



City of Wheat Ridge Municipal Building 7500 W. 29<sup>th</sup> 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 possible 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 Caution if application is denied or withdrawn, your application fees may not be refunded.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.
- ✓ **Survey of Needs and Desires of the neighborhood** can be done by entities formed to do so with scheduling to be done 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. New hearings cannot be held sooner than 30 days after a complete application has been submitted.

If you have any questions, please contact:

Robin Eaton, Deputy City Clerk  
303-235-2816  
[reaton@ci.wheatridge.co.us](mailto: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 Optional mailing notice: Est. \$1000 during emergencies

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
- Copy State Tax License or application
- Copy IRS SS-4 establishing FEIN (EIN)
- 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
- 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. Showing walls, bars, alcohol storage, points of entry/exit
- 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**

## 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 notification<sup>1</sup> 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.<sup>2</sup>
- 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.<sup>3</sup>

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.<sup>4</sup>

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.)

---

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

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

<sup>3</sup> See 28 CFR 50.12(b).

<sup>4</sup> 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

| <b>License Class</b>           | <b>Occupation<br/>Tax</b> | <b>Interest After Feb.<br/>1</b> |
|--------------------------------|---------------------------|----------------------------------|
| 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<br>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<br>Premises  | \$2,200                   | \$22.00 a month                  |
| T All Alcohol On Premises      | \$1,300                   | \$13.00 a month                  |



### LIQUOR LICENSE FEES – NEW LICENSE

| Licensing Entity                         | State of Colorado                 | City of Wheat Ridge |
|--|-----------------------------------|---------------------|
| Application Fees                         | \$1100.00 -<br>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, Vintners                       | \$750.00                          | \$75.00             |
| Club                                     | \$308.75                          | \$41.25             |
| Fermented Malt Bev<br>(Beer)( On or Off) | \$96.25                           | \$3.75              |
| Art Gallery/Retail<br>Permit             | \$93.25                           | \$203.75            |
| Special Events -<br>Liquor               |                                   | \$0.00/Day          |
| Special Events –<br>Fermented Malt       |                                   | \$0.00/Day          |

Background Checks are now done at either;

**Idemia**

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

**Colorado Fingerprinting**

<https://www.coloradofingerprinting.com>



Needs and Desires petitioning required for all new, change of location and change of class liquor applications.





**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](mailto: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:

- |   |   |
|---|---|
| <input type="checkbox"/> New License: \$750.00        | <input type="checkbox"/> Transfer of Ownership: \$750.00            |
| <input type="checkbox"/> Change of Location: \$750.00 | <input type="checkbox"/> Temporary Permit for Transfer: \$100.00    |
| <input type="checkbox"/> Change in Class: \$750.00    | <input type="checkbox"/> Art Gallery or Retail Establishment: \$200 |

### Type of City License or Permit (fee):

- |   |   |
|---|---|
| <input type="checkbox"/> Bed and Breakfast: \$100.00        |   |
| <input type="checkbox"/> Hotel Restaurant: \$75.00          | <input type="checkbox"/> Tavern: \$75.00 <input type="checkbox"/> Brew Pub: \$75.00         |
| <input type="checkbox"/> Beer and Wine: \$48.75             | <input type="checkbox"/> Club: \$41.25 <input type="checkbox"/> Arts License: \$41.25       |
| <input type="checkbox"/> Retail Liquor Store: \$22.50       | <input type="checkbox"/> FMB (Beer) (all types): \$3.75                                     |
| <input type="checkbox"/> Lodging and Entertainment: \$75.00 | <input type="checkbox"/> Distillery Pub: \$75.00 <input type="checkbox"/> Vintners: \$75.00 |
| <input type="checkbox"/> Bed and Breakfast: \$25.00         | <input type="checkbox"/> Art Gallery/ Retail Est: \$3.75                                    |

Total fees: \$ \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_



**CITY OF WHEAT RIDGE  
STATEMENT OF FOOD SERVICE**

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

**Hotel-Restaurant Liquor License**

“(a) Restaurants shall sell alcohol beverages as provided in this section only to customers of the restaurant and only if meals are actually and regularly served and provide not less than twenty-five percent of the gross income from sales of food and drink of the business of the license premises over any period of time of at least one year.”

“(b) Hotels shall sell alcohol beverages as provided in this section only to customers of the hotel and, except in hotel rooms, only on the licensed premises where meals are actually and regularly served and provide not less than twenty-five percent of the gross income from sales of food and drink of the business of the licensed premises over any period of time of at least one year.”

