

Liquor License Application Packet



Prepared by:
Greeley City Clerk's Office
1000 10th Street
Greeley, CO 80631
970.350.9743

cheryl.aragon@greeleygov.com



Dear Applicant:

Welcome to the City of Greeley liquor licensing process! This site contains general liquor/beer licensing information, as well as all local and State forms necessary to apply for such licenses. Reading through its' contents in detail will very likely answer many of your questions. **An appointment with the City Clerk's Office is encouraged to review this packet before you begin the process. An appointment will be required at the time of actual submittal of your completed application packet and formal acceptance by the City Clerk's Office for processing to allow adequate time for review.**

All forms must be typed or printed in black ink, accurate, complete in all aspects, and properly signed and dated. All applications must be submitted along with City and State application and license fees, referencing the Fee List provided in this packet. The City Clerk's Office cannot accept or process an incomplete application. **Filing Concurrent Review (\$100 additional in State fees), as noted on Page 1 of the State Liquor License Application, provides for State review simultaneous to local review of a new license application. It also means that in light of backlogs that routinely occur in processing new applications at the State Liquor Enforcement Division level, applicants can expect to have their new licenses issued in within 16-18 days rather than 10-12 weeks from the date of the local public hearing and approval.**

Please refer to the Department Referral Guide included in this packet for contact information of other departments/divisions to contact as part of this liquor license application.

Should you need additional information or have any questions, please feel free to contact the City Clerk's Office anytime at (970) 350-9743.

Good luck with your application process!

Sincerely,

Cheryl Aragon

Cheryl Aragon, CMCDeputy City Clerk

Process upon Submittal...

The City of Greeley Liquor Licensing Authority, an Individual Hearing Officer appointed by the Greeley City Council, considers liquor-related matters on an as-needed basis. Please consult the City Clerk's Office for scheduling information.

Upon submittal of a liquor/beer application, the neighborhood boundaries and public hearing date will be set by the City Clerk's Office within seven (7) days. Written notification of the proposed boundaries, public hearing date, and an Acceptance of Boundaries will then be provided to the applicant by electronic mail for the purposes of proving the needs and desires of the neighborhood, as provided by Regulation 47-107.1(C) of the Colorado Liquor and Beer Codes.

Written notification of the public hearing date will be provided to parties in interest within 500 feet of your proposed liquor licensed site, as required by the Greeley City Council in addition to the posting of the premises and legal publication required by State law.

The public hearing date will be set not less than 30 days from the date of submittal of the application, as provided by Section 44-3-136, of the Colorado Revised Statutes, and the applicant must be present at the public hearing to offer testimony and answer any questions posed by the Liquor Licensing Authority. Please refer to ***Procedural Order to be Followed at Public Hearing*** for information expected to be presented by the applicant.

Procedural Order to be followed at Public Hearing

City Staff Presentation:

The City Clerk's Office will provide the Clerk's Administrative Report, which will include status of application, proper notice of public hearing, conformance with applicable City codes and Health Department regulations as relayed by the City's Liquor Licensing Administrative Review Team, and proper communication of investigative background results to applicant. Staff will then be available for questions from the Liquor Licensing Authority relative to the reports provided prior to the applicant's presentation.

Applicant's Presentation:

The applicant, manager, or representative of the applicant will then be provided the opportunity to respond to any issues or concerns reported in the City Staff Presentation, to provide information about past experience in the sale/service of alcohol beverages and that of the proposed manager in charge of day-to-day operations, financial backers of proposed establishment, description of the character of the neighborhood of proposed site, proximity of the site to area schools and universities, and evidence, including any petitions or letters, regarding the reasonable requirements and the desires of the inhabitants of the neighborhood for the outlet proposed.

In addition to the above information, the applicant should also be prepared to discuss in detail the answers provided in the ***Attachment to Liquor/3.2% Beer Retail License Application*** regarding the description and the nature of the proposed business operations such as days and hours of operation, entertainment, number of employees, security plans, if any, training and operating procedures employees will follow in the safe and legal sale/service of alcohol beverages, and evidence relating to the likelihood that the applicant will conduct this proposed operation in accordance with applicable local and State laws, rules and regulations.

The applicant should then remain available for questions from the Liquor Licensing Authority and/or City staff and follow up discussion after any evidence from interested parties during the public hearing is offered.

Evidence from Interested Parties:

Interested parties are defined by law as “*residents of the neighborhood under consideration, owners or managers of business, located in the neighborhood, and the applicant*”.

Liquor Authority Decision:

Decision made approving, denying, or continuing consideration of the application.

Neighborhood Needs and Desires Guidelines

After you have completed your application and submitted it for consideration, the City Clerk's Office will set the neighborhood boundaries and a public hearing date within three (3) business days. The neighborhood boundaries are typically a one-half mile radius of the site proposed for a liquor license, and the public hearing date will be not less than 30 days from the date of receipt of your application by the City Clerk's Office. You will be provided, by email, with a copy of the boundary map, as well as an acceptance of boundaries to be signed by you and returned to the City Clerk's Office.

Before approving a liquor license application, the Greeley Liquor Licensing Authority must consider the reasonable requirements of the neighborhood and the desires of the adult inhabitants as evidenced by petitions, remonstrance letters, or other evidence submitted by you. The burden of producing such evidence is placed upon you, the applicant. Although the law does not require that an applicant petition the neighborhood, it is the most common form of evidence presented. If you choose to use the petitioning method of proving neighborhood needs and desires, the survey petition and summary, which can be provided by the City Clerk's Office, must be used in this process. There are professional survey firms that you may contract with however the decision to use any such firm is entirely yours. Signatures obtained from petitioning should be from residents of the neighborhood and/or owners/managers of businesses within the designated neighborhood boundaries and who all must be at least 21 years of age. **If you choose to petition the neighborhood as the chosen method of proving the needs and desires of the neighborhood, petitioning should not occur at anytime prior to receiving your designated boundaries from the City Clerk's Office.**

There is no set number of required signatures you must obtain on a petition, but you must provide the Authority with sufficient evidence to support its findings that: 1) the reasonable requirements of the neighborhood establish a need for the issuance of the requested license; and 2) that the desires of the inhabitants dictate the issuance of the license. The Authority will also be looking to assure that a good sampling of the designated neighborhood was taken. For example, do not circulate just at one apartment complex or focus your attention on one area within the 1/2 -mile radius.

