



City of Wheat Ridge Municipal Building 7500 W. 29th Ave. Wheat Ridge, CO 80033-8001 P: 303.235.2816 F: 303.234.5924

Dear Liquor License Applicant:

In order to make your liquor license application process as convenient as possible, we have prepared a packet of required forms and answered a few frequently asked questions:

- ✓ **Fingerprinting** is now done by CBI vendors and not the Wheat Ridge Police Department. Please see the following document for more information concerning them.
- ✓ Prior to going to the fingerprint appointment, stop by the City Clerk's Office to have your paperwork double checked.
- ✓ **Applications** will be reviewed by appointment only, please allow 30 minutes to meet. This is done for your convenience, so that we can help you without interruptions.
- ✓ We will not accept **new** applications without a statement from the Community Development Department certifying that the use indicated on your application is allowed in that particular zone district (form attached in packet.) *This does not apply to Transfers of Ownership*
- ✓ **All Fees** must be submitted at time of application.
- ✓ **Hearing Date** will be set **after** you have been cleared by the CBI and Police Department.
- ✓ **Hearing** will be held before the Wheat Ridge Liquor Licensing Authority, which meets the second and fourth Thursday of every month. You or your representative must be present at the hearing. If nobody is present, your case will be postponed.
- ✓ **Survey of Needs and Desires of the neighborhood** will be done by Oedipus, Inc. Empirical Data Services which will be scheduled by the City Clerk's Office. (not required for transfers)

Unless applied for as Concurrent review, after your license has been approved by the City of Wheat Ridge, it will be sent to the Colorado Department of Revenue for review and approval. This usually takes between 7 and 9 weeks so please plan accordingly.

If you have any questions, please contact:

Robin Eaton, Deputy City Clerk
303-235-2816
reaton@ci.wheatridge.co.us

Fees for New Liquor License

1) Application Fees:

\$1100.00 to Colorado Department of Revenue – New and Transfer
\$750.00 to the City of Wheat Ridge
\$100.00 to CO Dept. of Revenue for Concurrent Review (New only - Optional)

2) Background Investigation Fees:

\$38.50 On-line, check or money order payable to CBI
\$10.00 On-line, check or money order to the CBI Vendor

3) License Type Fee (based on class):

| <u>License Class</u> | <u>CO Dept. of Revenue</u> | <u>City of Wheat Ridge</u> |
|----------------------|----------------------------|----------------------------|
| Arts License | \$308.75 | \$41.25 |
| Hotel & Restaurant | \$500.00 | \$75.00 |
| Tavern | \$500.00 | \$75.00 |
| Retail Liquor Store | \$227.50 | \$22.50 |
| Beer & Wine | \$351.25 | \$48.75 |
| Brew Pub | \$750.00 | \$75.00 |
| Distillery Pub | \$750.00 | \$75.00 |
| Vintners Restaurant | \$750.00 | \$75.00 |
| Club | \$308.75 | \$41.25 |
| FMB Beer | \$96.25 | \$3.75 |

4) Needs and Desires Petition Survey:

\$1,500.00 to LiquorPros.

5) Liquor Occupation Tax:

\$600.00 to \$1,300.00 based on class (see attached). For new applications only: This fee is now pro-rated so we will contact you with the amount required, to be paid at the time of licensing.

FORMS and DOCUMENTS TO BE COMPLETED AND TURNED IN:

- Contact Information sheet
- Colorado form DR 8404 or DR 8403, Colorado Retail Liquor License Application
- Copy of State Sales Tax License or application
- Copy of IRS SS-4 establishing FEIN (EIN)
- Colorado form DR 8404-I, Individual History Record
- WR Affidavit of Transfer and Statement of Compliance
- Wholesale Confirmation (Transfers only)
- City of Wheat Ridge Background Investigation Report for Liquor Applicants
- Consent to Release Financial Information
- City of Wheat Ridge Financial Questionnaire
- City of Wheat Ridge Application for Temporary Liquor License Permit (Optional for Transfers only)

Submit above along with:

- Appropriate fees to City and State
- Detailed Diagram of premises to be licensed, with liquor premises outlined in bold, black, marker
- Executed Lease in the name of Applicant as Tenant/Lessee or Copy of Recorded Deed in the name of Applicant as owner of the Premises.
- Purchase Agreement, Bill of Sale or other authorization to transfer license
- Colorado Secretary of State Certificate of Good Standing, Current within 2 years.
- Date Stamped Colorado SOS Articles of Incorporation or Organization
- By-Laws
- Operating Agreements if applicable
- Copy of receipt for finger printing from approved CBI vendor

Additional forms and documents as required



Liquor and Marijuana License Fingerprinting

The City of Wheat Ridge Police Department has changed their fingerprinting procedures in response to Senate Bill 17-189. They will no longer process fingerprint cards for individuals outside of City employees.

The Colorado Bureau of Investigations (CBI) has implemented a new process that began September 24, 2018: Colorado Applicant Background Services (CABS).

To use this service you will need to go online to one of the state approved vendors to register, schedule your appointment and pay for your fingerprinting.

These vendors are appointed and trained specifically by the CBI and will be the only places where fingerprinting services are available. The vendor services will be located throughout the state, which is intended to increase applicants' ability to obtain fingerprints in a timely manner.

Make sure you retain your receipt or confirmation of printing as this will replace the FBI print card. It is the proof you will need to submit with your application or at your appointment.

PLEASE NOTE: Fingerprint receipts can be no further than 30 days out from the submission of a liquor application.

You may choose the vendor that best suits your location or availability:

IDEMIA

<https://uenroll.identogo.com/>

1-844-539-5539

<https://www.identogo.com/locations/colorado>

LIQUOR SERVICE CODE: CONCI6222-25YQ6K

COLORADO FINGERPRINTING

<http://www.coloradofingerprinting.com/>

<http://www.coloradofingerprinting.com/> or 720-292-2722

LIQUOR SERVICE CODE: 6222LLQH

Reason: CRS 44-3-307

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

¹ Written notification includes electronic notification, but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b).

⁴ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

Privacy Act Statement

This privacy act statement is located on the back of the [FD-258 fingerprint card](#).

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

See Page 2 for Spanish translation.



CITY OF WHEAT RIDGE
SALES TAX DIVISION
7500 W. 29TH AVENUE
WHEAT RIDGE, CO 80033

Tax Information Line

303/235-2820

LIQUOR OCCUPATION TAX

Annual tax due by licensed operators in the City of Wheat Ridge who sell at retail beer, malt, vinous or spirited liquor other than medicinal liquors for beverage purposes.

CLASSIFICATION OF OPERATORS

- (1) *Class C:* Licensed to sell malt, vinous or spirituous liquors as clubs.
- (2) *Class D:* Licensed as retail stores to sell in original containers, malt, vinous or spirituous liquors for consumption off the premises.
- (3) *Class E:* Licensed as drugstores to sell malt, vinous or spirituous liquors in original containers for consumption off the premises.
- (4) *Class F:* Licensed to sell malt or vinous liquors only by the drink for consumption on the premises.
- (5) *Class G:* Licensed to sell beer, wine and spirituous liquors for consumption on the premises either as hotels or restaurants.
- (6) *Class J:* Licensed to sell only three point two (3.2) percent beer shall be classified as follows:
 - (a) *Class J1:* Licensed to sell or selling three point two (3.2) percent beer for consumption off the premises of the licensee
 - (b) *Class J2:* Licensed to sell or selling three point two (3.2) percent beer for consumption on the premises of the licensee
 - (c) *Class J3:* Licensed to sell or selling three point two (3.2) percent beer for consumption both on and off the premises of the licensee
- (7) *Class T:* All operators selling malt, vinous or spirituous liquors, by the drink, only for consumption on the premises; and such operators shall have available for consumption on the premises during business hours, sandwiches and light snacks; but he need not have meals available for consumption.

AMOUNT OF ANNUAL TAX OWED

- (1) *Class C:* nine hundred dollars (\$900.00).
- (2) *Class D:* six hundred fifty dollars (\$650.00).
- (3) *Class E:* six hundred dollars (\$600.00).
- (4) *Class F:* six hundred dollars (\$600.00).
- (5) *Class G:* nine hundred dollars (\$900.00).
- (6) *Class J-1:* seven hundred dollars (\$700.00).
- (7) *Class J-2:* seven hundred dollars (\$700.00).
- (8) *Class J-3:* two thousand two hundred dollars (\$2,200.00).
- (9) *Class T:* one thousand three hundred dollars (\$1,300.00).

