



NEW LIQUOR LICENSE APPLICATION INFORMATION / PROCESS

Listed below are all forms and supporting documents that must be submitted to the Local Licensing Authority for a New Liquor License. This packet contains all City specific information. Please follow the link on this page to the Colorado Department of Revenue for appropriate state forms. **All forms and documents must be properly signed and correspond exactly with the name of the applicant.**

All State forms are available at <https://www.colorado.gov/pacific/enforcement/liquor-forms>

License Application: Completed State Form DR8404 (Retail License Application) *or* DR8403 (Fermented Malt Beverage On (or) Off-Premise)

- ✓ Submit *one* copy. If requesting a concurrent review, the Clerk's office will scan and forward a copy to the Colorado Department of Revenue. Concurrent review is available on *new license applications only*.
- ✓ All appropriate sections completed
- ✓ Authorized signature
- ✓ Appropriate Fees attached (see attached schedule)

Proof of Possession and Diagram: This includes a copy of a deed, lease or sublease. Term of the deed, lease or sublease should be for at least one year from the date of issuance of the liquor license. Deed, lease or sublease ***must be*** in the name of the applicant, i.e. the LLC or Corp., not an individual.

- ✓ All documents must be signed
- ✓ Diagram of premises, no larger than 8 ½ X 11, with area to be licensed heavily outlined. Each floor should be drawn separately. Outdoor seating, liquor storage areas, etc., should be indicated on the drawing. Dimensions must be included however the drawing does not have to be to scale. If applying for a Hotel/Restaurant license, the kitchen must be shown on the diagram. Make sure the diagram includes the entire area you want to be included on the license.
- ✓

Financial Documents: Copies of all notes, loans, security agreements, purchase agreements, stock transfer agreements, etc., used in and for the business. All copies must total the amount claimed on the application.

Background Information: Individual History Record (Form DR8404-I) must be submitted for each individual applicant, all general partners, all limited partners with 10% or more interest, all corporate officers & directors, all 10% or more stockholders, all LLC managing members, all LLC members with 10% or more interest, and any personal loan makers.

Fingerprints: Each person required to fill out an Individual History Record must be fingerprinted for a background investigation. The Colorado Bureau of Investigation (CBI) provides fingerprinting service via CABS (Colorado Applicant Background Services). Go to <https://www.colorado.gov/pacific/cbi/employment-background-checks> to schedule an appointment with any of the authorized vendors. When prompted for the ORI (Originating Agency Identification) number, enter CONCJ1003 for City of Littleton. It is the responsibility of the applicant to notify the City Clerk's office when all parties have been fingerprinted (names and date of fingerprinting). Failure to do so may delay

the completion of local processing of the license application and may result in postponement of any hearing scheduled before the Littleton Licensing Authority.

Manager's Registration (if different from applicant/owner): Must be completed for a Hotel/Restaurant, Tavern, or Lodging & Entertainment class of license only if the manager is someone other than the applicant(s). Managers other than owners must complete fingerprinting and background investigation. Checks in the amount(s) of \$75 to the City of Littleton and \$75 to the Colorado Department of Revenue must accompany the application/fees. These fees can be combined in the same check for application/license fees.

Additional Documents needed dependant on type of business.

Sole Proprietor:

Individual History Record (All Sole Proprietors, if husband and wife – both) DR4679 Affidavit – Restrictions on Public Benefits

Partnership Applicant: Individual History Record (All general partners, if husband and wife – both)

DR4679 Affidavit – Restrictions on Public Benefits Partnership agreement – except for husband-wife partnerships Certificate of co-partnership – if applicable

Certificate of Good Standing from Secretary of State's office issued within 2 years from date of application

Limited Liability Applicant: Individual History Record (10% or more stockholders, limited partners, or members; all managers of an LLC)

Date-stamped Articles of Organization

Certificate of Good Standing from Secretary of State's office within 2 years from date of application

Operating Agreement

Corporate Applicant: Individual History Record (10% or more stockholders, limited partners, or members; all corporate officers and directors)

Date-stamped Articles of Incorporation

Certificate of Good Standing from Secretary of State issued within 2 years from date of application

If Applicant is a Subsidiary Corporation: List name and address of parent corporation; List name, DOB, and address of all officers, directors and stockholders holding 10% or more of the parent company; Background investigation done on one principal officer of Parent Corporation

PUBLIC HEARING

The Littleton Licensing Authority meets the second Wednesday of each month at 6:30 p.m. at the Littleton Center, 2255 West Berry Avenue in the Council Chamber. Upon receipt of a *complete* application for a new license, the City Clerk will determine the neighborhood boundaries for purposes of proving the needs and desires of the adult inhabitants of the neighborhood and will schedule a public hearing to be held no sooner than 30 days from the date of the application. A representative of the business **MUST** attend this hearing. The City Clerk will notify the applicant, via U.S. Mail or email, of the proposed boundaries and the scheduled hearing date.