Each petition must contain a signed Affidavit of Circulator indicating that he/she personally witnessed each signature appearing

on the petition and that, to the best of his/her knowledge, each signature is the signature of the person whose name it purports to be and that the address given opposite the person's name is the true business or residence address of the person signing the petition. Failure to affix a completed Affidavit of Circulator, including notarization, may cause the petition(s) to be invalidated.

If the petitioning method is used for proving neighborhood needs and desires, your petition packet must be submitted to the City Clerk's Office no later than five (5) days prior to the scheduled public hearing date for review. Within 72 hours from receipt of the petition packet, the City Clerk's Office will provide you with a statement of review concerning the petition signatures verifying that they meet the criteria mentioned above. The applicant will then have an opportunity to amend the petition, obtain additional signatures, etc., if desired. An amended petition for the Authority's review and consideration must be filed 24 hours prior to the scheduled public hearing.

This information is meant only as a guideline provided as a courtesy by the City of Greeley. Applicants are encouraged to consult a private attorney for answers to legal questions or concerns.

Applicant Fingerprinting Procedures

Fingerprinting must be done by the following approved Colorado Bureau of Investigations' vendor:

Indentogo

Appointment Scheduling Website: <https://uenroll.indentogo.com/>

You may also call for an appointment at (844) 539-5539 (toll free)

Fingerprints are submitted electronically to CBI from Indentogo effective November 1, 2018. The Liquor Enforcement Division and the City of Greeley are no longer accepting physical paper fingerprint cards as of this date as part of your liquor license-related application packet.

The service code you will need to complete this process with Indentogo is:

25YQ6K
& CONCI6253

What you should take with you to your appointment with Indentogo include:

- ✓ \$10 vendor service fee per person being printed/transmitted, money order or certified funds
- ✓ \$38.50 fingerprinting fee per person being printed/transmitted, money order or certified funds
- ✓ Driver's license, ID card, permanent resident card, alien registration receipt card, etc.

If you do not have access to the internet, you can schedule an appointment by calling the toll free number listed above.

Beer/Liquor License Application Checklist

Application:

- ☐ Original
- ☐ Complete all applicable sections
- ☐ Authorized signature and date of application
- ☐ Complete Attachment to License Application
- ☐ Attach appropriate City AND State fees (**Refer to License Fee List**)

Property Possession:

- ☐ Deed, Lease, or Lease Assignment (**must cover entire license period; 15 months is recommended**)
- ☐ All documents must be signed and dated
- ☐ Floor diagram of premises, 8 ½ X 11, with area to be licensed heavily outlined in black marker, and with dimensions of area to be licensed clearly delineated, identify kitchen if Hotel/Restaurant applicant, provide separate diagrams for multiple levels

Background Information:

- ☐ Individual History Record(s) (DR 8404-1)
- ☐ Signed and dated by applicant(s)

Management Other than Applicant (Hotel/Restaurant and Tavern applicants only):

- ☐ Manager's Registration fee (only if manager is not an owner) (**Refer to License Fee List**)
- ☐ Individual History Record (DR 8404-1)
- ☐ Written Management Agreement, if applicable

In addition to the above, submit the items listed under your applicant type:

Corporate Applicant (if a corporation):

- ☐ Certificate of Incorporation, and/or
- ☐ Certificate of Good Corporate Standing, if incorporated longer than two (2) years
- ☐ Certificate of Authorization (if foreign corporation)
- ☐ List of Officers, Stockholders, and Directors of parent corporation (if applicable), designate one (1) person as "principal officer"

Partnership Applicant (if a partnership):

- ☐ Partnership agreement (general or limited partner, except for husband/wife)

Limited Liability Company Applicant (if a limited liability company):

- ☐ Articles of Organization, date stamped by the Colorado Secretary of State's Office
- ☐ Copy of Operating Agreement
- ☐ Certificate of Authority (if foreign company)

CITY/STATE LIQUOR LICENSE FEE LIST - (January 7, 2021)

SB 20B-001 waived particular State fees for applications received on December 7, 2020 through December 7, 2021)

