photograph (front facial). Include name, position, and month/year when photo was taken.
 - (5) Licensee's Statement Regarding Knowledge of Colorado Liquor/Beer Laws.
 - (6) Fingerprint receipt (see Section J.3.).

J. **ADDITIONAL INFORMATION:**

1. **APPLICATION SUBMITTAL:**

Submit original documentation and fee(s) to the Clerk to the Board Department, Citizens Service Center, 1675 W. Garden of the Gods Rd, Suite 2201, Colorado Springs, CO between 8:00 a.m. and 5:00 p.m., Monday through Friday.

2. **EMAIL:**

Please provide an email address for license renewal correspondence.

3. **FINGERPRINTING:**

Vendor & Appointment Scheduling Websites:

IdentoGO: (855) 539-5539

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

Use code **25YQHT**.

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

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

Use Code **C030LIQI**.

4. **COLORADO LIQUOR AND BEER CODE:**

WEB SITE: <https://sbg.colorado.gov/liquor-enforcement-laws-rules-regulations>

K. **FEES:**

Fees can be found here: <https://clerkandrecorder.elpasoco.com/clerk-to-the-board/#1513364968561-2a0ea8a1-acd2>

*Note: 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.*

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