“(c) Any hotel and restaurant licensee who is open for business and selling alcohol beverages by the drink shall serve meals between the hours of 8 a.m. and 8 p.m. and meals or light snacks and sandwiches after 8 p.m.; except that nothing in this paragraph (c) shall be construed to require a licensee to be open for business between the hours of 8 a.m. and 8 p.m.”

**Brew Pub Liquor License, Distillery Pub, Vintners Restaurant**

“...licensee shall sell malt, vinous, and spirituous liquors for on-premises consumption only if at least fifteen percent of the gross on-premises food and drink income of the business of the licensed premises is from the sale of food.”

**Tavern, Beer and Wine, Lodging and Entertainment**

“...licensees shall have sandwiches and light snacks available for consumption **on the premises** during business hours, but need not have meals available for consumption.”

Pursuant to State Regulations, the Applicant certifies that they shall at all times, when meals are required to be served, maintain on the premises adequate personnel, foodstuffs and other necessary facilities, equipment and supplies for the preparation and serving of meals as defined by 44-3-103(31), as amended.

**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

|                          |      |
|--------------------------|------|
| Uploaded to<br>Movelt on | Date |
|--------------------------|------|

|   |                |  |  |
|---|----------------|--|--|
| <div><input type="checkbox"/> New License</div> <div><input type="checkbox"/> New-Concurrent</div> <div><input type="checkbox"/> Transfer of Ownership</div> <div><input type="checkbox"/> State Property Only</div> <div><input type="checkbox"/> Master file</div>  |                |  |  |
| <div><div>All answers must be printed in black ink or typewritten</div><div>Applicant must check the appropriate box(es)</div><div>Applicant should obtain a copy of the Colorado Liquor, Beer and Wine Code: <a href="http://SBG.Colorado.gov/Liquor">SBG.Colorado.gov/Liquor</a></div></div>  |                |  |  |
| 1. Applicant is applying as a/an <div><div><input type="checkbox"/> Individual</div><div><input type="checkbox"/> Limited Liability Company</div><div><input type="checkbox"/> Association or Other</div><div><input type="checkbox"/> Corporation</div><div><input type="checkbox"/> Partnership (includes Limited Liability and Husband and Wife Partnerships)</div></div>  |                |  |  |
| 2. Applicant If an LLC, name of LLC; if partnership, at least 2 partner's names; if corporation, name of corporation  |                |  | FEIN Number                                      |
| 2a. Trade Name of Establishment (DBA)   |                | State Sales Tax Number   | Business Telephone                               |
| 3. Address of Premises (specify exact location of premises, include suite/unit numbers)   |                |  |  |
| City  |                | County   | State ZIP Code                                   |
| 4. Mailing Address (Number and Street)  |                | City or Town   | State ZIP Code                                   |
| 5. Email Address  |                |  |  |
| 6. If the premises currently has a liquor or beer license, you must answer the following questions  |                |  |  |
| Present Trade Name of Establishment (DBA)   |                | Present State License Number   | Present Class of License Present Expiration Date |
| Section ANonrefundable Application Fees*  |                | Section B (Cont.)Liquor License Fees*  |  |
| <div><input type="checkbox"/> Application Fee for New License.....\$1,100.00</div> <div><input type="checkbox"/> Application Fee for New License w/Concurrent Review .....\$1,200.00</div> <div><input type="checkbox"/> Application Fee for Transfer .....\$1,100.00</div>   |                | <div><input type="checkbox"/> Liquor–Licensed Drugstore (County) .....\$312.50</div> <div><input type="checkbox"/> Lodging &amp; Entertainment - L&amp;E (City) .....\$500.00</div> <div><input type="checkbox"/> Lodging &amp; Entertainment - L&amp;E (County) .....\$500.00</div> <div><input type="checkbox"/> Manager Registration - H &amp; R .....\$30.00</div> <div><input type="checkbox"/> Manager Registration - Tavern .....\$30.00</div> <div><input type="checkbox"/> Manager Registration - Lodging &amp; Entertainment.....\$30.00</div> <div><input type="checkbox"/> Manager Registration - Campus Liquor Complex .....\$30.00</div> <div><input type="checkbox"/> Optional Premises License (City).....\$500.00</div> <div><input type="checkbox"/> Optional Premises License (County) .....\$500.00</div> <div><input type="checkbox"/> Racetrack License (City).....\$500.00</div> <div><input type="checkbox"/> Racetrack License (County) .....\$500.00</div> <div><input type="checkbox"/> Resort Complex License (City).....\$500.00</div> <div><input type="checkbox"/> Resort Complex License (County).....\$500.00</div> <div><input type="checkbox"/> Related Facility - Campus Liquor Complex (City) .....\$160.00</div> <div><input type="checkbox"/> Related Facility - Campus Liquor Complex (County) .....\$160.00</div> <div><input type="checkbox"/> Related Facility - Campus Liquor Complex (State).....\$160.00</div> <div><input type="checkbox"/> Retail Gaming Tavern License (City) .....\$500.00</div> <div><input type="checkbox"/> Retail Gaming Tavern License (County) .....\$500.00</div> <div><input type="checkbox"/> Retail Liquor Store License–Additional (City).....\$227.50</div> <div><input type="checkbox"/> Retail Liquor Store License–Additional (County) .....\$312.50</div> <div><input type="checkbox"/> Retail Liquor Store (City).....\$227.50</div> <div><input type="checkbox"/> Retail Liquor Store (County) .....\$312.50</div> <div><input type="checkbox"/> Tavern License (City).....\$500.00</div> <div><input type="checkbox"/> Tavern License (County) .....\$500.00</div> <div><input type="checkbox"/> Vintners Restaurant License (City) .....\$750.00</div> <div><input type="checkbox"/> Vintners Restaurant License (County).....\$750.00</div> |  |
| Section BLiquor License Fees*   |                |  |  |
| <div><input type="checkbox"/> Add Optional Premises to H &amp; R.....\$100.00 X _____ Total _____</div> <div><input type="checkbox"/> Add Related Facility to Resort Complex\$75.00 X _____ Total _____</div> <div><input type="checkbox"/> Add Sidewalk Service Area.....\$75.00</div> <div><input type="checkbox"/> Arts License (City) .....\$308.75</div> <div><input type="checkbox"/> Arts License (County) .....\$308.75</div> <div><input type="checkbox"/> Beer and Wine License (City).....\$351.25</div> <div><input type="checkbox"/> Beer and Wine License (County).....\$436.25</div> <div><input type="checkbox"/> Brew Pub License (City) .....\$750.00</div> <div><input type="checkbox"/> Brew Pub License (County).....\$750.00</div> <div><input type="checkbox"/> Campus Liquor Complex (City).....\$500.00</div> <div><input type="checkbox"/> Campus Liquor Complex (County) .....\$500.00</div> <div><input type="checkbox"/> Campus Liquor Complex (State).....\$500.00</div> <div><input type="checkbox"/> Club License (City).....\$308.75</div> <div><input type="checkbox"/> Club License (County) .....\$308.75</div> <div><input type="checkbox"/> Distillery Pub License (City).....\$750.00</div> <div><input type="checkbox"/> Distillery Pub License (County) .....\$750.00</div> <div><input type="checkbox"/> Hotel and Restaurant License (City).....\$500.00</div> <div><input type="checkbox"/> Hotel and Restaurant License (County) .....\$500.00</div> <div><input type="checkbox"/> Hotel and Restaurant License w/one opt premises (City) .....\$600.00</div> <div><input type="checkbox"/> Hotel and Restaurant License w/one opt premises (County).....\$600.00</div> <div><input type="checkbox"/> Liquor–Licensed Drugstore (City) .....\$227.50</div> |                |  |  |
| Questions? Visit: <a href="http://SBG.Colorado.gov/Liquor">SBG.Colorado.gov/Liquor</a> 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](http://SBG.Colorado.gov/Liquor) for more information