License Type	Application Fee	Occupation Fee	License Fee	Total Local Fees	Application Fee (State)	License Fee (State)	Total State Fees
Beer & Wine							
New	\$500.00	\$ 600.00	\$ 48.75	\$1,148.75	N/A	N/A	N/A
Transfer	450.00	600.00	48.75	1,098.75	1,550.00	351.25	1,901.25
Renewal	100.00	600.00	48.75	748.75	N/A	N/A	N/A
H & R							
New	500.00	1,500.00	75.00	2,075.00	N/A	N/A	N/A
Transfer	450.00	1,500.00	75.00	2,025.00	1,550.00	500.00	2,050.00
Renewal	100.00	1,500.00	75.00	1,675.00	N/A	N/A	N/A
Tavern							
New	500.00	2,000.00	75.00	2,575.00	N/A	N/A	N/A
Transfer	450.00	2,000.00	75.00	2,525.00	1,550.00	500.00	2,050.00
Renewal	100.00	2,000.00	75.00	2,175.00	N/A	N/A	N/A
Lodging & Entertainment							
New	500.00	2,000.00	75.00	2,575.00	N/A	N/A	N/A
Transfer	450.00	2,000.00	75.00	2,575.00	1,550.00	500.00	2,050.00
Renewal	100.00	2,000.00	75.00	2,175.00	N/A	N/A	N/A
Liquor Store							
New	500.00	500.00	22.50	1,022.50	1,550.00	227.50	1,777.50
Transfer	450.00	500.00	22.50	972.50	1,550.00	227.50	1,777.50
Renewal	100.00	500.00	22.50	622.50		277.50	277.50
**Optional							
Wine Tasting	New - 100.00	N/A	N/A	100.00	N/A	N/A	N/A
Permit**	Ren - 25.00	N/A	N/A	25.00	N/A	N/A	N/A
Mngr Permit	N/A	N/A	N/A	N/A	100.00	N/A	100.00
Arts							
New	500.00	500.00	41.25	1,041.25	N/A	N/A	N/A
Transfer	450.00	500.00	41.25	991.25	1,550.00	308.75	1,858.75
Renewal	100.00	500.00	41.25	641.25	N/A	N/A	N/A
Drugstore							
New	500.00	500.00	22.50	1,022.50	1,550.00	227.50	1,777.50
Transfer	450.00	500.00	22.50	972.50	1,550.00	227.50	1,777.50
Renewal	100.00	500.00	22.50	622.50	N/A	277.50	277.50
Common Consumption Area							
New	500.00	N/A	N/A	500.00	N/A	N/A	N/A
Transfer	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Renewal	100.00	N/A	N/A	100.00	N/A	N/A	N/A
Club							
New	500.00	500.00	41.25	1,041.25	N/A	N/A	N/A
Transfer	450.00	500.00	41.25	991.25	1,550.00	308.75	1,858.75
Renewal	100.00	500.00	41.25	641.25	N/A	N/A	N/A
FMB On or Off Premise							
New	500.00	250.00	3.75	753.75	1,550.00	96.25	1,646.25
Transfer	450.00	250.00	3.75	703.75	1,550.00	96.25	1,646.25
Renewal	100.00	250.00	3.75	353.75	N/A	146.25	96.25
FMB On/Off							
New	500.00	500.00	3.75	1,003.75	N/A	N/A	N/A
Transfer	450.00	500.00	3.75	953.75	1,550.00	96.25	1,646.25
Renewal	100.00	500.00	3.75	603.75	N/A	N/A	N/A
Brew Pub							
New	500.00	1,500.00	75.00	2,075.00	1,550.00	N/A	N/A
Transfer	450.00	1,500.00	75.00	2,025.00	1,550.00	750.00	2,300.00
Renewal	100.00	1,500.00	75.00	1,675.00	N/A	N/A	N/A

License Type	Application Fee	Occupation Fee	License Fee	Total Local Fees	Application Fee (State)	License Fee (State)	Total State Fees
Optional Premises							
New	500.00	2,000.00	75.00	2,575.00	1,550.00	N/A	N/A
Transfer	450.00	2,000.00	75.00	2,525.00	1,550.00	500.00	2,050.00+
Renewal	100.00	2,000.00	75.00	2,175.00	N/A	N/A	N/A
Mini Bar w/H&R							
New	N/A	N/A	48.75	325.00	N/A	N/A	N/A
Transfer	N/A	N/A	48.75	375.00	N/A	500.00	500.00
Renewal	N/A	N/A	48.75	325.00	N/A	N/A	N/A
Bed & Breakfast							
New	N/A	N/A	25.00	25.00	N/A	71.25	71.25
Transfer	N/A	N/A	25.00	25.00	N/A	71.25	71.25
Renewal	N/A	N/A	25.00	25.00	N/A	121.25	121.25
Change of Location	500.00	N/A	N/A	500.00	150.00	N/A	150.00
Change of Trade Name	\$50.00	N/A	N/A	\$50.00	50.00	N/A	50.00
Manager's Regist.	75.00	N/A	N/A	75.00	75.00	N/A	75.00
Corp/LLC Changes (charged locally or by State)	100.00	N/A	N/A	100.00	100.00	N/A	100.00
Temporary Permit	100.00	N/A	N/A	100.00	N/A	N/A	N/A
Late Renewal	500.00	N/A	N/A	500.00	N/A	N/A	N/A
Modify Premises	150.00	N/A	N/A	150.00	150.00	N/A	150.00
Application Packet Fee	25.00	N/A	N/A	25.00	N/A	N/A	N/A
Duplicate License	50.00	N/A	N/A	50.00	50.00	N/A	50.00
Special Event (Liq)	N/A	N/A	100.00	100.00	N/A	N/A	N/A
Special Event (3.2)	N/A	N/A	100.00	100.00	N/A	N/A	N/A
Concurrent Review (new applicants)	N/A	N/A	N/A	N/A	100.00	N/A	100.00
Application Reissue Fee (more than 90 days of license expiration date)	500.00	N/A	N/A	\$500.00	N/A		N/A
Application Reissue Fine (more than 90-days but less than 180-days of license expiration date)	25.00 Per day beyond 90-day expiration date	N/A	N/A	25.00 Per day beyond 90-day expiration date	N/A		N/A