PAYMENT - DUE DATE

- (1) Tax due date is January 1 of each year and considered delinquent on February 1 of the same year. Prepayment of the tax may be made in the month of December before the due date.
- (2) At time of payment the operator will advise the treasurer what classification of business is being operated.
- (3) After paying the tax, the city treasurer will provide the operator with a revenue receipt showing the name of operator paying tax, date of payment, annual period for which the tax was paid, place of business, and the classification of the operator.
- (4) The revenue receipt is required to be displayed in clear view at the place of business.
- (5) Amount due is a flat rate and no proration for partial year or if the business is discontinued during the year.

DELINQUENT PAYMENT

Interest shall accrue on all delinquent taxes from the date of delinquency until paid or collected, at the rate of one (1) percent per month.

COLLECTION BY COURT ACTION

The city shall have the right to recover all tax owed under this division by judgment and execution thereon in a civil action, in any court of competent jurisdiction.

VIOLATIONS

- (1) Failure to comply with the terms of this division by payment of taxes, securing and posting a receipt therefor and to otherwise comply with the terms of this section, shall constitute an offense and violation of this article.
- (2) Delinquency for each calendar month shall constitute a separate and distinct offense.
- (3) No conviction for such violation shall work as a revocation of the licenses of the defendant issued under the laws of the state.



City Clerk's Office
7500 West 29th Avenue
Wheat Ridge, CO 80033

ACKNOWLEDGEMENT OF TRANSFER OF LICENSE SUBJECT TO PAST, PENDING, OR POSSIBLE FUTURE DISCIPLINARY ACTION

I, _____, the applicant for transfer of the

liquor license currently issued to _____

At the location of _____

and the Colorado State liquor license number _____

1. I understand and agree that if the transfer of the license is approved, the license may continue to be subject to any restrictions or conditions currently on the license. I understand that if there are any days of suspension currently being held in abeyance against the license, the license may continue to be subject to those days in abeyance even after the transfer.
2. I understand that if there are any disciplinary actions against the license in either progress or pending, that the license may be subject to those disciplinary actions, including, but not limited to revocation, suspension, and fines in lieu of suspension. I further understand that if any incidents, which could subject the license to disciplinary action, have either occurred or will occur on the licensed premises prior to approval of the transfer; the license may still be subject to possible disciplinary actions that could affect the license, even after the transfer, only where myself, my agent(s) and /or my employees either knew or should have known of the incidents.
3. I understand that it is my sole responsibility to inquire and investigate all possible sources of information to learn of any past, ongoing, or possible future disciplinary actions that could result in any revocation, suspension, or fines being imposed. These sources include, but are not limited to the inquiry and investigation of the current licensee, manager(s), employees of the licensed premises, and the review of the public records of the Colorado Department of Revenue, the City of Wheat Ridge, and the County of Jefferson.
4. I also understand that I have the option to withdraw the application for the transfer of the license and file an application for the issuance of a new liquor license. Should a new liquor license be issued, that license would NOT be subject to any disciplinary action based upon incidents prior to the issuance of the new license.

Date

Applicant Signature

Print Name _____



| Other Fees | | State | City |
|-------------------------------------|------------------|-----------|----------|
| Transfer of Ownership | | \$1100.00 | \$750.00 |
| MGR Registration (H&R, L&E, Tavern) | | \$30.00 | \$30.00 |
| Change of Trade Name | | \$50.00 | \$0.00 |
| Change Corp. Name | | \$50.00 | \$0.00 |
| Change of Location | | \$150.00 | \$750.00 |
| Corporate Officer Change | (per new person) | \$0.00 | \$100.00 |
| Modify Premises | (each) | \$150.00 | \$75.00 |
| Late Renewal Fee 1-90 days | (each) | \$500.00 | \$500.00 |
| Temporary Permit | | N/A | \$100.00 |

Note: Late renewal fees 91-120 days past expiration add \$25 per day to each authority

Background Checks are now done at either;

Colorado fingerprinting

<http://www.coloradofingerprinting.com> (coming soon) or

Idemia

<https://uenroll.identogo.com/>





LIQUOR LICENSE APPLICATION

This application must be filed **in duplicate** with the City of Wheat Ridge Clerk's Office.
All Information must be printed legibly in ink or typewritten.

Applicant's Business Name: _____

Trade Name: _____

Phone Number: _____ Contact Person: _____

Business Address: _____ Mailing Address: _____

Property Owner: _____ Phone Number (local): _____

Property Manager: _____ Phone Number (local): _____

Property Manager's Mailing Address: _____

Registered Manager of Record: _____ Phone Number (local): _____

The Applicant hereby applies to the City of Wheat Ridge Liquor Licensing Authority (LLA) for the following city liquor license and pays the following fees:

Type of Application (fee):

- | | |
|---|--|
| <input type="checkbox"/> New License: \$750.00 | <input type="checkbox"/> Transfer of Ownership: \$750.00 |
| <input type="checkbox"/> Change of Location: \$750.00 | <input type="checkbox"/> Temporary Permit for Transfer: |
| <input type="checkbox"/> Change in Class: \$750.00 | <input type="checkbox"/> \$100.00 |

Type of City License (fee):

- | | |
|---|---|
| <input type="checkbox"/> Hotel-Restaurant: \$75.00 | <input type="checkbox"/> Tavern: \$75.00 |
| <input type="checkbox"/> Beer and Wine: \$48.75 | <input type="checkbox"/> Retail Liquor Store: \$22.50 |
| <input type="checkbox"/> Club: \$41.25 | <input type="checkbox"/> Brew Pub: \$75.00 |
| <input type="checkbox"/> FMB (Beer), all types: \$3.75 | <input type="checkbox"/> Arts: \$41.25 |
| <input type="checkbox"/> Distillery Pub: \$75.00 | <input type="checkbox"/> Liquor Licensed Drug Store: \$22.50 |
| <input type="checkbox"/> Lodging and Entertainment: \$75.00 | <input type="checkbox"/> Art Gallery/ Retail Est Permit: \$103.75 |
| <input type="checkbox"/> Vintners Restaurant: \$75.00 | |
| <input type="checkbox"/> Bed and Breakfast Permit: \$125.00 Total | |
| <input type="checkbox"/> Manager Registration- if separate from owners (H&R, Tavern and Lodging & Entertainment): \$75.00 | |

Total Fees: \$ _____

Signature: _____ Print Name: _____

Date: _____



**CITY OF WHEAT RIDGE
STATEMENT OF FOOD SALES**

Pursuant to the State of Colorado Liquor and Beer Code, the Applicant hereby affirms that they have read and fully understand the following excerpts of law:

C.R.S. 44-4-107 (3) (a.) – In addition to any other requirements specified in this article 4 or article 3 of this title 44, to qualify for a new license under subsection (1) (a) of this section on or after June 4, 2018, or to renew a license that was issued under subsection (1) (a) of this section on or after June 4, 2018, a person must derive at least twenty percent of its gross annual revenues from total sales from the sale of food items for consumption of the premises.

C.C.R. Regulation 47-010 A. - To demonstrate compliance with subsection 44-4-107(3), C.R.S., if applicable, the applicant or licensee must affirm on its new and annual renewal application that the license derives or will derive at least twenty (20) percent of its gross annual revenues from total sales from the sale of food items for consumption off the premises. The exceptions to the foregoing requirement, set forth in subsections 44-4-107(3) (d) (I) and (II), C.R.S., shall apply only if the structure for which a building permit or certificate of occupancy has been applied for or received was intended for use as a fermented malt beverage retailer licensed premises at the time of submitting the application for a building permit or certificate of occupancy.

OATH OF APPLICANT

I declare under penalty of perjury in the second degree that I acknowledge that it is my responsibility and the responsibility of my agents and employees to know and to comply with the provisions of the Colorado Liquor and Beer Codes, State Liquor Regulations, and all City of Wheat Ridge Rules, Regulations, and Codes which affect my liquor license.

Authorized Signature

Print Name

Title

Date



ALL APPLICANTS MUST ANSWER THESE QUESTIONS (PLEASE ATTACH A SEPERATE SHEET IF NECESSARY):

- 1) Describe the nature of the proposed establishment and the target market (i.e. restaurant, tavern, live music, sports bar, families, and college students). ***Please attach a food and drink menu for the LLA.***

- 2) What are the proposed hours and days of operation for this establishment?