Not less than 10 days prior to the date of the public hearing, the premises must be posted with a public hearing sign. Public hearing signs are prepared by the City Clerk's office and applicant will be notified when the sign is ready for posting. Applicant must provide proof of posting to

the City Clerk's office. The City Clerk will publish notice of public hearing in the Littleton Independent.

The Licensing Authority considers the reasonable requirements of the neighborhood to which the applicant seeks a new license and the desires of the adult inhabitants as evidenced by petition. The petition process cannot begin before the applicant has received the proposed boundaries from the City Clerk and a signed "Waiver of Hearing" form is received in the City Clerk's office. If you have objections to the boundaries, a special hearing will be set to determine the boundaries. Signatures on petitions must be obtained from the designated neighborhood boundaries and must be from residents 21 years of age or older and owner/managers of businesses who are 21 years of age or older. The completed petitions must be submitted to the City Clerk's Office not less than 14 business days prior to the public hearing date.

Food Service Requirements

On-Premises Liquor Licenses:

Club licensees, Arts licensees, Optional premises licensees, and Public Transportation System licensees are not obligated to serve food at any time.

Hotel and Restaurant licensees must have full meals available until 8:00 p.m. every day, and snacks and sandwiches after 8:00 p.m. Food sales must provide at least 25% of the gross income from the sale of food and beverages.

Brew Pubs must serve meals and must derive 15% of the on-premises gross sales from the sale of food.

Taverns and Beer & Wine licensees must have sandwiches and snacks available during operating hours.

When food is required to be served, it must be available wherever alcoholic beverages are served.

Off-premises Liquor Licenses:

Liquor stores are prohibited from the sale of food items except those approved by the State Licensing Authority that are prepackaged, labeled, directly related to the consumption of liquor, and are sold in containers up to 16 ounces for the purpose of cocktail garnish. Liquor-licensed Drug stores are not subject to prohibitions or requirements regarding sale of food items.

Complete applications, with appropriate funds and applicable paperwork, must be submitted to your local Licensing Authority at: City of Littleton, City Clerk's Office; 2255 West Berry Avenue. Please call 303-795-3780 with any questions.

Colorado Liquor Enforcement
Top 10 (Actually 11) Application Errors

Possession Document

1. The possession document, such as the lease or warranty deed, needs to include all areas proposed for licensure. Patio areas will no longer be scrutinized as long as the patio area is included in the premises diagram.
2. The possession document needs to be in the name of the applying entity only. We often times see the lease in the name of the LLC or corporation and the individuals as well. The individuals may be in the lease later as guarantors, but not stated as the Lessee.

Individual History Record

3. The bank name needs to be listed on #14c indicating from where the funds originated. This should resolve with the new form version.
4. We need items 13e-r fully completed, to include from what state the applicant's identification issued and the number of that identification card.

Application

5. We need the applicant to provide on questions 11 or 12 (depending upon the applicant) the information for anyone interested in the license by way of gift, promissory note, percentage lease etc.
6. There should be a trade name provided. Please let us know the circumstances if they do not have one or do not plan to ever have one.
7. The information on the tenant/landlord on question 11 and 11a are often incorrect. These must match #2 on the application and match the lease or other possessory document.
8. We need the local authority section to be filled out completely. Please check all boxes and sign and date.
9. The licensed area on the diagram provided needs to be outlined in bold so we understand what area is being requested for licensure.
10. The sales tax license must be in the name of the applying entity and not in an individual's name or under another entity.
11. The transfer affidavit needs to be signed by both the transferring party and the party applying for the license. If it is an operation of law (or similar) issue, you can inquire as to who is required in those rare cases.

FINGERPRINTING

The Colorado Bureau of Investigation has implemented the Colorado Applicant Background Services (CABS) program in response to Senate Bill 17-189.

Website for Colorado Bureau of Investigation:

www.colorado.gov/cbi

Select - Sections

- Identification Unit
- Employment & Background Checks

Beginning **September 24th, 2018** citizens requesting to be fingerprinted for licensing, certification or background checks will be referred to the vendor selected by CBI to process electronic submissions. **Littleton Police Records will not accept requests from the public for fingerprinting services except for court ordered fingerprints.**

Public fingerprinting is available through:

Idemia Identity and Security USA (IDEMIA) (by appointment only)

www.identogo.com

1-844-539-5539

Liquor license applicants use service code 25YQ6K

Medical marijuana applicants use service code 25YQ8H

ORI number for City of Littleton is CONCJ1003



There are several departments at the City of Littleton that you may need to work with in order to be in compliance with local regulations. Please be sure to contact each one so you remain informed of any requirements that relate to your business and receive all the information you need concerning City services.