<div><input type="checkbox"/> New License</div> <div><input type="checkbox"/> New-Concurrent</div> <div><input type="checkbox"/> Transfer of Ownership</div> <div><input type="checkbox"/> State Property Only</div> <div><input type="checkbox"/> Master file</div>			
<div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div>All answers must be printed in black ink or typewritten</div><div>Applicant must check the appropriate box(es)</div><div>Applicant should obtain a copy of the Colorado Liquor and Beer Code: www.colorado.gov/enforcement/liquor</div></div></div></div></div>			
1. Applicant is applying as a/an <div><div><input type="checkbox"/> Individual</div><div><input type="checkbox"/> Limited Liability Company</div><div><input type="checkbox"/> Association or Other</div><div><input type="checkbox"/> Corporation</div><div><input type="checkbox"/> Partnership (includes Limited Liability and Husband and Wife Partnerships)</div></div>			
2. Applicant If an LLC, name of LLC; if partnership, at least 2 partner's names; if corporation, name of corporation			FEIN Number
2a. Trade Name of Establishment (DBA)		State Sales Tax Number	Business Telephone
3. Address of Premises (specify exact location of premises, include suite/unit numbers)			
City		County	State ZIP Code
4. Mailing Address (Number and Street)		City or Town	State ZIP Code
5. Email Address			
6. If the premises currently has a liquor or beer license, you must answer the following questions			
Present Trade Name of Establishment (DBA)		Present State License Number	Present Class of License Present Expiration Date
Section A Nonrefundable Application Fees*		Section B (Cont.) Liquor License Fees*	
<div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div>Application Fee for New License.....\$1,550.00</div><div>Application Fee for New License w/Concurrent Review\$1,650.00</div><div>Application Fee for Transfer\$1,550.00</div></div></div></div></div>		<div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div>Liquor–Licensed Drugstore (County)\$312.50</div><div>Lodging & Entertainment - L&E (City)\$500.00</div><div>Lodging & Entertainment - L&E (County)\$500.00</div><div>Manager Registration - H & R\$75.00</div><div>Manager Registration - Tavern\$75.00</div><div>Manager Registration - Lodging & Entertainment.....\$75.00</div><div>Manager Registration - Campus Liquor Complex\$75.00</div><div>Optional Premises License (City).....\$500.00</div><div>Optional Premises License (County)\$500.00</div><div>Racetrack License (City).....\$500.00</div><div>Racetrack License (County).....\$500.00</div><div>Resort Complex License (City).....\$500.00</div><div>Resort Complex License (County).....\$500.00</div><div>Related Facility - Campus Liquor Complex (City)\$160.00</div><div>Related Facility - Campus Liquor Complex (County)\$160.00</div><div>Related Facility - Campus Liquor Complex (State).....\$160.00</div><div>Retail Gaming Tavern License (City)\$500.00</div><div>Retail Gaming Tavern License (County).....\$500.00</div><div>Retail Liquor Store License–Additional (City).....\$227.50</div><div>Retail Liquor Store License–Additional (County)\$312.50</div><div>Retail Liquor Store (City).....\$227.50</div><div>Retail Liquor Store (County)\$312.50</div><div>Tavern License (City)\$500.00</div><div>Tavern License (County)\$500.00</div><div>Vintners Restaurant License (City)\$750.00</div><div>Vintners Restaurant License (County).....\$750.00</div></div></div></div></div>	
Section B Liquor License Fees*			
<div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div>Add Optional Premises to H & R.....\$100.00 X _____ Total _____</div><div>Add Related Facility to Resort Complex\$75.00 X _____ Total _____</div><div>Add Sidewalk Service Area.....\$75.00</div><div>Arts License (City)\$308.75</div><div>Arts License (County)\$308.75</div><div>Beer and Wine License (City).....\$351.25</div><div>Beer and Wine License (County).....\$436.25</div><div>Brew Pub License (City)\$750.00</div><div>Brew Pub License (County).....\$750.00</div><div>Campus Liquor Complex (City).....\$500.00</div><div>Campus Liquor Complex (County)\$500.00</div><div>Campus Liquor Complex (State).....\$500.00</div><div>Club License (City).....\$308.75</div><div>Club License (County)\$308.75</div><div>Distillery Pub License (City).....\$750.00</div><div>Distillery Pub License (County)\$750.00</div><div>Hotel and Restaurant License (City)\$500.00</div><div>Hotel and Restaurant License (County)\$500.00</div><div>Hotel and Restaurant License w/one opt premises (City)\$600.00</div><div>Hotel and Restaurant License w/one opt premises (County).....\$600.00</div><div>Liquor–Licensed Drugstore (City)\$227.50</div></div></div></div></div>			
* Note that the Division will not accept cash			
Questions? Visit: www.colorado.gov/enforcement/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:** www.colorado.gov/enforcement/liquor for more information

Items submitted, please check all appropriate boxes completed or documents submitted	
I.	Applicant information <input type="checkbox"/> A. Applicant/Licensee identified <input type="checkbox"/> B. State sales tax license number listed or applied for at time of application <input type="checkbox"/> C. License type or other transaction identified <input type="checkbox"/> D. Return originals to local authority (additional items may be required by the local licensing authority) <input type="checkbox"/> E. All sections of the application need to be completed <input type="checkbox"/> F. Master file applicants must include the Application for Master File form DR 8415 and applicable fees to this Retail License Application
II.	Diagram of the premises <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
III.	Proof of property possession (One Year Needed) <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)
IV.	Background information (DR 8404-I) and financial documents <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. Do not complete fingerprint cards prior to submitting your application. The Vendors are as follows: IdentoGO – https://uenroll.identogo.com/ Phone: 844-539-5539 (toll-free) IdentoGO FAQs: https://www.colorado.gov/pacific/cbi/identification-faqs Colorado Fingerprinting – http://www.coloradofingerprinting.com Appointment Scheduling Website: http://www.coloradofingerprinting.com/cabs/ 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)
V.	Sole proprietor/husband and wife partnership (if applicable) <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
VI.	Corporate applicant information (if applicable) <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)
VII.	Partnership applicant information (if applicable) <input type="checkbox"/> A. Partnership Agreement (general or limited). <input type="checkbox"/> B. Certificate of Good Standing
VIII.	Limited Liability Company applicant information (if applicable) <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)
IX.	Manager registration for Hotel and Restaurant, Tavern, Lodging & Entertainment, and Campus Liquor Complex licenses when included with this application <input type="checkbox"/> A. \$75.00 fee <input type="checkbox"/> B. Individual History Record (DR 8404-I) <input type="checkbox"/> C. If owner is managing, no fee required