- 3) Estimate of what the seating capacity of this establishment will be?

- 4) Have you applied for an "occupation load" for the interior and exterior space from the West Metro Fire Department?

- 5) Do you have an emergency plan for your business (exit locations, fire suppression etc.)?

- 6) How many individuals will be employed at this proposed establishment and how many will be full-time vs part-time?

- 7) Describe each owner's past training and experience in the sale and service of alcohol, including any special or certified training received.

- 8) Describe your proposed Registered Manager or Manager of Record's past training and experience in the sale and service of alcohol, including any special or certified training received.

- 9) Beside state-approved Responsible Vendor training classes, what other types of training are proposed for the employees in the safe and legal sale and service of alcohol beverages?

- 10) What policies and procedures do you have in place to determine a patron's level of intoxication?

- 11) What policies and procedures do you have in place to refuse service to a patron?

- 12) Describe any other types of training or operating procedures that employees will be following in the day to day operations of this proposed establishment.

- 13) 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 (hand stamp, wrist band, etc.)?
-
-
- 14) What types of entertainment will be offered, if any, at this establishment (i.e. music, pool, dance floor etc.)?
-
-
- 15) Do you plan to have any exterior amplified sound?
-
-
- 16) What types of security, if any, will be provided at this establishment?
-
-
- 17) What time will your kitchen close each night? Describe your food plans after your kitchen closes.
-
-
- 18) What is the estimated ratio of food to alcohol sales at this establishment?
-
-
- 19) If you have an outside patio, what additional means of control (added staff, fencing, sightline, etc.) will you employ?
-
-
- 20) If you plan on hosting a "private party", what extra measures will you take regarding security, staffing, and control of noise and alcohol service? A "private party" is described as, "an event where there is a single contact person who represents group of people who are gathering for social and/or business reasons, then event continues after 10PM, there will be both underage and of-age people present, and there will be enough people to constitute an occupancy capacity of 75% or greater."
-
-
-

OATH OF APPLICANT

I declare under penalty of perjury in the second degree that this application, my answers, 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 know and to comply with the provisions of the State of Colorado Liquor and Beer Codes, State Liquor Regulations, and all City of Wheat Ridge Rules, Regulations, and Codes which affect my liquor license.

Authorized Signature

Print Name

Title

Date

Colorado Beer and Wine License Application

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

* Note that the Division will not accept cash

☐ Paid by check

☐ Paid online

**Uploaded to
Movelt on**

Date

☐ New License

☐ New-Concurrent

☐ Transfer of Ownership

• All answers must be printed in black ink or typewritten

• Applicant must check the appropriate box(es)

• Local license fee \$ _____

• Applicant should obtain a copy of the Colorado Liquor, Beer and Wine Code: SBG.Colorado.gov/Liquor

1. Applicant is applying as a/an

☐ Corporation

☐ Partnership (includes Limited Liability and Husband and Wife Partnerships)

☐ Individual

☐ Limited Liability Company

☐ Association or Other

2. Applicant(s) If an LLC, name of LLC; if partnership, at least 2 partners' names; if corporation, name of corporation

FEIN

2a. Trade Name of Establishment (DBA)

State Sales Tax No.

Business Telephone

3. Address of Premises (specify exact location of premises)

City

County

State

ZIP Code

4. Mailing Address (Number and Street)

City or Town

State

ZIP Code

5. Email Address

Home Phone Number

6. If the premises currently has a liquor or beer license, you MUST answer the following questions

Present Trade Name of Establishment (DBA)

Present State License No.

Present Class of License

Present Expiration Date

Section A Nonrefundable Application Fees

- ☐ Application Fee for New License \$1,100.00
- ☐ Application Fee for New License - w/Concurrent Review \$1,200.00
- ☐ Application Fee for Transfer \$1,100.00

Section B Fermented Malt Beverage License Fees

- ☐ Retail Fermented Malt Beverage On-Premises (City) \$96.25
- ☐ Retail Fermented Malt Beverage On-Premises (County) \$117.50
- ☐ Retail Fermented Malt Beverage and Wine (City) \$96.25
- ☐ Retail Fermented Malt Beverage and Wine (County) \$117.50
- ☐ Retail Fermented Malt Beverage On/Off-Premises (City) \$96.25
- ☐ Retail Fermented Malt Beverage On/Off-Premises (County) \$117.50
- ☐ Master File Location Fee \$25.00 x _____ Total _____
- ☐ Master File Background \$250.00 x _____ Total _____

Questions? Visit SBG.Colorado.gov/Liquor for more information
 Do Not Write In This Space - For Department Of Revenue Use Only

Liability Information

License Account Number

Liability Date:

License Issued Through: (Expiration Date)

Total

\$

Application Documents Checklist and Worksheet

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

Questions? Visit: [SBG.Colorado.gov/Liquor](https://sbg.colorado.gov/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 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 |
| IV. | Background Information (DR 8404-I) and Financial Documents <input type="checkbox"/> A. Individual History Record(s) (Form DR 8404-I) Complete DR 8404-I for each principal (individuals with more than 10% ownership, officers, directors, partners, members) <input type="checkbox"/> B. Fingerprints taken and submitted to the appropriate Local Licensing Authority through an approved state vendor. Master File applicants submit results to the State. <p style="margin-left: 20px;">Do not complete fingerprint cards prior to submitting your application.</p> <p style="margin-left: 20px;">The Vendors are as follows: IdentoGO – https://uenroll.identogo.com/ Phone: (844) 539-5539 (toll-free) Colorado Fingerprinting – http://www.coloradofingerprinting.com Appointment Scheduling Website: http://www.coloradofingerprinting.com/cabs/ Phone: (720) 292-2722 Toll Free: (833) 224-2227 Details about the vendors and fingerprinting in Colorado can be found on CBI's website here: https://cbi.colorado.gov/sections/biometric-identification-and-records-unit/employment-and-background-checks </p> <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 <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 Authorization if foreign LLC (out of state applicants only) |

| | | | | |
|--|--------------------------|--------------------------|-------------|----------|
| 7. Is the applicant (including any of the partners if a partnership; members or managers if a limited liability company; or officers, stockholders or directors if a corporation) or managers under the age of twenty-one years? | Yes | No | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8. Has the applicant (including any of the partners if a partnership; members or managers if a limited liability company; or officers, stockholders or directors if a corporation) or managers ever (in Colorado or any other state): | | | | |
| (a) been denied an alcohol beverage license? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| (b) had an alcohol beverage license suspended or revoked? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| (c) had interest in another entity that had an alcohol beverage license suspended or revoked? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| If you answered yes to 8a, b or c, explain in detail on a separate sheet | | | | |
| 9. Has the premises to be licensed been denied within the preceding one year? If "yes," explain in detail. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10. Is the proposed Fermented Malt Beverage and Wine Retailer license within 500 feet of any public or parochial school, the principal campus of any college, university, or seminary? NOTE: The distances are to be computed using the methods outlined under C.R.S. 44-3-313(1)(d)(II). Some limited exceptions apply under C.R.S. 44-3-313. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11. Is the proposed Fermented Malt Beverage and Wine Retailer license, or On/Off premises license, within 500 feet of a Retail Liquor Store licensed under section 44-3-409 C.R.S.? Distance should be determined using guidelines outlined in 44-3-301(12)(c) C.R.S. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12. Are you applying for a Fermented Malt Beverage On and Off Premises License? If yes, answer subparts a and b. If No, go to question 13. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| (a) The FMB On/Off is located in a county with a population of > 35,000. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| (b) The FMB On/Off is located in an "underserved area" within a county with population of < 35,000 but lies outside of a municipal boundaries or is a city or town with population of > 75,500. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Note - The population is determined from the recently available United States Census Bureau. | | | | |
| 13. Has a liquor or beer license ever been issued to the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation)? If yes, identify the name of the business and list any current or former financial interest in said business including any loans to or from a licensee. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 14. Does the applicant, as listed on line 2 of this application, have legal possession of the premises by virtue of ownership, lease or other arrangement? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <input type="checkbox"/> Ownership <input type="checkbox"/> Lease <input type="checkbox"/> Other (Explain in Detail) _____ | | | | |
| a. If leased, list name of landlord and tenant, and date of expiration, EXACTLY as they appear on the lease: | | | | |
| Landlord | Tenant | Expires | | |
| b. Is a percentage of alcohol sales included as compensation to the landlord? If yes, complete question 13. <input type="checkbox"/> <input type="checkbox"/> | | | | |
| c. Attach a diagram or designate the area to be licensed in black bold outline (including dimensions) which shows the bars, brewery, walls, partitions, entrances, exits and what each room shall be utilized for in this business. This diagram should be no larger than 8 1/2" X 11". | | | | |
| 15. Who, besides the owners listed in this application (including persons, firms, partnerships, corporations, limited liability companies) will loan or give money, inventory, furniture or equipment to or for use in this business; or who will receive money from this business? Attach a separate sheet if necessary. | | | | |
| Last Name | First Name | Date of Birth | FEIN or SSN | Interest |
| Last Name | First Name | Date of Birth | FEIN or SSN | Interest |
| Attach copies of all notes and security instruments and any written agreement or details of any oral agreement, by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment, and any agreement relating to the business which is contingent or conditional in any way by volume, profit, sales, giving of advice or consultation. | | | | |
| 16. Name of Manager(s) for all on premises applicants. | | | | |
| Last Name | First Name | Date of Birth | | |
| 17. Does this manager act as the manager of, or have a financial interest in, any other liquor licensed establishment in the State of Colorado? If yes, provide name, type of license and account number. <input type="checkbox"/> <input type="checkbox"/> | | | | |

