



# 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.

## ITEMS SUBMITTED, PLEASE CHECK ALL APPROPRIATE BOXES COMPLETED OR DOCUMENTS SUBMITTED

### I. APPLICANT INFORMATION

- A. Applicant/Licensee identified.
- B. State sales tax license number listed or applied for at time of application.
- C. License type or other transaction identified.
- D. Return originals to local authority.
- E. Additional information may be required by the local licensing authority.

### II. DIAGRAM OF THE PREMISES

- A. No larger than 8 1/2" X 11".
- B. Dimensions included (doesn't have to be to scale). Exterior areas should show control (fences, walls, etc.).
- C. Separate diagram for each floor (if multiple levels).
- D. Kitchen - identified if Hotel and Restaurant.

### III. PROOF OF PROPERTY POSSESSION

- A. Deed in name of the Applicant ONLY (or)
- B. Lease in the name of the Applicant ONLY.
- C. Lease Assignment in the name of the Applicant (ONLY) with proper consent from the Landlord and acceptance by the Applicant.
- D. Other Agreement if not deed or lease.

### IV. BACKGROUND INFORMATION AND FINANCIAL DOCUMENTS

- A. Individual History Record(s) (Form DR 8404-I).
- B. Fingerprints taken and submitted to local authority. (State authority for master file applicants.)
- C. Purchase agreement, stock transfer agreement, and or authorization to transfer license.
- D. List of all notes and loans.

### V. CORPORATE APPLICANT INFORMATION (If Applicable)

- A. Certificate of Incorporation (and/or)
- B. Certificate of Good Standing if incorporated more than 2 years ago.
- C. Certificate of Authorization if foreign corporation.
- D. List of officers, directors and stockholders of parent corporation (designate 1 person as "principal officer").

### VI. PARTNERSHIP APPLICANT INFORMATION (If Applicable)

- A. Partnership Agreement (general or limited). Not needed if husband and wife.

### VII. LIMITED LIABILITY COMPANY APPLICANT INFORMATION (If Applicable)

- A. Copy of articles of organization (date stamped by Colorado Secretary of State's Office).
- B. Copy of operating agreement.
- C. Certificate of Authority (if foreign company).

### VIII. MANAGER REGISTRATION FOR HOTEL AND RESTAURANT, TAVERN LICENSES WHEN INCLUDED WITH THIS APPLICATION

- A. \$75.00 fee.
- B. Individual History Record (DR 8404-I).