Building Department (Permits, Codes and Inspections)
303-795-3784 (or) 303-795-3754

Planning Department (Zoning, Signs)
303-795-3748

Sales Tax Department (Sales Tax licensing and remittal questions)
303-795-3768

Economic Development (Business Services)
303-795-3749

Public Services (Utilities, Sewer, Engineering, Trees/Landscaping, Traffic Control)
303-795-3863

Fire Department / South Metro Fire Rescue
720-989-2000

Police Department
303-795-3875

Tri-County Health Department (If you plan on serving or selling any food)
303-220-9200



2255 WEST BERRY AVENUE
LITTLETON, COLORADO 80120

Business Emergency Contact Information

This information will be used for after hour emergencies when access is required into the business by the Police Department or Fire Department

Name of Business _____

Business Address _____

Business Telephone Number _____

Emergency Contact Name #1 _____

Emergency Contact Telephone Number #1 _____

Emergency Contact Name #2 _____

Emergency Contact Telephone Number #2 _____

This information is effective as of _____

NEW LIQUOR LICENSE APPLICATION - FORMS

Name & Address of Applicant _____

Date application received _____

Concurrent Review? _____

_____ Form 8403 – FMBW Retail License Application

_____ Form 8404-I - Individual History Record

_____ Lawful Presence Affidavit (sole proprietorship only)

_____ Fees – State and Local

_____ Fingerprints

_____ State Sales Tax number

_____ Lease or Deed in name of applicant List (Copies of expiration date:)

_____ notes and loans or bank statement

_____ Diagram of premises

If application is for a Hotel & Restaurant, Tavern license or Lodging & Entertainment:

_____ Manager's Registration form (8404-I) & fee (unless manager is owner)

If application is for a Brew Pub or Vintner's Restaurant:

_____ Copy of application(s) to TTB

If applicant is a corporation:

_____ Articles of Incorporation
(date stamped by Colorado Secretary of State's office)

_____ Certificate of Good Standing if incorporated more than 2 years ago

If applicant is a partnership:

_____ Partnership Agreement

If applicant is a limited liability company:

_____ Articles of Organization
(date stamped by Colorado Secretary of State's office)

_____ Operating Agreement



FERMENTED MALT BEVERAGE & WINE FEE SCHEDULE

Checks Required:

\$1,418.75 * City of Littleton

\$1,296.25 ** Colorado Department of Revenue with concurrent review

\$1,196.25 ** Colorado Department of Revenue without concurrent review

* City = checks only

** State = check or on-line <https://secure.colorado.gov/payment/liquor>

New License Fees

	<u>City Fees</u>	<u>State Fees</u>
Application	\$695.00	\$1,100.00
Concurrent Review		\$100.00
License	\$723.75	\$96.25
Manager Registration	N/A	N/A
Total	\$1,418.75	\$1,296.25

City License Fee breakdown:

\$3.75	License
\$720.00	Occupation Tax
<u>\$723.75</u>	Total

Transfer of License Fees

	<u>City</u>	<u>State</u>
Transfer Application	\$695.00	\$1,100.00
License	\$723.75	\$96.25
Temporary License Fee	\$100.00	
Total	\$1,518.75	\$1,196.25

Fermented Malt Beverage/Fermented Malt Beverage and Wine Retailer License Application

This application only applies to Fermented Malt Beverage On-Premises, Fermented Malt Beverage On/Off-Premises, and Fermented Malt Beverage and Wine Retailer.

* Note that the Division will not accept cash Paid by check Paid online **Uploaded to MoveIt on** Date

<input type="checkbox"/> New License	<input type="checkbox"/> New-Concurrent	<input type="checkbox"/> Transfer of Ownership
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- 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, Beer and Wine Code: SBG.Colorado.gov/Liquor

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
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2a. Trade Name of Establishment (DBA)	State Sales Tax No.	Business Telephone
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3. Address of Premises (specify exact location of premises)

City	County	State	ZIP Code
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4. Mailing Address (Number and Street)	City or Town	State	ZIP Code
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5. Email Address	Home Phone Number
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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
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Section A Nonrefundable Application Fees	Section B Fermented Malt Beverage 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 and Wine (City) \$96.25
	<input type="checkbox"/> Retail Fermented Malt Beverage and Wine (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 _____ Total _____
	<input type="checkbox"/> Master File Background \$250.00 x _____ Total _____