| | | | | | |
|---|----------------------------|--|----------|--|--|
| 18. Tax Information. | | | | | Yes No |
| a. Has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or any other person with a 10% or greater financial interest in the applicant, been found in final order of a tax agency to be delinquent in the payment of any state or local taxes, penalties, or interest related to a business? | | | | | <input type="checkbox"/> <input type="checkbox"/> |
| b. Has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or any other person with a 10% or greater financial interest in the applicant failed to pay any fees or surcharges imposed pursuant to section 44-3-503, C.R.S.? | | | | | <input type="checkbox"/> <input type="checkbox"/> |
| 19. If applicant is a corporation, partnership, association or limited liability company, applicant must list all Officers, Directors, General Partners, and Managing Members. In addition, applicant must list any stockholders, partners, or members with ownership of 10% or more in the Applicant. All persons listed below must also attach form DR 8404-I (Individual History Record), and make an appointment to be fingerprinted by an approved State Vendor through the Vendor's website. See application checklist, Section IV, for details. | | | | | |
| Name | Home Address, City & State | Date of Birth | Position | % Owned | |
| Name | Home Address, City & State | Date of Birth | Position | % Owned | |
| Name | Home Address, City & State | Date of Birth | Position | % Owned | |
| Name | Home Address, City & State | Date of Birth | Position | % Owned | |
| ** If applicant is owned 100% by a parent company, please list the designated principal officer on above. ** Corporations - the President, Vice-President, Secretary and Treasurer must be accounted for above (Include ownership percentage if applicable) ** If total ownership percentage disclosed here does not total 100%, applicant must check this box: <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. | | | | | |
| Oath of Applicant | | | | | |
| I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Colorado Liquor or Beer and Wine Code which affect my license. | | | | | |
| Authorized Signature | | Printed Name and Title | | Date | |
| Report and Approval of Local Licensing Authority (City/County) | | | | | |
| Date application filed with local authority | | Date of local authority hearing – for new license applicants cannot be less than 30 days from date of application 44-3-311(1) C.R.S. | | | |
| For Transfer Applications Only - Is the license being transferred valid? | | | | | Yes No <input type="checkbox"/> <input type="checkbox"/> |
| Each person required to file DR 8404-I has been: <input type="checkbox"/> Fingerprinted <input type="checkbox"/> 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) <input type="checkbox"/> Date of Inspection or Anticipated Date _____ <input type="checkbox"/> Upon approval of state licensing authority <input type="checkbox"/> New Fermented Malt Beverage Off Premises licenses, and On/Off Premises licenses, distance requirements of 44-3-301 C.R.S. are satisfied New Fermented Malt Beverage On/Off premises licenses must meet the qualifications of 44-4-104 C.R.S. | | | | | |
| The foregoing application has been examined; and the premises, business to be conducted, and character of the applicant are satisfactory. We do report that such license, if granted, will meet the reasonable requirements of the neighborhood and the desires of the adult inhabitants, and will comply with the provisions of Title 44, Article 4 or 3, C.R.S. and Liquor Rules. Therefore, this application is approved. | | | | | |
| Local Licensing Authority for | | Telephone Number | | <input type="checkbox"/> Town, City <input type="checkbox"/> County | |
| Signature | Printed Name | Title | Date | | |
| Signature (attest) | Printed Name | Title | Date | | |

Tax Check Authorization, Waiver, and Request to Release Information

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

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

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

By signing below, Applicant/Licensee requests that the Colorado Department of Revenue and any other state or local taxing authority or agency in the possession of tax documents or information, release information and documentation to the Colorado Liquor Enforcement Division, and 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).

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.) ☐ 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 <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. 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)

| 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 |
|----------------------|-----------------|-------|------|

**CITY OF WHEAT RIDGE
APPLICATION FOR TEMPORARY LIQUOR LICENSE PERMIT
PENDING TRANSFER OF OWNERSHIP**

FEE: \$100.00

NOTICE: Any individual or corporation applying for a temporary permit is charged with the responsibility of having knowledge of the pertinent Colorado State Statutes and Regulations as set forth in C.R.S. Title 44, Articles 3 and 4.

Applicant Name: _____

Trade Name: _____

Business Address: _____

Mailing Address
(if different): _____

Phone: _____

Transfer Licensee: _____

Trade Name: _____

Current State Liquor
License Number: _____

Type of License: _____

NOTE: A temporary liquor license permit may be issued only if a **completed application** for a transfer of ownership along with all required documentation and associated fees has been submitted to the City of Wheat Ridge, City Clerk's Office, 7500 W. 29th Avenue, Wheat Ridge, CO 80033.

A temporary liquor license permit is valid for no more than one hundred twenty days from the date of issuance and is automatically void upon completion of the transfer of ownership and issuance of a new permanent liquor license in the name of the above applicant by the Colorado Division of Liquor Enforcement and the City of Wheat Ridge Local Licensing Authority.

This permit may be canceled, revoked, or summarily suspended if the Local or State Licensing Authority determines there is probable cause to believe that the transferee has violated any provision of the Colorado Liquor/Beer Code or has violated any rule or regulation adopted by the Local or State Licensing Authority or has failed to truthfully disclose those matters required pursuant to the application forms.

Do not write in this space - for City of Wheat Ridge use only

Date Received: _____

Fee Received: \$ _____

License No.: _____

Date Issued: _____

Date Expires: _____



AFFIDAVIT OF TRANSFER AND STATEMENT OF COMPLIANCE

Pursuant to the requirements of 44-3-303(3)(b), Colorado Revised Statutes, Licensee hereby states that all accounts for alcohol beverages sold to the Applicant are:

- ☐ Paid in full. There are no outstanding accounts with any Colorado Wholesalers.
- ☐ Licensee hereby certifies that the attached list is a complete list of accounts for alcohol beverages that are unpaid: ***Licensee and Applicant agree that all accounts will be paid for from the proceeds at closing by the:*** ☐ Licensee ☐ Applicant
- ☐ Licensee unavailable to certify disposition of accounts for alcohol beverages - Inventory list attached. Transfer by operation of law - Regulation 47-304.
- ☐ Applicant will assume full responsibility for payment of the outstanding accounts as listed above.
- ☐ No alcohol beverage inventory transferred or sold.

