



Other Fees		State	City
Transfer of Ownership		\$1100.00	\$750.00
MGR Registration (H&R, L&E, Tavern)		\$75.00	\$75.00
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 \$500 + \$25 per day to each authority

Background Checks are now done at either;

Colorado fingerprinting

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

Idemia

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





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.
- ✓ **Applications** will be reviewed by appointment only, please allow at least 30 minutes to meet. This is done for your convenience, so that we can help you without interruptions. Due to the COVID-19 restrictions, these appointments may need to be conducted virtually.
- ✓ 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*
- ✓ **Fees** must be submitted at time of application. Caution if application is denied or withdrawn, your application fees may not be refunded.
- ✓ **Hearing Date** may 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. These hearings, due to COVID restrictions, might only be held as virtual hearings.
- ✓ **Survey of Needs and Desires of the neighborhood** can be done by entities formed to do so with scheduling through the City Clerk's Office.

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 can possibly take between 3 and 6 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:

\$1,100.00 to Colorado Department of Revenue – New
\$750.00 to the City of Wheat Ridge
\$100.00 to CO Dept. of Revenue for Concurrent Review

2) Background Investigation Fees:

\$38.50 On-line, debit credit, check or money order payable to CBI
\$10.00 On-line, debit, check, etc. payable 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
Lodging Entertainment	\$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 (fka 3.2%)	\$96.25	\$3.75

4) Needs and Desires Survey or new Optional mailing notice: Est. \$1000

5) Liquor Occupation Tax:

\$600.00 to \$1,300.00 based on class (see attached, may be pro-rated)

FORMS and DOCUMENTS TO BE COMPLETED AND TURNED IN:

- Contact Information sheet
- Colorado form DR 8404 or DR 8403, Colorado Retail Liquor License Application
- Colorado form DR 8404-I, Individual History Record
- City of Wheat Ridge Background Investigation Report for Liquor Applicants
- Consent to Release Financial Information
- City of Wheat Ridge Financial Questionnaire
- Lawful Presence Affidavit if applying as sole proprietor or husband and wife.
- City of Wheat Ridge Liquor license application
- City of Wheat Ridge Zoning approval
- Food Service verification

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
- Operating agreement, Stock certificates, Partnership agreements, By-Laws
- CO Department of Revenue sales tax license or application.
- Finger printing receipts from 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

DR 8177 (06/10/19)
COLORADO DEPARTMENT OF REVENUE
 Liquor Enforcement Division
 (303) 205-2300

Report of Changes Corporation, Limited Liability Company and Partnership Liquor and Fermented Malt Beverage Licenses

☐ **LLC/Partnership**

☐ **Corporation** See Instructions and Fee Schedule on Page 2

1. Corporate/LLC Partnership Name		2. State Tax Account Number		3. State Liquor License Number	
4. Trade Name				5. Telephone Number	
6. Address of Licensed Premises		City	State	ZIP	
7. Mailing Address if different than above		City	State	ZIP	
8. LIST ALL officers, directors (corporation) or Managing Members (LLC) or General Partner(s). Each officer, Director, Managing Member or Partner MUST FILL OUT a DR 8404-I (Individual History Record).					
Position Held	Names	Home Address	DOB	Replaces	
9. LIST ALL 10% (or more) Stockholders or 10% (or more) Members or 10% (or more) Limited Partners. Each person listed Must Fill out a DR 8404-I (Individual History Record)					
Stockholders/Members/Partners owning 10% (or more) of business	% Owned	Home Address	DOB	Replaces	
10. Registered Agent		Address For Service			
Oath of Application 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.					
11. Authorized Signature		Title		Date	
Report of Local Licensing Authority The foregoing changes have been received and examined by the Local Licensing Authority.					
12. Local Licensing Authority For				<input type="checkbox"/> County <input type="checkbox"/> Town/City	
Signature		Title		Date	
Attest				Date	
Do Not Write In This Space – For Department of Revenue Use Only Liability Information					
License Account Number	Period	Cash Fund	Total		

Instructions

Corporation, Limited Liability Company or Partnership Report of Changes

NOTE: ENCLOSE A CHECK PAYABLE TO THE AUTHORITY WHERE THIS APPLICATION WILL BE FILED FOR \$100.00 FOR EACH PERSON LISTED IN SECTIONS 8 AND 9 ON THE APPLICATION. MASTERFILE APPLICANTS MUST INCLUDE A FEE OF \$250.00 FOR EACH PERSON LISTED PAYABLE TO THE COLORADO DEPARTMENT OF REVENUE. (Application filed directly to the state)

NOTE: Check the appropriate box at the top to indicate whether you are Limited Liability Company (LLC), Partnership or Corporation.

Attach the following supporting documents to the Report of Changes Application:

- Certificate of Incorporation (or) Date stamped Articles or, Partnership Agreement (Limited and General Partnerships)
- Certificate of Good Standing dated within the last two years
- Certificate of Authority (only if a foreign corporation)
- Copies of minutes of meetings by the Corporation, Limited Liability Company or Partnership supporting the changes reflected on the front of this application. This includes letters of resignation, or appointment of any officers, or directors of a Corporation, or any managing member or members of a Limited Liability Company, or any general or limited partner in a Partnership (including husband and wife partnerships).
- NOTE: If the Licensee as listed on Line 1 has a sole stockholder that is a Corporation, or LLC, or Partnership, attach a letter designating one officer, or managing member or the general partner to be the "principal person" for the applicant. This person MUST ALSO fill out a DR8404-I (Individual History Record) and submit fingerprints by making an appointment with an approved State Vendor through the Vendor's website:

The vendors are as follows:

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

Phone: 844-539-5539 (toll-free)

IdentoGO FAQs: <https://www.colorado.gov/pacific/cbi/identification-faqs>

Colorado Fingerprinting – <http://www.coloradofingerprinting.com>

Appointment Scheduling Website:

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

Phone: 720-292-2722

Toll Free: 833-224-2227

This application and all supporting documents must FIRST BE FILED WITH, AND APPROVED BY, THE LOCAL LICENSING AUTHORITY (CITY, TOWN, COUNTY). Applications will not be accepted unless all applicable questions are fully answered, all supporting documents correspond exactly with the name of the applicant.

1. List the name of the Corporation or Limited Liability Company or Partnership
2. List the State Sales Tax Number.
3. List the Applicant's State Liquor License Number.
4. List the Trade name of the business.
5. List the area code and telephone number of the business.
6. List the complete address, City, State and Zip Code, of the licensed premises.
7. List your mailing address if different than number 6 above.
8. List all officers, directors of a corporation, or all managing members of the LLC, or General Partners of Limited or General Partnerships. List the person's Position, Home Address, Date of Birth and the name of the person being replaced (if applicable).
9. List all 10% (or more) stockholders or members or Partners, and indicate ownership percentage, Home Address, Date of Birth, and the name of the person they purchased ownership interest from (if applicable).
10. List the name and address for service of the Registered Agent.
11. A person authorized to sign on behalf of the Applicant must sign the application, list their title, and the date the application was signed.
12. **To be filled out by the local licensing authority only. List the name of the authority and indicate if the authority is a county, town/city. Then sign the application, list your title and attest the city/county officials signature and date the application.**

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
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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 303-235-2816.

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, Wheat 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: _____

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



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
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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____.

My Commission Expires: _____

Notary Public