



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. Please include a copy of your fingerprinting receipt in the application packet.
- ✓ **EXCEPT DURING COVID - 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 LiquorPros Inc. 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 9 and 12 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 (fka 3.2)	\$96.25	\$3.75

4) Needs and Desires Survey:

Can be \$1,000.00 or more to an approved survey petitioning vendor.

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
- To () complete packets Colorado form DR 8404 or DR 8403, Colorado Retail Liquor License Application
- Copy of State Sales Tax License or application to receive one
- Copy of SS-4 from the IRS establishing the 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 from C I finger printing ven or

Additional forms and documents as requested



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.



Liquor Occupation Tax

About the Tax

The liquor occupation is an annual flat tax is levied by Division 2 of Chapter 11 of the Wheat Ridge Code of Laws and is based on the type of liquor license held. The tax is due upon opening a new liquor license or changing operators. For existing operators, the tax is due January 1st of each year and becomes delinquent on February 1st, with associated penalty and interest.

The tax is billed in late November for established annual payers and upon business licensing for new payers. Non-payment of the tax does not jeopardize the liquor license but is a demerit in consideration of renewal and may also be brought before the municipal court. Pro-ration will be allowed under Ordinance 1620 beginning with the 2018 licensing year.

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

License Class	Occupation Tax	Interest After Feb. 1
C All Alcohol Club	\$ 900	\$ 9.00 a month
D Package Store	\$ 650	\$ 6.50 a month
E Drugstore	\$ 600	\$ 6.00 a month
F Malt & Vinous on Premises	\$ 600	\$ 6.00 a month
G Hotel or Restaurant	\$ 900	\$ 9.00 a month
J1 3.2 Off Premises	\$ 700	\$ 7.00 a month
J2 3.2 On Premises	\$ 700	\$ 7.00 a month
J3 3.2 On and Off Premises	\$2,200	\$22.00 a month
T All Alcohol On Premises	\$1,300	\$13.00 a month



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.



LIQUOR LICENSE FEES – NEW LICENSE

License Type	State	City
Application Fees	\$1100.00 - Concurrent \$1200.	\$750.00
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
Club	\$308.75	\$41.25
Fermented Malt Bev (Beer)(On or Off)	\$96.25	\$3.75
Art Gallery Permit	\$71.25	\$103.75
Special Events - Liquor		WAIVED
Special Events – Fermented Malt		WAIVED

Background Checks are now done at either;

Idemia

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

Colorado Fingerprinting

<https://www.coloradofingerprinting.com>



Nees and desires petitioning require for all new change of location and change of classification or applications

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</p> <p style="margin-left: 20px;">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)

					Yes	No
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?					<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
----------------------	-----------------	-------	------



**LIQUOR LICENSING AUTHORITY
ZONING VERIFICATION FORM
NEW LICENSE APPLICATION**

Liquor License Applicant Completes Top Portion

Applicant: _____ Trade Name: _____

Phone: _____ Email: _____

Premises Address: _____

Liquor Application Type: ☐ New ☐ Modification ☐ License Type Change

Liquor License Type: _____

Applicant's Signature: _____

Printed Name: _____ Date: _____

Responsive to C.R.S. 44-3-313(1) and (III)(c) which states in part “ No application for the issuance of any license...shall be received or acted upon...(c) For a location in an area where the sale of alcohol is contemplated is not permitted under the applicable zoning laws of the municipality, city and county or county;”

NOTE: This review is for zoning purposes only and is not approval for any change of occupancy use pertaining to the building code. A separate building permit is required for building modifications to include a change of use or occupancy. If you have questions regarding the permitting process, please call the Building Division at 303-235-2855 or Planning Division at 303-235-2846. Send electronically to zoning@ci.wheatridge.co.us

City of Wheat Ridge Planning Division Completes Area Below

Zone district: _____

Is the sale of alcohol permitted on this property? ___YES ___NO

Is the consumption of alcohol permitted on this property? ___YES ___NO

Is production of alcohol permitted on this property? ___YES ___NO

Was a special or conditional use permit required on this property? ___YES ___NO

Signature _____ Printed 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



LIQUOR LICENSE APPLICATION

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

Applicants Business Name: _____

Trade Name (dba): _____

Business Phone Number: _____ Contact Number: _____

Business Address: _____

Property Owner Name and Contact number: _____

On-Site Registered Manager (all types): _____

Manager Phone Number (local): _____

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

Type of Application:

☐ New License: \$750.00

☐ Change of Location: \$750.00

☐ Change in Class: \$750.00

☐ Transfer of Ownership: \$750.00

☐ Temporary Permit for Transfer: \$100.00

☐ Art Gallery or Retail Establishment: \$200

☐ Bed and Breakfast: \$100.00

Type of City License or Permit (fee):

☐ Hotel Restaurant: \$75.00

☐ Beer and Wine: \$48.75

☐ Retail Liquor Store: \$22.50

☐ Lodging and Entertainment: \$75.00

☐ Bed and Breakfast: \$25.00

☐ Tavern: \$75.00

☐ Club: \$41.25

☐ FMB (Beer) (all types): \$3.75

☐ Distillery Pub: \$75.00

☐ Art Gallery/Retail Est: \$3.75

☐ Brew Pub: \$75.00

☐ Arts License: \$41.25

☐ Vintners: \$75.00

Total fees: \$ _____

Date: _____

Signature: _____ Print Name: _____



**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

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):

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