Licensee hereby authorizes the transfer of its Colorado Retail Liquor License to the Applicant, its Agent(s), or a company, corporation, partnership or other business entity to be formed by the Applicant. Dated this _____ day of _____, 20__

SELLER: _____

BUYER: _____

* Current Licensee * License number

Applicant Name – listed on #2 of the DR forms

Trade Name: _____

Trade Name: _____

Signature: _____

Signature: _____

Print Name _____

Print Name _____

Position _____

Position _____

Subscribed and sworn to before me this ____ day of _____ 20__

Notary Public _____

My Commission Expires: _____

Wholesaler Affidavit of Compliance

Section 44-3-303(1)(d), C.R.S.

| | | | | |
|---|-------|-------|------------------------|--|
| Wholesaler Licensee Name (If an LLC; partnership; corporation or name of corporation) | | | License Number | |
| Trade Name of Establishment/Doing Business As (DBA) | | | Phone Number () | |
| Physical Address | City | State | ZIP | |
| Email Address | | | | |
| Transferor Retailer Licensee Name | | | License Number | |
| Trade Name of Establishment/Doing Business As (DBA) | | | Phone Number () | |
| Physical Address | City | State | ZIP | |
| <p>The above wholesaler affirms that all alcohol beverages delivered to the above transferor retailer are:</p> <p><input type="checkbox"/> Paid in Full (only for the purposes of complying with section 44-3-303(1)(d), C.R.S.)</p> <p>Note: If Paid in full is selected, the wholesaler may no longer extend credit to the transferee or transferor until the local and state licensing authorities have approved the transfer of the liquor license.</p> <p><input type="checkbox"/> Not Paid in Full</p> | | | | |
| Wholesaler: | | | | |
| Signature | Print | Title | Date | |

LIQUOR LICENSE APPLICANT CONTACT INFORMATION:

Name: _____

Business Name: _____

Best Number to reach you at: _____

Type: ☐ Home ☐ Cell ☐ Work

2nd Best Number to reach you at: _____

Type: ☐ Home ☐ Cell ☐ Work

E-mail:

How often do you check your e-mail: _____

(i.e. daily, weekly, every time I get an e-mail because it is on my phone, etc.)

What is your first choice of communication?

- ☐ Phone Number 1
- ☐ Phone Number 2
- ☐ E-mail



BACKGROUND INVESTIGATION REPORT FOR LIQUOR APPLICATIONS

This document provides basic information that is necessary for the licensing authorities' investigation. **ALL** questions must be answered in their entirety. Every answer you give will be checked for its truthfulness. **A falsehood, or omission of facts, constitutes evidence regarding the character of the applicant and may result in denial of the application.**

1. Name of applicant: _____

2. Applicant is a: ☐ Limited Liability Company ☐ Corporation
☐ Partnership ☐ Sole Proprietorship

3. List all officers, directors (corporation), managing members (LLC), or partners

| Position Held | Names of all Directors, Officers, Managing Members, or partners | Complete Home Address (Street name, City, State, and Zip Code) | DOB |
|---------------|--|---|-----|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

4. Trade Name: _____

5. Business address: _____
Street name City & State Zip Code

6. Business Phone: _____

7. Does an attorney represent you? If yes, provide name, address, and phone no.

8. List any other persons who have a direct or indirect financial interest in this business.

| Name | Complete Address (street name, city, state, and zip) | Percentage |
|------|---|------------|
| | | |
| | | |
| | | |
| | | |
| | | |

PERSONAL INFORMATION

9. Your name: _____
Last Name First Name Middle Initial
10. Other names used: _____
11. Home Address: _____
Street Name City & State Zip Code
12. Home Phone: _____
(Area Code)
13. Date of Birth: _____ 14. Place of Birth: _____
15. Sex: ☐ F ☐ M 16. Race: _____ 17. Eye Color: _____
18. Height: _____ 19. Weight: _____ 20. Hair Color: _____
21. Social Security No. _____
22. Driver's License No.: _____ 23. State Issuing Driver's License: _____
24. Has your driver's license **ever been** suspended or revoked? ☐ Y ☐ N
25. If yes, please explain (include date and location): _____

26. Is your driver's license suspended, revoked, canceled or denied now? ☐ Y ☐ N
27. If yes, please explain (include date and location) _____

28. Are you a U.S. Citizen? ☐ Y ☐ N 29. Permanent Residence No.: _____

30. Alien Registration No.: _____ 31. Naturalization No.: _____

32. List all states of residence (including military): _____

33. List addresses for the past five years (attach separate page if necessary)

| Street Address | City, State & Zip Code |
|----------------|------------------------|
| | |
| | |
| | |
| | |

34. Is your current residence owned or rented? _____

35. If rented, give name, and **complete** address of landlord: _____

36. If owned, give name, and **complete** address of mortgagor: _____

FAMILY HISTORY

37. Mother's full name: _____

38. Father's full name: _____

39. Spouse's full name (including maiden): _____

40. Spouse's Date of Birth: _____ 41. Spouse's Place of Birth: _____

42. Spouse's **complete** residence address, if different than yours: _____

43. Spouse's Present Employer: _____

44. Have you ever served in the military? ☐ Y ☐ N

45. If yes, what branch? _____

46. Years of Service: _____ 48. Date of Discharge: _____

47. Type of Discharge: _____ 48. Military Service No.: _____

EDUCATIONAL HISTORY

49. List all high schools and colleges attended

| School Attended (High School and/or College) | Address (include city & state) | Years Attended |
|---|--------------------------------|----------------|
| | | |
| | | |
| | | |

EMPLOYMENT HISTORY

50. Name of present employer: _____

51. Type of Business: _____ 52. Current Position: _____

53. Business address: _____
Street name City, State Zip Code

54. Business phone no.: _____ 55. Length of Employment: _____
(Area Code)

56. Employment for the last 10 years:

| Company Name | Complete Address Include street name, city, state and zip | Position Held | To/From |
|--------------|--|---------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

57. Have you ever been discharged from a position? ☐ Y ☐ N If yes, please explain: _____

FINANCIAL INFORMATION

58. List all personal bank accounts of applicant and spouse

| Bank | Address (street name, city, state & zip) | Type of Account | Account Number |
|------|---|-----------------|----------------|
| | | | |

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |

59. List all personal outstanding loans and credit cards (attach a separate page if necessary).

| Lender | Address (street name, city, state & zip) | Type of Loan | Account Number |
|--------|---|--------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

60. Cash to be invested

| Source | Address (street name, city, state & zip) | Amount | Account No. |
|--------|---|--------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |

61. Complete the following on all business loans obtained (Attach copies of loan agreements).

| Source | Address (street name, city, state & zip) | Amount | Collateral |
|--------|---|--------|------------|
| | | | |
| | | | |
| | | | |
| | | | |

62. Complete the following on all business accounts.

| Bank | Bank Address (street name, city, state & zip) | Account Number | Authorized Signatories |
|------|--|----------------|------------------------|
| | | | |
| | | | |

71. Have you, any member of your family, or any corporation, company, or partnership in which you were involved ever had a liquor license suspended, revoked, or refused? ☐ Y ☐ N
If yes, give name, dates, jurisdiction, and action taken: _____

72. List all of your arrests (include date, charge, location, conviction, sentence and disposition):

73. List all civil court actions (include divorce, name changes) along with the names of litigants, dates, court of jurisdiction and cause of action: _____

74. List all of your traffic charges (include date, location, charge, conviction, sentence, and disposition):

ADDITIONAL DOCUMENTS CHECKLIST

- () Stamped Articles of Incorporation and/or Certificate of Good Standing (if incorporated 2+ years)
- () Stock Certificates (front & back)
- () Purchase Agreement
- () Deed or Lease
- () Diagram of the Premises (no larger than 8 ½ X11)
- () Partnership Agreement
- () Stamped Articles of Organization
- () Operating Agreement
- () Certificate of Authority (if foreign company)

I certify that the information contained in this Background Investigation Report and all attachments hereto is true and complete. I understand that any misrepresentation, falsification, or omission may result in the rejection of this application or suspension/revocation of the license. I consent to the release of all financial information relative to this application.

I understand that I have a continuing obligation to provide updated information on questions in applications submitted to the City. I further understand that I will need to be fingerprinted and photographed. Should an answer change, or new information become available, I will contact the City at 303-987-7080.