<b>6.</b> Is 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) or manager under the age of twenty-one years?	Yes No <input type="checkbox"/> <input type="checkbox"/>												
<b>7.</b> Has 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) or manager ever (in Colorado or any other state); (a) been denied an alcohol beverage license? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> (b) had an alcohol beverage license suspended or revoked? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> (c) had interest in another entity that had an alcohol beverage license suspended or revoked? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> If you answered yes to 7a, b or c, explain in detail on a separate sheet.													
<b>8.</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. <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>													
<b>9.</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? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>													
<b>10.</b> Has a liquor or beer license ever been issued to the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation)? If yes, identify the name of the business and list any current or former financial interest in said business including any loans to or from a licensee. <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>													
<b>11.</b> Does the Applicant, as listed on line 2 of this application, have legal possession of the premises for at least 1 year from the date that this license will be issued by virtue of ownership, lease or other arrangement? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> <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:													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%; padding: 2px;">Landlord</td> <td style="width:35%; padding: 2px;">Tenant</td> <td style="width:30%; padding: 2px;">Expires</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Landlord	Tenant	Expires										
Landlord	Tenant	Expires											
Attach a diagram and outline or designate the area to be licensed (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". (Doesn't have to be to scale)													
<b>12.</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.													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">NAME</th> <th style="width:15%;">DATE OF BIRTH</th> <th style="width:20%;">FEIN OR SSN</th> <th style="width:30%;">INTEREST</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	NAME	DATE OF BIRTH	FEIN OR SSN	INTEREST									
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<i>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.</i>													
<b>13. Optional Premises or Hotel and Restaurant Licenses with Optional Premises</b> <span style="float: right;">Yes No</span> Has a local ordinance or resolution authorizing optional premises been adopted? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>													
Number of separate Optional Premises areas requested. _____ (See License Fee Chart)													
<b>14. Liquor Licensed Drug Store</b> applicants, answer the following:													
(a) Does the applicant for a Liquor Licensed Drug Store have a license issued by the Colorado Board of Pharmacy? COPY MUST BE ATTACHED. <span style="float: right;">Yes No</span> <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>													
<b>15. Club Liquor License</b> applicants answer the following and attach:													
(a) Is the applicant organization operated solely for a national, social, fraternal, patriotic, political or athletic purpose and not for pecuniary gain? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> (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? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> (c) How long has the club been incorporated? _____ (d) How long has applicant occupied the premises to be licensed as a club? (Three years required) _____ (Three years required) _____													
<b>16. Brew-Pub License or Vintner Restaurant Applicants answer the following:</b>													
(a) Has the applicant received or applied for a Federal Permit? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> (Copy of permit or application must be attached)													
<b>17a. Name of Manager (for all on-premises applicants)</b> _____ (If this is an application for a Hotel, Restaurant or Tavern License, the manager must also submit an Individual History Record (DR 8404-I).	Date of Birth <input style="width: 100%; height: 20px;" type="text"/>												
<b>17b.</b> Does this manager act as the manager of, or have a financial interest in, any other liquor licensed establishment in the State of Colorado? If yes, provide name, type of license and account number. <span style="float: right;">Yes No</span> <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>													
<b>18. Tax Distraint Information.</b> Does the applicant or any other person listed on this application and 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? <span style="float: right;">Yes No</span> If yes, provide an explanation and include copies of any payment agreements. <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>													

**19.** If applicant is a corporation, partnership, association or limited liability company, applicant **must list** ALL OFFICERS, DIRECTORS, GENERAL PARTNERS, AND MANAGING MEMBERS. In addition applicant **must list** any stockholders, partners, or members with OWNERSHIP OF **10% OR MORE** IN THE APPLICANT. ALL PERSONS LISTED BELOW must also attach form DR 8404-I (Individual History record), and submit finger print cards to their local licensing authority.

NAME	HOME ADDRESS, CITY & STATE	DOB	POSITION	% OWNED*

\*If total ownership percentage disclosed here does not total 100% applicant must check this box  
 Applicant affirms that no individual other than these disclosed herein, owns 10% or more of the applicant

**Additional Documents to be submitted by type of entity**

- CORPORATION**     Cert. of Incorp.     Cert. of Good Standing (if more than 2 yrs. old)     Cert. of Auth. (if a foreign corp.)  
 **PARTNERSHIP**     Partnership Agreement (General or Limited)     Husband and Wife partnership (no written agreement)  
 **LIMITED LIABILITY COMPANY**     Articles of Organization     Cert. of Authority (if foreign company)     Operating Agrmt.  
 **ASSOCIATION OR OTHER**    Attach copy of agreements creating association or relationship between the parties

Registered Agent (if applicable)	Address for Service
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**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	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 12-47-311 (1) C.R.S.
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**THE LOCAL LICENSING AUTHORITY HEREBY AFFIRMS:**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| That each person required to file DR 8404-I (Individual History Record) has:  | Yes                      | No                       |
| <input type="checkbox"/> Been fingerprinted .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Been subject to background investigation, including NCIC/CCIC check for outstanding warrants .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 ..... | <input type="checkbox"/> | <input type="checkbox"/> |
- (Check One)  
 Date of Inspection or Anticipated Date \_\_\_\_\_  
 Upon approval of state licensing authority.

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 12, Article 46 or 47, C.R.S. **THEREFORE, THIS APPLICATION IS APPROVED.**

Local Licensing Authority for	Telephone Number	<input type="checkbox"/> TOWN, CITY <input type="checkbox"/> COUNTY
Signature	Title	Date
Signature (attest)	Title	Date