Name	Type of License	Account Number		
7. Is the applicant (including any of the partners if a partnership; members or managers if a limited liability company; or officers, stockholders or directors if a corporation) or managers under the age of twenty-one years?		Yes <input type="checkbox"/> No <input type="checkbox"/>		
8. Has the applicant (including any of the partners if a partnership; members or managers if a limited liability company; or officers, stockholders or directors if a corporation) or managers ever (in Colorado or any other state):				
a. Been denied an alcohol beverage license?		<input type="checkbox"/> <input type="checkbox"/>		
b. Had an alcohol beverage license suspended or revoked?		<input type="checkbox"/> <input type="checkbox"/>		
c. Had interest in another entity that had an alcohol beverage license suspended or revoked?		<input type="checkbox"/> <input type="checkbox"/>		
If you answered yes to 8a, b or c, explain in detail on a separate sheet.				
9. Has a liquor license application (same license class), that was located within 500 feet of the proposed premises, been denied within the preceding two years? If "yes", explain in detail. _____		<input type="checkbox"/> <input type="checkbox"/>		
10. Are the premises to be licensed within 500 feet, of any public or private school that meets compulsory education requirements of Colorado law, or the principal campus of any college, university or seminary?		<input type="checkbox"/> <input type="checkbox"/>		
Waiver by local ordinance? <input type="checkbox"/> <input type="checkbox"/>				
Other: _____				
11. Is your Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 1500 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of greater than (>) 10,000? NOTE: The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.		<input type="checkbox"/> <input type="checkbox"/>		
12. Is your Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 3000 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of less than (<) 10,000? NOTE: The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.		<input type="checkbox"/> <input type="checkbox"/>		
13 a. For additional Retail Liquor Store only. Was your Retail Liquor Store License issued on or before January 1, 2016?		<input type="checkbox"/> <input type="checkbox"/>		
13 b. Are you a Colorado resident?		<input type="checkbox"/> <input type="checkbox"/>		
14. Has a liquor or beer license ever been issued to the applicant (including any of the partners, if a partnership; members or manager if a Limited Liability Company; or officers, stockholders or directors if a corporation)? If yes, identify the name of the business and list any <u>current</u> financial interest in said business including any loans to or from a licensee.		<input type="checkbox"/> <input type="checkbox"/>		
15. Does the applicant, as listed on line 2 of this application, have legal possession of the premises by 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 16.		<input type="checkbox"/> <input type="checkbox"/>		
c. Attach a diagram that designates the area to be licensed in black bold outline (including dimensions) which shows the bars, brewery, walls, partitions, entrances, exits and what each room shall be utilized for in this business. This diagram should be no larger than 8 1/2" X 11".				
16. Who, besides the owners listed in this application (including persons, firms, partnerships, corporations, limited liability companies) will loan or give money, inventory, furniture or equipment to or for use in this business; or who will receive money from this business? Attach a separate sheet if necessary.				
Last Name	First Name	Date of Birth	FEIN or SSN	Interest/Percentage
Last Name	First Name	Date of Birth	FEIN or SSN	Interest/Percentage
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.				
17. Optional Premises or Hotel and Restaurant Licenses with Optional Premises:				
Has a local ordinance or resolution authorizing optional premises been adopted?				<input type="checkbox"/> <input type="checkbox"/>
Number of additional Optional Premise areas requested. (See license fee chart)				
18. For the addition of a Sidewalk Service Area per Regulation 47-302(A)(4), include a diagram of the service area and documentation received from the local governing body authorizing use of the sidewalk. Documentation may include but is not limited to a statement of use, permit, easement, or other legal permissions.				
19. Liquor Licensed Drugstore (LLDS) applicants, answer the following:				
a. Is there a pharmacy, licensed by the Colorado Board of Pharmacy, located within the applicant's LLDS premise?				<input type="checkbox"/> <input type="checkbox"/>
If "yes" a copy of license must be attached.				

Name	Type of License	Account Number		
20. Club Liquor License applicants answer the following: Attach a copy of applicable documentation				
				Yes No
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?				
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"/>
21. Brew-Pub, Distillery Pub or Vintner's Restaurant applicants answer the following:				
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"/>
22. Campus Liquor Complex applicants answer the following:				
a. Is the applicant an institution of higher education?				<input type="checkbox"/> <input type="checkbox"/>
b. Is the applicant a person who contracts with the institution of higher education to provide food services? If "yes" please provide a copy of the contract with the institution of higher education to provide food services.				<input type="checkbox"/> <input type="checkbox"/>
23. For all on-premises applicants.				
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 an Manager Permit Application - DR 8000 and fingerprints.				
Last Name of Manager		First Name of Manager		
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.				Yes No <input type="checkbox"/> <input type="checkbox"/>
25. Related Facility - Campus Liquor Complex applicants answer the following:				<input type="checkbox"/> <input type="checkbox"/>
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.				
b. Designated Manager for Related Facility- Campus Liquor Complex				
Last Name of Manager		First Name of Manager		
26. 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"/>
27. 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 with an approved State Vendor through their website. See application checklist, Section IV, for details.				
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
Oath Of Applicant			
I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Colorado Liquor or Beer Code which affect my license.			
Authorized Signature		Printed Name and Title	Date
Report and Approval of Local Licensing Authority (City/County)			
Date application filed with local authority		Date of local authority hearing (for new license applicants; cannot be less than 30 days from date of application)	
<p>The Local Licensing Authority Hereby Affirms that each person required to file DR 8404-I (Individual History Record) or a DR 8000 (Manager Permit) has been:</p> <p><input type="checkbox"/> Fingerprinted</p> <p><input type="checkbox"/> Subject to background investigation, including NCIC/CCIC check for outstanding warrants</p> <p>That the local authority has conducted, or intends to conduct, an inspection of the proposed premises to ensure that the applicant is in compliance with and aware of, liquor code provisions affecting their class of license</p> <p>(Check One)</p> <p><input type="checkbox"/> Date of inspection or anticipated date _____</p> <p><input type="checkbox"/> Will conduct inspection upon approval of state licensing authority</p>			
<input type="checkbox"/> Is the Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 1,500 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of > 10,000?			Yes No <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Is the Liquor Licensed Drugstore(LLDS) or Retail Liquor Store (RLS) within 3,000 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of < 10,000?			<input type="checkbox"/> <input type="checkbox"/>
<p>NOTE: The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.</p>			
<input type="checkbox"/> Does the Liquor-Licensed Drugstore (LLDS) have at least twenty percent (20%) of the applicant's gross annual income derived from the sale of food, during the prior twelve (12) month period?			<input type="checkbox"/> <input type="checkbox"/>
<p>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.</p>			
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 is 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).