Applicant's Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

My Commission Expires: _____

City Clerk's Office – Referral to Police Department – Date _____

Criminalistics:

() Photographs By: _____

() Fingerprints Date: _____

Investigation Division: _____ **Date Received:** _____

Criminal History

| | |
|---------|--|
| () Yes | () No – Criminal Record, NCIC |
| () Yes | () No – Criminal Record, CCIC |
| () Yes | () No – Criminal Record, Whet Ridge Police Department |
| () Yes | () No – Criminal Record, Jeffco Sheriff's Office |
| () Yes | () No – Criminal Record, _____ |
| () Yes | () No – Criminal Record, _____ |

Background Summary: _____

Memorandum Completed: () Yes () No

By: _____ Date: _____
Investigator

Reviewing Supervisor Date: _____

Recommendation:

() Approval () No Recommendation () Disapproval

Investigation Division Date: _____

Permit Application and Report of Changes

All Answers Must Be Printed in Black Ink or Typewritten

| | | | |
|---|--|--------------------------------------|-----|
| 1. Applicant is a | | License Number | |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Individual | | |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Company | | |
| 2. Name of Licensee | | 3. Trade Name of Establishment (DBA) | |
| 4. Address of Premises (specify exact location of premises) | | 5. Business Email Address | |
| City | County | State | ZIP |
| | | Business Phone Number | |

SELECT THE APPROPRIATE SECTION BELOW AND PROCEED TO THE INSTRUCTIONS ON PAGE 2.

| Section A – Manager Reg/Change | Section C |
|---|---|
| <input type="checkbox"/> Manager's Registration (Hotel & Restr.) \$75.00 <input type="checkbox"/> Manager's Registration (Tavern) \$75.00 <input type="checkbox"/> Manager's Registration (Lodging & Entertainment) \$75.00 <input type="checkbox"/> Change of Manager (Other Licenses pursuant to section 44-3-301(8), C.R.S.) NO FEE | <input type="checkbox"/> Retail Warehouse Storage Permit (ea) \$100.00 <input type="checkbox"/> Wholesale Branch House Permit (ea)..... \$100.00 <input type="checkbox"/> Change Corp. or Trade Name Permit (ea)..... \$50.00 <input type="checkbox"/> Change Location Permit (ea) \$150.00 <input type="checkbox"/> Winery/Limited Winery Noncontiguous or Primary Manufacturing Location Change..... \$150.00 <input type="checkbox"/> Change, Alter or Modify Premises <div style="border: 1px solid black; padding: 2px;">\$150.00 x Total Fee:</div> <input type="checkbox"/> Addition of Optional Premises to Existing H/R <div style="border: 1px solid black; padding: 2px;">\$100.00 x Total Fee:</div> <input type="checkbox"/> Addition of Related Facility to an Existing Resort or Campus Liquor Complex <div style="border: 1px solid black; padding: 2px;">\$160.00 x Total Fee:</div> <input type="checkbox"/> Campus Liquor Complex DesignationNo Fee <input type="checkbox"/> Sidewalk Service Area \$75.00 |
| Section B – Duplicate License | |
| <input type="checkbox"/> Duplicate License \$50.00 | |

Do Not Write in This Space – For Department of Revenue Use Only

| | | |
|---|------------------------|-------------------------------------|
| Date License Issued | License Account Number | Period |
| The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically. | | TOTAL AMOUNT DUE \$ |

Instruction Sheet

For All Sections, Complete Questions 1-5 Located on Page 1

☐ **Section A**

To Register or Change Managers, check the appropriate box in section A and complete question 9 on page 4. Proceed to the Oath of Applicant for signature. Submit to State Licensing Authority for approval.

☐ **Section B**

For a Duplicate license, be sure to include the liquor license number in section B on page 1 and proceed to page 5 for Oath of Applicant signature.

☐ **Section C**

Check the appropriate box in section C and proceed below.

- 1) For a Retail Warehouse Storage Permit**, go to page 3 complete question 5 (be sure to check the appropriate box). Submit the necessary information and proceed to page 5 for Oath of Applicant signature. Submit to State Licensing Authority for approval.
- 2) For a Wholesale Branch House Permit**, go to page 3 and complete question 5 (be sure to check the appropriate box). Submit the necessary information and proceed to page 5 for Oath of Applicant signature. Submit to State Licensing Authority for approval.
- 3) To Change Trade Name or Corporation Name**, go to page 3 and complete question 6 (be sure to check the appropriate box). Submit the necessary information and proceed to page 5 for Oath of Applicant signature. Retail Liquor License submit to Local Liquor Licensing Authority (City or County). Manufacturer, Wholesaler and Importer's Liquor Licenses submit to State Liquor Licensing Authority.
- 4) To modify Premise, or add Sidewalk Service Area**, go to page 4 and complete question 10. Submit the necessary information and proceed to page 5 for Oath of Applicant signature. Retail Liquor License submit to Local Liquor Licensing Authority (City or County). Manufacturer, Wholesaler and Importer's Liquor Licenses submit to State Liquor Licensing Authority.
- 5) For Optional Premises** go to page 4 and complete question 10. Submit the necessary information and proceed to page 5 for Oath of Applicant signature. Retail Liquor License submit to Local Liquor Licensing Authority (City or County).
- 6) To Change Location**, go to page 3 and complete question 7. Submit the necessary information and proceed to page 5 for Oath of Applicant signature. Retail Liquor License submit to Local Liquor Licensing Authority (City or County). Manufacturer, Wholesaler and Importer's Liquor Licenses submit to State Liquor Licensing Authority.
- 7) Winery/Limited Winery Noncontiguous or Primary Manufacturing Location Change**, go to page 4, and complete question 8. Use this section to make a current Noncontiguous Manufacturing Location into a Primary Manufacturing Location, or a Primary Manufacturing Location into a Noncontiguous Manufacturing Location. To be eligible for a Winery/Limited Winery Noncontiguous or Primary Manufacturing Location Change, you must be a Colorado state licensed manufacturer of vinous liquor pursuant to section 44-3-402 or 44-3-403, C.R.S.
- 8) Campus Liquor Complex Designation**, go to page 5 and complete question 11. Submit the necessary information and proceed to page 5 for Oath of Applicant signature.
- 9) To add another Related Facility** to an existing Resort or Campus Liquor Complex, go to page 5 and complete question 12.

| | | | | | |
|--|---|----------------|----------------|--------------------|--------------------|
| Storage Permit | <p>5. Retail Warehouse Storage Permit or a Wholesalers Branch House Permit</p> <p><input type="checkbox"/> Retail Warehouse Permit for:</p> <p style="margin-left: 20px;"><input type="checkbox"/> On–Premises Licensee (Taverns, Restaurants etc.)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Off–Premises Licensee (Liquor stores)</p> <p><input type="checkbox"/> Wholesalers Branch House Permit</p> <p>Address of storage premise: _____</p> <p>City _____, County _____ ZIP _____</p> <p>Attach a deed/lease or rental agreement for the storage premises.</p> <p>Attach a detailed diagram of the storage premises.</p> | | | | |
| Change Trade Name or Corporate Name | <p>6. Change of Trade Name or Corporation Name</p> <p><input type="checkbox"/> Change of Trade name/DBA only</p> <p><input type="checkbox"/> Corporate Name Change (Attach the following supporting documents)</p> <ol style="list-style-type: none"> 1. Certificate of Amendment filed with the Secretary of State, or 2. Statement of Change filed with the Secretary of State, <u>and</u> 3. Minutes of Corporate meeting, Limited Liability Members meeting, Partnership agreement. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; padding: 2px;">Old Trade Name</td><td style="width: 50%; padding: 2px;">New Trade Name</td></tr> <tr> <td style="padding: 2px;">Old Corporate Name</td><td style="padding: 2px;">New Corporate Name</td></tr> </table> | Old Trade Name | New Trade Name | Old Corporate Name | New Corporate Name |
| Old Trade Name | New Trade Name | | | | |
| Old Corporate Name | New Corporate Name | | | | |
| Change of Location | <p>7. Change of Location</p> <p>NOTE TO RETAIL LICENSEES: An application to change location has a local application fee of \$750 payable to your local licensing authority. You may only change location within the same jurisdiction as the original license that was issued. Pursuant to 44-3-311(1) C.R.S. Your application must be on file with the local authority thirty (30) days before a public hearing can be held.</p> <p>Date filed with Local Authority _____ Date of Hearing _____</p> <p>(a) Address of current premises _____</p> <p style="margin-left: 20px;">City _____ County _____ ZIP _____</p> <p>(b) Address of proposed New Premises (Attach copy of the deed or lease that establishes possession of the premises by the licensee)</p> <p style="margin-left: 20px;">Address _____</p> <p style="margin-left: 20px;">City _____ County _____ ZIP _____</p> <p>(c) New mailing address if applicable.</p> <p style="margin-left: 20px;">Address _____</p> <p style="margin-left: 20px;">City _____ County _____ State _____ ZIP _____</p> <p>(d) Attach detailed diagram of the premises showing where the alcohol beverages will be stored, served, possessed or consumed. Include kitchen area(s) for hotel and restaurants.</p> | | | | |