Questions? Visit SBG.Colorado.gov/Liquor 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 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 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 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 Fermented Malt Beverage and Wine Retailer 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 Fermented Malt Beverage and Wine Retailer 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. Are you applying for a Fermented Malt Beverage On and Off Premises License? If yes, answer subparts a and b. If No, go to question 13.	<input type="checkbox"/>	<input type="checkbox"/>				
(a) The FMB On/Off is located in a county with a population of > 35,000.	<input type="checkbox"/>	<input type="checkbox"/>				
(b) The FMB On/Off is located in an "underserved area" within a county with population of < 35,000 but lies outside of a municipal boundaries or is a city or town with population of > 75,500.	<input type="checkbox"/>	<input type="checkbox"/>				
Note - The population is determined from the recently available United States Census Bureau.						
13. 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"/>				
14. 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 13.			<input type="checkbox"/>	<input type="checkbox"/>		
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".						
15. 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.						
16. Name of Manager(s) for all on premises applicants.						
Last Name	First Name	Date of Birth				
17. 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"/>

18. Tax Information.	Yes	No
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"/>
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"/>

19. 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 and Wine 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.

For Transfer Applications Only - Is the license being transferred valid?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

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	Date
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

Home Phone Number

Business/Work Phone Number

Street Address

City

State

ZIP Code

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)

Name of Business

Home Phone Number

Cellular Number

Your Full Name (last, first, middle)

List any other names you have used

Mailing address (if different from residence)

Email Address

1. List current residence address. Include any previous addresses within the last five years. (Attach separate sheet if necessary)

Current Street and Number

Current City, State, ZIP

From:

To:

Previous Street and Number

Previous City, State, ZIP

From:

To:

Individual History Record (Continued)

2. 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:

Name of Employer or Business

Address (Street, Number, City, State, ZIP)

Position Held

From:

To:

Name of Employer or Business

Address (Street, Number, City, State, ZIP)

Position Held

From:

To:

3. 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

Name of Relative

Relationship to You:

Position Held

Name of Licensee

Individual History Record (Continued)

Name of Relative Relationship to You:

Position Held Name of Licensee

Name of Relative Relationship to You:

Position Held Name of Licensee

4. 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? Yes No
(If yes, answer in detail.)

5. 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?..... Yes No
(If yes, answer in detail.)

6. 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?..... Yes No
(If yes, answer in detail.)

7. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence?..... Yes No
(If yes, answer in detail.)

Individual History Record (Continued)

8. Have you ever had any professional license suspended, revoked, or denied?..... Yes No
(If yes, answer in detail.)

Personal and Financial Information

Unless otherwise provided by law, the personal information required in this section will be treated as confidential. The personal information required in this section is solely for identification purposes.

Date of Birth	Social Security Number	Place of Birth		
U.S. Citizen	Yes No	If Naturalized, state where		
Name of District Court	Naturalization Certificate Number	When		
If an Alien, Give Alien's Registration Card Number		Permanent Residence Card Number		
Height	Weight	Hair Color	Eye Color	Gender
Do you have a current Driver's License/ID? If so, give number and state.			Yes	No
Driver's License Number		Driver's License State		

Financial Information

9. Total purchase price or investment being made by the applying entity, corporation, partnership, limited liability company, other.....

10. List the total amount of the **personal** investment, made by the person listed on page 1 in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases or fees paid.....

NOTE: If corporate investment only, please skip to and complete question 12
NOTE: Question 10 should reflect the total of questions 11 and 13

Personal and Financial Information (Continued)

11. Provide details of the personal investment described in question 10. You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment	Account Type
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Bank Name	Amount
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Type: Cash, Services or Equipment	Account Type
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Bank Name	Amount
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Type: Cash, Services or Equipment	Account Type
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Bank Name	Amount
-----------	--------

Type: Cash, Services or Equipment	Account Type
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Bank Name	Amount
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12. Provide details of the corporate investment described in question 9. 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
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Bank Name	Amount
-----------	--------

Type: Cash, Services or Equipment	Loans	Account Type
-----------------------------------	-------	--------------

Bank Name	Amount
-----------	--------

Type: Cash, Services or Equipment	Loans	Account Type
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Bank Name	Amount
-----------	--------

13. Loan Information (Attach copies of all notes or loans)

Name of Lender	Address
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Term	Security	Amount
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Personal and Financial Information (Continued)

Name of Lender Address

Term Security Amount

Name of Lender Address

Term Security Amount

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 (MM/DD/YY)