Colorado Fermented Malt Beverage License Application

<input type="checkbox"/> New License	<input type="checkbox"/> New-Concurrent	<input type="checkbox"/> Transfer of Ownership
<p>• All answers must be printed in black ink or typewritten</p> <p>• Applicant must check the appropriate box(es)</p> <p>• Local license fee \$ _____</p> <p>• Applicant should obtain a copy of the Colorado Liquor and Beer Code: www.colorado.gov/enforcement/liquor</p>		
<p>1. Applicant is applying as a/an</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Corporation <input type="checkbox"/> Individual </div> <div style="width: 48%;"> <input type="checkbox"/> Partnership (includes Limited Liability and Husband and Wife Partnerships) <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Association or Other </div> </div>		
<p>2. Applicant(s) If an LLC, name of LLC; if partnership, at least 2 partners' names; if corporation, name of corporation</p>		<p>FEIN</p>
<p>2a. Trade Name of Establishment (DBA)</p>	<p>State Sales Tax No.</p>	<p>Business Telephone</p>
<p>3. Address of Premises (specify exact location of premises)</p>		
<p>City</p>	<p>County</p>	<p>State</p>
<p>ZIP Code</p>		
<p>4. Mailing Address (Number and Street)</p>		<p>City or Town</p>
<p>State</p>		<p>ZIP Code</p>
<p>5. Email Address</p>		
<p>6. If the premises currently has a liquor or beer license, you MUST answer the following questions</p>		
<p>Present Trade Name of Establishment (DBA)</p>	<p>Present State License No.</p>	<p>Present Class of License</p>
<p>Present Expiration Date</p>		
<p>Section A Nonrefundable Application Fees</p>		<p>Section B Fermented Malt Beverage Beer License Fees</p>
<input type="checkbox"/> Application Fee for New License \$550.00	<input type="checkbox"/> Retail Fermented Malt Beverage On-Premises (City) \$96.25	
<input type="checkbox"/> Application Fee for New License - w/Concurrent Review \$650.00	<input type="checkbox"/> Retail Fermented Malt Beverage On-Premises (County) \$117.50	
<input type="checkbox"/> Application Fee for Transfer \$550.00	<input type="checkbox"/> Retail Fermented Malt Beverage Off-Premises (City) \$96.25	
	<input type="checkbox"/> Retail Fermented Malt Beverage Off-Premises (County) \$117.50	
	<input type="checkbox"/> Master File Location Fee \$25.00 x _____ To _____	
	<input type="checkbox"/> Master File Background \$250.00 x _____ Total _____	
<p>Questions? Visit www.colorado.gov/enforcement/liquor for more information</p> <p>Do Not Write In This Space - For Department Of Revenue Use Only</p>		
<p>Liability Information</p>		
<p>License Account Number</p>	<p>Liability Date:</p>	<p>License Issued Through: (Expiration Date)</p>
		<p>Total</p>
		<p>\$</p>

Application Documents Checklist and Worksheet

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

Questions? Visit: www.colorado.gov/enforcement/liquor for more information.

Items Submitted, Please Check all Appropriate Boxes Completed or Documents Submitted	
I. Applicant Information	<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. Submit originals to local authority <input type="checkbox"/> E. Additional information may be required by the local licensing authority
II. Diagram of the Premises	<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 control (fences, walls, etc.) <input type="checkbox"/> C. Separate diagram for each floor (if multiple levels) <input type="checkbox"/> D. Bold/Outlined licensed premises
III. Proof of Property Possession (One Year Needed)	<input type="checkbox"/> A. Deed in name of the applicant ONLY (or) (matching question #2) date stamped/filed with County Clerk <input type="checkbox"/> B. Lease in the name of the applicant ONLY (matching question #2) <input type="checkbox"/> C. Lease Assignment in the name of the applicant (ONLY) with proper consent from the Landlord and acceptance by the applicant <input type="checkbox"/> D. Other agreement if not deed or lease (attach prior lease to show right to assumption)
IV. Background Information and Financial Documents	<input type="checkbox"/> A. Individual History Record(s) (Form DR 8404-I) <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 using code 25YQHT with IdentoGO. The Vendors are as follows: IdentoGO - https://uenroll.identogo.com/ Phone: (844)539-5539 (toll-free) IdentoGO FAQs: https://www.colorado.gov/pacific/cbi/identification-faqs Colorado Fingerprinting by American Bioidentity – Details to be announced <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.
V. Sole Proprietor/Husband and Wife Partnership (if applicable)	<input type="checkbox"/> A. Form DR 4679 <input type="checkbox"/> B. Copy of State Issued Driver's License or Identification Card for each Applicant
VI. Corporate Applicant Information (If Applicable)	<input type="checkbox"/> A. Certificate of Incorporation (date stamped by Colorado Secretary State's Office) and/or <input type="checkbox"/> B. Certificate of Good Standing <input type="checkbox"/> C. Certificate of Authorization if foreign corporation <input type="checkbox"/> D. List of officers, directors and stockholders of parent corporation (designate one person as "principal officer")
VII. Partnership Applicant Information (If Applicable)	<input type="checkbox"/> A. Partnership Agreement (general or limited). Not needed if husband and wife <input type="checkbox"/> B. Certificate of Good Standing (if formed after 2009)
VIII. Limited Liability Company Applicant Information (If Applicable)	<input type="checkbox"/> A. Copy of articles of organization (date stamped by Colorado Secretary of State's Office) <input type="checkbox"/> B. Certificate of Good Standing if organized more than two years <input type="checkbox"/> C. Copy of operating agreement <input type="checkbox"/> D. Certificate of Authority (if foreign company)