| | |
|--|--|
| Winery/Limited Winery Noncontiguous or Primary Manufacturing Location Change | <p>8. Winery/Limited Winery Noncontiguous or Primary Manufacturing Location Change</p> <p>Select the option that applies to your situation:</p> <p><input type="checkbox"/> Make a current Primary Manufacturing Location (Location 1) into a Noncontiguous Location (Location 2); or</p> <p><input type="checkbox"/> Make a current Noncontiguous Manufacturing Location (Location 1) into a Primary Manufacturing Location (Location 2).</p> <p>(a) Address of Location 1: _____</p> <p>City _____ County _____ ZIP _____</p> <p>(b) Address of Location 2: _____</p> <p>City _____ County _____ ZIP _____</p> |
| Change of Manager | <p>9. Change of Manager or to Register the Manager of a Tavern, Hotel and Restaurant, Lodging & Entertainment liquor license or licenses pursuant to section 44-3-301(8), C.R.S.</p> <p>(a) Change of Manager (attach Individual History DR 8404-I H/R, Tavern and Lodging & Entertainment only)</p> <p>Former manager's name _____</p> <p>New manager's name _____</p> <p>(b) Date of Employment _____</p> <p>Has manager ever managed a liquor licensed establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does manager have a financial interest in any other liquor licensed establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, give name and location of establishment _____</p> <p>_____</p> |
| Modify Premises or Addition of Optional Premises, Related Facility, or Sidewalk Service Area | <p>10. Modification of Premises, Addition of an Optional Premises, Addition of Related Facility, or Addition of a Sidewalk Service Area</p> <p>NOTE: Licensees may not modify or add to their licensed premises until approved by state and local authorities.</p> <p>(a) Describe change proposed _____</p> <p>_____</p> <p>_____</p> <p>(b) If the modification is temporary, when will the proposed change:</p> <p>Start _____ (mo/day/year) End _____ (mo/day/year)</p> <p>NOTE: THE TOTAL STATE FEE FOR TEMPORARY MODIFICATION IS \$300.00</p> <p>(c) Will the proposed change result in the licensed premises now being located 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?</p> <p>(If yes, explain in detail and describe any exemptions that apply) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(d) Is the proposed change in compliance with local building and zoning laws? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(e) If this modification is for an additional Hotel and Restaurant Optional Premises has the local authority authorized by resolution or ordinance the issuance of optional premises? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(f) Attach a diagram of the current licensed premises and a diagram of the proposed changes for the licensed premises.</p> <p>(g) Attach any existing lease that is revised due to the modification.</p> <p>(h) For the addition of a Sidewalk Service Area per Regulation 47-302(A)(4), 1 C.C.R. 203-2, include 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.</p> |

| | |
|--|---|
| Campus Liquor Complex Designation | 11. Campus Liquor Complex Designation An institution of higher education or a person who contracts with the institution to provide food services (a) I wish to designate my existing _____ Liquor License # _____ to a Campus Liquor Complex <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Additional Related Facility | 12. Additional Related Facility To add a Related Facility to an existing Resort or Campus Liquor Complex, include the name of the Related Facility and include the address and an outlined drawing of the Related Facility Premises. (a) Address of Related Facility _____ (b) Outlined diagram provided <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|---|----------------------|---------------------------------|
| Oath of Applicant | | |
| I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge | | |
| Signature | Print name and Title | Date |
| Report and Approval of LOCAL Licensing Authority (CITY / COUNTY) | | |
| The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the applicable provisions of Title 44, Articles 4 and 3, C.R.S., as amended. Therefore, This Application is Approved. | | |
| Local Licensing Authority (City or County) | | Date filed with Local Authority |
| Signature | Title | Date |
| Report of STATE Licensing Authority | | |
| The foregoing has been examined and complies with the filing requirements of Title 44, Article 3, C.R.S., as amended. | | |
| Signature | Title | Date |

CONSENT TO RELEASE FINANCIAL INFORMATION

TO WHOM IT MAY CONCERN:

WHEREAS, application for a LIQUOR LICENSE has been submitted by

_____ and I, _____ am
(Company Name) (Applicant Name)
associated with said applicant in the capacity of _____
(Position in Company)

and fully understand that an investigation of my credit standing and business reputation is necessary for the approval of said license.

NOW THEREFORE, I hereby consent to and authorize the release of any and all personal or business books, record, check books, bank statements and records, financial data, balance sheets, income accounts, forms and all other applicable data and information relative to my credit standing and business reputation by any person or entity having possession or control thereof to any person presenting a signed copy of this Consent to Release Financial Information, or a true copy of a signed copy thereof, upon the express condition, however, that said release is limited to an investigation, conducted pursuant to the aforesaid licensing and operation thereunder, but this consent shall continue to operate so long as the above-named licensee shall hold said license, if granted and for the term or terms of any renewals or extension thereof.

State of Colorado)
) SS.
County of _____

Subscribed and sworn to, before me this _____ day of _____, 20____, by

In witness hereof, I hereunto set my hand and official seal.

My commission expiration

Notary Public



Financial Questionnaire

The applicant hereby agrees that any knowingly false or incomplete answer to the following questions shall constitute cause for the suspension or revocation of the license applied for.

Trade Name Business Address Business Phone

Name of applicant or applicants:

If corporation, name of persons purchasing stock:

If purchased, state purchase price including inventory: _____

If new application, what is the amount to be invested: _____

Cash to be invested:

By Whom

Where Obtained
(Savings, checking, etc.)

Amount

Complete the following information on loans obtained:

Name of Lender

Address

Citizenship

Business

Amount of Loan

Security

Term of Obligation

List name and address of bank where business account will be maintained:

List under what the name the account will be maintained:

List the names of persons authorized to draw on account:

Applicant hereby agrees to notify the City of Wheat Ridge and the Director of Excise and Licenses of any changes in the financing of this business should the changes occur during the period for which this license is issued.

The following affidavit must be signed and acknowledged by individuals and each member of partnerships and by Corporation.

State of Colorado)

County of Jefferson)

ss. _____
and _____, being by me first duly sworn, if for

himself/herself, deposes and says: that he/she is the applicant above named; or that he/she is _____ (title) of the above named corporation; that he/she has read the foregoing application and that he/she knows the contents thereof, and that all matters and things therein set forth are true to his/her own knowledge, and he/she agrees to conform to all rules and regulations promulgated by the State Licensing Authority in connection therewith.

Individuals and all members of partnership or president or secretary of corporation must sign here:

Corporate Seal

(Name and Title)

(Name and Title)

(Name and Title)

Subscribed and sworn to before me on this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

Affidavit - Restrictions On Public Benefit

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that **(check one)**:

- ☐ I am a United States citizen.
- ☐ I am not a United States citizen but I am a Permanent Resident of the United States.
- ☐ I am not a United States citizen but I am lawfully present in the United States pursuant to Federal law.
- ☐ I am a foreign national not physically present in the United States.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received

Signature

Date (MM/DD/YY)



BUSINESS AND TAX LICENSE APPLICATION

Tax Division
7500 W. 29th Ave.
Wheat Ridge, CO 80033

(303)235-2820

www.ci.wheatridge.co.us

\$20 LICENSE FEE REQUIRED

Please fill in BOTH PAGES using PDF Reader or handwrite carefully. Incomplete/illegible applications will be returned.

Part A - Basic Information

| | | | | |
|--|-------------------------|---|--|-----------------------------|
| 1) Legal/True Name of Business (last, First if Individual), Repeat on Page 2 | | | CITY USE ONLY | |
| | | | Account | |
| 2) Trade Name (DBA) of Business (if any, up to 30 characters) | | | Area-Geo | |
| | | | Location Code | |
| 3) Federal Employer ID | 4) CO Sales Tax Account | 5) Other Wheat Ridge Accounts | Zoning | |
| | | | Building | |
| 6) Reason for filing this form (choose one) | | 7) Legal Form (choose one) | Comment | |
| <input type="radio"/> New Application | | <input type="radio"/> Individual/Sole Proprietor (Lawful Presence Affidavit Required) | | |
| <input type="radio"/> Update Account Number: <input type="text"/> | | <input type="radio"/> Corporation (including PC) | | |
| <input type="radio"/> Business Purchased or Merged | | <input type="radio"/> Limited Liability Company (LLC) | | |
| <input type="radio"/> Change in Legal Form | | <input type="radio"/> Partnership (General or Limited) | | |
| 8) Location/Account Type (choose all applicable) | | <input type="radio"/> Limited Liability Partnership (LLP or LLLP) | | |
| <input type="checkbox"/> Commercial/Retail/Office/Industrial | | <input type="radio"/> Non-Profit | <input type="radio"/> Government | <input type="radio"/> Trust |
| <input type="checkbox"/> Home Occupation (additional form) | | <input type="checkbox"/> Festival/Farmers' Market | <input type="checkbox"/> Medical Marijuana | |
| <input type="checkbox"/> Out of City Location/Catalog/Internet | | <input type="checkbox"/> Mobile Food Sales | <input type="checkbox"/> Kennel | |
| <input type="checkbox"/> Solicitor/Peddler | | <input type="checkbox"/> Massage Parlor | <input type="checkbox"/> Pawn Broker | |

