



## 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**

**3.2% Beer Licensees** are not obligated to serve food at any time.

#### **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.**

# 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](http://www.colorado.gov/cbi)

Select - Sections

- Identification Unit
- Employment & Background Checks

Beginning **September 24<sup>th</sup>, 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](http://www.identogo.com)

1-844-539-5539

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Liquor license applicants use service code 25YQ6K

Medical marijuana applicants use service code 25YQ8H

ORI number for City of Littleton is CON CJ1003



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 8404 – 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 (expiration date: \_\_\_\_\_)

\_\_\_\_\_ List/Copies of notes and loans

\_\_\_\_\_ Diagram of premises

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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



Brew Pub, Vinter's Restaurant (or) Distillery PubLicense Fee Schedule

**Checks Required:**

- \$2,000.00 City of Littleton
- \$2,400.00 Colorado Department of Revenue with concurrent review
- \$2,300.00 Colorado Department of Revenue without concurrent review



	<u>City Fees</u>	<u>State Fees</u>
Application	\$695.00	\$1,550.00
Concurrent Review		\$100.00
License	\$1,155.00	\$750.00
Manager's Registration	<u>\$75.00</u>	
 Total	 \$2,000.00	 \$2,400.00

City license fee:

\$75.00	License
<u>\$1,080.00</u>	Occupation Tax
\$1,155.00	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:** [www.colorado.gov/enforcement/liquor](http://www.colorado.gov/enforcement/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
<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 (One Year Needed)</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) Identogo FAQs: <a href="https://www.colorado.gov/pacific/cbi/identification-faqs">https://www.colorado.gov/pacific/cbi/identification-faqs</a> <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  <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

<b>Name</b>	<b>Type of License</b>	<b>Account Number</b>		
<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 <input type="checkbox"/> No <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):				
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.				
<b>9.</b> 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"/>
<b>10.</b> 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: _____				
<b>11.</b> 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"/>
<b>12.</b> 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"/>
<b>13 a.</b> 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"/>
<b>13 b.</b> Are you a Colorado resident?				<input type="checkbox"/> <input type="checkbox"/>
<b>14.</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 <u>current</u> financial interest in said business including any loans to or from a licensee.				<input type="checkbox"/> <input type="checkbox"/>
<b>15.</b> 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"/> <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, <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".				
<b>16.</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/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>				
<b>17.</b> 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)				
<b>18.</b> 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.				
<b>19.</b> 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		
<b>20. Club Liquor License applicants answer the following: Attach a copy of applicable documentation</b>				
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"/>		
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"/>		
c. How long has the club been incorporated?		<input style="width: 50px;" type="text"/>		
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"/>		
<b>21. Brew-Pub, Distillery Pub or Vintner's Restaurant applicants answer the following:</b>				
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"/>		
<b>22. Campus Liquor Complex applicants answer the following:</b>				
a. Is the applicant an institution of higher education?		Yes No <input type="checkbox"/> <input type="checkbox"/>		
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"/>		
<b>23. For all on-premises applicants.</b>				
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.				
b. For all Liquor Licensed Drugstores (LLDS) the Permitted Manager must also submit a Manager Permit Application - DR 8000 and fingerprints.				
Last Name of Manager		First Name of Manager		
<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>				
		<input type="checkbox"/> <input type="checkbox"/>		
<b>25. Related Facility - Campus Liquor Complex applicants answer the following:</b>				
a. Is the related facility located within the boundaries of the Campus Liquor Complex? 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.		Yes No <input type="checkbox"/> <input type="checkbox"/>		
b. Designated Manager for Related Facility- Campus Liquor Complex				
Last Name of Manager		First Name of Manager		
<b>26. Tax Information.</b>				
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?		Yes No <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"/>		
<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>				
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
** 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.				

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 8404-1 (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 <input type="checkbox"/> No <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?		Yes <input type="checkbox"/> No <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?		Yes <input type="checkbox"/> No <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

## Tax Check Authorization, Waiver, and Request to Release Information

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

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

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

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

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

### Privacy Act Statement

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



## Individual History Record

To be completed by the following persons, as applicable: sole proprietors; general partners regardless of percentage ownership, and limited partners owning 10% or more of the partnership; all principal officers of a corporation, all directors of a corporation, and any stockholder of a corporation owning 10% or more of the outstanding stock; managing members or officers of a limited liability company, and members owning 10% or more of the company; and any intended registered manager of Hotel and Restaurant, Tavern and Lodging and Entertainment class of retail license

<b>Notice:</b> 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". <b>Any deliberate misrepresentation or material omission may jeopardize the license application.</b> (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>
<b>To</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  Yes  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. Race      r. Do you have a current Driver's License/ID? If so, give number and state.  Yes  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