7. Is the applicant (including any of the partners if a partnership; members or managers if a limited liability company; or officers, stockholders or directors if a corporation) or managers under the age of twenty-one years?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the applicant (including any of the partners if a partnership; members or managers if a limited liability company; or officers, stockholders or directors if a corporation) or managers ever (in Colorado or any other state):		
(a) been denied an alcohol beverage license?	<input type="checkbox"/>	<input type="checkbox"/>
(b) had an alcohol beverage license suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
(c) had interest in another entity that had an alcohol beverage license suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered yes to 8a, b or c, explain in detail on a separate sheet		
9. Has a Fermented Malt Beverage license for the premises to be licensed been denied within the preceding one year? If "yes," explain in detail.	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the proposed Retail Fermented Malt Beverage Off Premises license within 500 feet of any public or parochial school, the principal campus of any college, university, or seminary? NOTE: The distances are to be computed using the methods outlined under C.R.S. 44-3-313(1)(d)(II). Some limited exceptions apply under C.R.S. 44-3-313.	<input type="checkbox"/>	<input type="checkbox"/>
11. 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"/>
12. Does the applicant, as listed on line 2 of this application, have legal possession of the premises by virtue of ownership, lease or other arrangement?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ownership <input type="checkbox"/> Lease <input type="checkbox"/> Other (Explain in Detail) _____		
a. If leased, list name of landlord and tenant, and date of expiration, EXACTLY as they appear on the lease:		
Landlord	Tenant	Expires
b. Is a percentage of alcohol sales included as compensation to the landlord? If yes complete question 12.		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Attach a diagram or designate the area to be licensed in black bold outline (including dimensions) which shows the bars, brewery, walls, partitions, entrances, exits and what each room shall be utilized for in this business. This diagram should be no larger than 8 1/2" X 11".		
13. 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
Last Name	First Name	Date of Birth
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.		
14. Name of Manager(s) for all on premises applicants.		
Last Name	First Name	Date of Birth
15. Does this manager act as the manager of, or have a financial interest in, any other liquor licensed establishment in the State of Colorado? If yes, provide name, type of license and account number.		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
16. Tax Distraint Information. Does the applicant or any other person listed on this application including its partners, officers, directors, stockholders, members (LLC) or managing members (LLC) and any other persons with a 10% or greater financial interest in the applicant currently have an outstanding tax distraint issued to them by the Colorado Department of Revenue?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide an explanation and include copies of any payment agreements.		

17. 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

** Limited Liability Companies and Partnerships - 100% of ownership must be accounted for on question #16

** Corporations - The President, Vice-President, Secretary and Treasurer must be accounted for on question #16
(Include ownership percentage if applicable)

Oath of Applicant

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Colorado Liquor or Beer Code which affect my license.

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

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

☐ Fingerprinted

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

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

(Check One)

☐ Date of Inspection or Anticipated Date _____

☐ Upon approval of state licensing authority

☐ For new Retail Fermented Malt Beverage Off Premises licenses, distance requirements of Senate Bill 18-243 are satisfied

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

City of Greeley

Attachment to New Liquor/3.2% Beer Retail Liquor License or Renewal Application

(Please type or print legibly)

Completion of the following information will aid in the review of your application for a new liquor or 3.2% beer license or annual License Renewal Application in the City Clerk's Office, as well as review of a possible application to operate an Entertainment Establishment you may have submitted to the Community Development Department. Please answer in detail.

1. Describe the nature of the proposed establishment and the target market (restaurant, tavern, sports bar, families, college students, etc.):
2. What are the proposed hours and days of operation for the establishment?
3. How many individuals will be employed at this proposed establishment and how many will be full-time versus part-time? (Please provide responsibilities, for example, assistant manager, bartender, waitstaff, doorstaff, etc.)
4. What is the ratio of staff to patrons for both average and peak hours of operation?
5. Describe your past training and experience in the sale/service of alcohol beverages (include any special or certified training received):
6. Describe your proposed operating manager's past training and experience in the sale/service of alcohol beverages (include any special or certified training received):
7. What type of training is proposed for employees at this establishment in the safe and legal sale/service of alcohol beverages?
8. Describe any other types of training or operating procedures that employees will be following in the day-to-day operation of this proposed establishment:

<p>9. What methods will be used in checking identification for proper age of patrons (at the door, at the bar, etc.) and how will underage patrons be identified so as not to be served alcohol beverages (stamp, wrist band, etc.)?</p>
<p>10. Describe how the business will manage patron and employee conformance with no smoking laws, noise, and other nuisance behaviors (trash, intimidation of other parties, etc.) while on the premises:</p>
<p>11. What types of entertainment will be offered, if any, at this proposed establishment? (for example, music, pool, darts, etc.):</p>
<p>12. Describe special promotions or activities that may attract a larger than typical attendance and any additional or special management practices that will be employed to handle such increased attendance:</p>
<p>13. What types of security, if any will be provided at this proposed establishment, and will they be armed in any way?</p>
<p>14. If security is planned, who will provide such service, and have all applicable licenses been obtained?</p>
<p>15. What is the buildings' occupancy limit? _____ Describe an emergency building exit plan?</p>
<p>16. What types of alternate beverages and food/snacks will be provided at this proposed establishment?</p>
<p>17. What is the estimated ratio of food sales to alcohol beverage sales at this establishment?</p>

I hereby certify, under penalty of perjury, that the information provided to the Greeley Liquor Licensing Authority contained in this Attachment to Liquor/3.2% Beer Retail License Application is true and accurate to the best of my knowledge.