Location Information

Out of City, internet and catalog sellers please skip to line 17

| | | |
|---|---------------------|-------------------------------------|
| 9) Location Manager Name | 10) Location Number | 11) Location Phone Number |
| | | |
| 12) Location Street Address With Suite Number (No PO Boxes) | | 13) Building Owner and Phone Number |
| | | |
| 14) City | 15) State | 16) ZIP Code |
| | | |
| 17) Website, if any | | |
| | | |

Business License Information

| | | |
|---|---|--------------------------|
| 18) Send Business License Correspondence in Care of | 19) Licensing Phone Number | 20) Licensing Fax Number |
| | | |
| 21) Check if the licensing address is | 22) Mailing Address for Business Licensing Correspondence | |
| <input type="checkbox"/> Same as Location Address Given Above | | |
| | 23) City | 24) State |
| | | 25) ZIP Code |
| | | |

Tax Compliance Information

| | | |
|---|---|-----------------------|
| 26) Send Tax Correspondence in Care of | 27) Tax Phone Number | 28) Tax Email Address |
| | | |
| 29) Check one of the following if the Tax address is: | 30) Mailing Address for Tax Forms, Notices and Correspondence | |
| <input type="radio"/> Same as Location Address | | |
| <input type="radio"/> Same as Licensing Address | | |
| 34) Check one of the following if the Records address is: | 31) City | 32) State |
| <input type="radio"/> Same as Location Address | | 33) ZIP Code |
| <input type="radio"/> Same as Licensing Address | | |
| <input type="radio"/> Same as Tax Address | 35) Address Where Tax Records May Be Inspected (No PO Boxes) | |
| | | |
| | 36) City | 37) State |
| | | 38) ZIP Code |
| | | |

Part B - Contact Information

| | | | | |
|---|--|--|--|---------------------------------|
| 39) Legal/True Name of Business (from Line 1) | | | | |
| 40) Name of principal officer, owner, partner, member or manager | | 41) Title | | |
| 42) Address of principal residence | | 43) City | 44) State | 45) ZIP Code |
| 46) Name of other officer, owner, partner, member or manager | | 47) Title | | |
| 48) Address of principal residence | | 49) City | 50) State | 51) ZIP Code |
| 52) Has any owner or principal ever been convicted of a felony? | | <input type="radio"/> No | <input type="radio"/> Yes | |
| 53) If yes, what was the convicted charge and year? | | | | |
| Additional officers, owners, partners, members or managers may be included on attachments. | | | | |
| 54) Legal Name of Prior Registrant (if purchased or merged) | | 55) Prior FEIN (if known) | 56) Purchase/merge date | |
| 57) Start Date in Wheat Ridge Local businesses must file an Initial Use Tax Return by the 20th of the month after the license is issued. The form is included in this packet. | | | | |
| 58) Number of Employees at the Wheat Ridge Location | | Full time <input type="text"/> | Part time <input type="text"/> | Seasonal <input type="text"/> |
| 59) Business Activities (choose all applicable) | | | | |
| <input type="checkbox"/> Auto Repair | <input type="checkbox"/> Food Related | <input type="checkbox"/> Liquor Store | <input type="checkbox"/> Realty/Leasing | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Auto Sales/Rent | <input type="checkbox"/> Government | <input type="checkbox"/> Manufacture/Process | Food related businesses are subject to Jefferson County regulation. Food Safety 303-271-5700 | |
| <input type="checkbox"/> Business Service | <input type="checkbox"/> Health & Dental | <input type="checkbox"/> Non-profit | | |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Liquor Drinks | <input type="checkbox"/> Personal Service | | |
| 60) General Details of Goods Sold or Services Provided | | | 61) State Massage Therapist License Nbr. | |
| 62) Requested Tax Reporting Frequency | | | | |
| <input type="checkbox"/> Monthly | (Average monthly tax over \$100) | <input type="checkbox"/> Check here if you will use your own forms. The City will not send pre-printed forms. | | |
| <input type="checkbox"/> Quarterly | (Average monthly tax \$20 - \$100) | <input type="checkbox"/> Check here if you will file sales/use tax online. The City will not send pre-printed forms. | | |
| <input type="checkbox"/> Yearly | (Average monthly tax under \$20) | | | |
| Every business must file at least yearly even if no tax is due; check to acknowledge. <input type="checkbox"/> | | | | |
| Check that you've read: All businesses, even those not making taxable sales, will likely have a use tax liability. See our website for details. <input type="checkbox"/> | | | | |
| Local businesses complete this part. Home occupations and out of city/internet/catalog businesses do not. | | | | |
| This information is provided to the Wheat Ridge Police Communications Center. In the event of a police, fire or natural disaster emergency a local responsible person will be contacted to file a report and take charge of the premises. | | | | |
| 63) Primary After Hours Emergency Contact Name | | 64) Title | 65) After Hours Phone Number | |
| 66) Secondary After Hours Emergency Contact Name | | 67) Title | 68) After Hours Phone Number | |

Under penalty of perjury, I declare that I have examined this application and it is true and correct to the best of my knowledge and belief.

**Signature of Applicant
or Authorized Agent**

Signature _____

Date _____

Printed Name _____

Title _____



LAWFUL PRESENCE AFFIDAVIT

Tax Division
7500 W. 29th Ave.
Wheat Ridge, CO 80033

(303) 235-2825
www.ci.wheatridge.co.us

Legal/True Name of Business (last, First if Individual), from Business and Tax License Application

City Use Only
Account

Colorado state law requires individuals and sole proprietors applying for local public benefits complete both parts below. Submit this form with your completed and signed Business and Tax License Application.

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check only one):

- ☐ I am a United States Citizen.
- ☐ I am a Permanent Resident of the United States.
- ☐ I am lawfully present in the United States.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law required me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature _____

Date _____

Colorado law also requires the applicant for a public benefit to produce one of the authorized documents listed below in order to verify lawful presence in the United States. The applicant may either (a) produce such document in person at the Tax Division office or submit this form fully executed and notarized below along with a clear, legible copy of such document.

Check the box which represents the authorized identification you will submit (check only one).

- ☐ A valid Colorado driver's license or identification card.
- ☐ A valid United States military identification card or military dependent's identification card.
- ☐ A valid United States Coast Guard Merchant Mariner card.
- ☐ A valid Native American tribal document.

Submitted in person to _____ at the City of Wheat Ridge or;
Notarized and mailed or emailed with a clear copy of one of the documents above.

STATE OF COLORADO

COUNTY OF _____

)

ss.

)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____.

SEAL

Witness my hand and official seal.

Notary Public



Liquor Occupation Tax City of Wheat Ridge, Colorado

Pursuant to the City of Wheat Ridge, Code of Laws, Section 11-63 thru 11-71, a Liquor Occupation Tax is assessed on all establishments serving 3.2 % beer, malt, vinous or spirituous liquors, except medicinal liquors in the City. This Occupation Tax receipt must be displayed at all times with your liquor license.

The tax is assessed for a calendar year only, no pro-ratio for partial year, and no refunds shall be made to any person discontinuing such business during the year. This tax is transferable should the business change ownership during the calendar year.

The classes and amounts for each classification are as follows:

| | | | |
|-----------|---|---|------------|
| Class C | - | Clubs | \$900.00 |
| Class D | - | Liquor Stores | \$650.00 |
| Class E | - | Drug Stores | \$600.00 |
| Class F | - | Beer & Wine | \$600.00 |
| Class G | - | Hotel & Restaurant | \$900.00 |
| Class J-1 | - | 3.2% Beer (off premises consumption) | \$700.00 |
| Class J-2 | - | 3.2% Beer (on premises consumption) | \$700.00 |
| Class T | - | Sale by Drink (on premises consumption) | \$1,300.00 |

Questions regarding these regulations should be directed to the Tax Office at 303-235-2820.