Applicant's Signature

Date

Individual History Record

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

Notice: This individual history record requires information that is necessary for the licensing investigation or inquiry. All questions must be answered in their entirety or the license application may be delayed or denied. If a question is not applicable, please indicate so by "N/A". **Any deliberate misrepresentation or material omission may jeopardize the license application.** (Please attach a separate sheet if necessary to enable you to answer questions completely)

1. Name of Business		Home Phone Number	Cellular Number	
2. Your Full Name (last, first, middle)		3. List any other names you have used		
4. Mailing address (if different from residence)		Email Address		
5. List current residence address. Include any previous addresses within the last five years. (Attach separate sheet if necessary)				
Street and Number		City, State, Zip	From	To
Current				
Previous				
6. List all employment within the last five years. Include any self-employment. (Attach separate sheet if necessary)				
Name of Employer or Business	Address (Street, Number, City, State, Zip)	Position Held	From	To
7. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry.				
Name of Relative	Relationship to You	Position Held	Name of Licensee	
8. Have you ever applied for, held, or had an interest in a Colorado Liquor or Beer License, or loaned money, furniture, fixtures, equipment or inventory to any licensee? (If yes, answer in detail.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
9. Have you ever received a violation notice, suspension, or revocation for a liquor law violation, or have you applied for or been denied a liquor or beer license anywhere in the United States? (If yes, explain in detail.) <input type="checkbox"/> Yes <input type="checkbox"/> No				

10. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? (If yes, explain in detail.)					<input type="checkbox"/> Yes	<input type="checkbox"/> No																									
11. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? (If yes, explain in detail.)					<input type="checkbox"/> Yes	<input type="checkbox"/> No																									
12. Have you ever had any professional license suspended, revoked, or denied? (If yes, explain in detail.)					<input type="checkbox"/> Yes	<input type="checkbox"/> No																									
Personal and Financial Information																															
Unless otherwise provided by law, the personal information required in question #13 will be treated as confidential. The personal information required in question #13 is solely for identification purposes.																															
13a. Date of Birth		b. Social Security Number		c. Place of Birth		d. U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No																									
e. If Naturalized, state where			f. When		g. Name of District Court																										
h. Naturalization Certificate Number		i. Date of Certification		j. If an Alien, Give Alien's Registration Card Number		k. Permanent Residence Card Number																									
l. Height	m. Weight	n. Hair Color	o. Eye Color	p. Gender	q. Race	r. Do you have a current Driver's License/ID? If so, give number and state. <input type="checkbox"/> Yes <input type="checkbox"/> No # _____ State _____																									
14. Financial Information.																															
a. Total purchase price or investment being made by the applying entity, corporation, partnership, limited liability company, other. \$ _____																															
b. List the total amount of the personal investment, made by the person listed on question #2, in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases or fees paid. \$ _____																															
* If corporate investment only please skip to and complete section (d)																															
** Section b should reflect the total of sections c and e																															
c. Provide details of the personal investment described in 14b. You must account for all of the sources of this investment. (Attach a separate sheet if needed)																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Type: Cash, Services or Equipment</th> <th style="width: 20%;">Account Type</th> <th style="width: 30%;">Bank Name</th> <th style="width: 20%;">Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>							Type: Cash, Services or Equipment	Account Type	Bank Name	Amount																					
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<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Type: Cash, Services or Equipment</th> <th style="width: 10%;">Loans</th> <th style="width: 20%;">Account Type</th> <th style="width: 30%;">Bank Name</th> <th style="width: 10%;">Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>							Type: Cash, Services or Equipment	Loans	Account Type	Bank Name	Amount																				
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e. Loan Information (Attach copies of all notes or loans)																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name of Lender</th> <th style="width: 20%;">Address</th> <th style="width: 15%;">Term</th> <th style="width: 15%;">Security</th> <th style="width: 20%;">Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>							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																									

Please do not circulate a petition
prior to submitting a completed
application to the City Clerk's Office.
Neighborhood Boundaries (1/2 mile
radius neighborhood) will be set by
the City Clerk's Office and sent to you
within three (3) business days from
the date of application submittal.

Thank you!

Summary

Dates of Petitioning _____

Total Contacts: _____

Not at Home _____

Not Qualified to Sign _____

Refusals to Sign _____

Needs & Desires Met _____

Religious Objections _____

Would not Sign _____

Remained Neutral _____

Usage Objections _____

Other _____

Number of Signatures in Favor _____

PETITION TO THE GREELEY LIQUOR LICENSING AUTHORITY

I, the undersigned, am aware that an application for a _____ type liquor license has been filed with the Greeley City Clerk's Office on _____ by: _____ doing business as _____ and proposed to be located at _____. I am at least 21 years of age and am a resident or owner or manager of a business located within the defined neighborhood boundaries of the proposed liquor establishment. I have indicated below whether I consider the granting of the above-mentioned liquor license to be desirable and necessary for the reasonable requirements of the neighborhood:

<i>Signature</i>	<i>Printed Name</i>	<i>Address</i>	<i>Business Owner, Business Manager, Resident?</i>	<i>Date</i>	<i>Y</i> ✓	<i>N</i> ✓
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<i>Signature</i>	<i>Printed Name</i>	<i>Address</i>	<i>Business Owner, Business Manager, Resident?</i>	<i>Date</i>	<i>Y ✓</i>	<i>N ✓</i>
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<i>Signature</i>	<i>Printed Name</i>	<i>Address</i>	<i>Business Owner, Business Manager, Resident?</i>	<i>Date</i>	<i>Y ✓</i>	<i>N ✓</i>
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<i>Signature</i>	<i>Printed Name</i>	<i>Address</i>	<i>Business Owner, Business Manager, Resident?</i>	<i>Date</i>	<i>Y ✓</i>	<i>N ✓</i>
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**AFFIDAVIT
CIRCULATOR**

I, _____, do hereby certify that I was the circulator of the attached petitions and further, that I personally witnessed each signature appearing on the petitions. To the best of my knowledge, each signature thereon is the signature of the person whose name it purports to be, each address given opposite each name is the true address of the person that signed, that each person who signed the petition represented him/herself to be 21 years of age or older, and that each person who signed the petition had the opportunity to read, or have read to them, the petition in its entirety and understands its meaning. I also hereby affirm that no promises, threats, or inducements were employed whatsoever in connection with the presentation of this petition and that every signature appearing hereon was completely free and voluntarily given.

Circulator

STATE OF COLORADO)
) **SS.**
COUNTY OF WELD)

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

My commission expires