| Items submitted, please check all appropriate boxes completed or documents submitted  |   |
|---|---|
| <b>I. Applicant information</b>   | <input type="checkbox"/> A. Applicant/Licensee identified<br><input type="checkbox"/> B. State sales tax license number listed or applied for at time of application<br><input type="checkbox"/> C. License type or other transaction identified<br><input type="checkbox"/> D. Return originals to local authority (additional items may be required by the local licensing authority)<br><input type="checkbox"/> E. All sections of the application need to be completed<br><input type="checkbox"/> F. Master file applicants must include the Application for Master File form DR 8415 and applicable fees to this Retail License Application  |
| <b>II. Diagram of the premises</b>  | <input type="checkbox"/> A. No larger than 8½" X 11"<br><input type="checkbox"/> B. Dimensions included (does not have to be to scale). Exterior areas should show type of control (fences, walls, entry/exit points, etc.)<br><input type="checkbox"/> C. Separate diagram for each floor (if multiple levels)<br><input type="checkbox"/> D. Kitchen - identified if Hotel and Restaurant<br><input type="checkbox"/> E. Bold/Outlined Licensed Premises  |
| <b>III. Proof of property possession (One Year Needed)</b>  | <input type="checkbox"/> A. Deed in name of the applicant (or) (matching question #2) date stamped / filed with County Clerk<br><input type="checkbox"/> B. Lease in the name of the applicant (or) (matching question #2)<br><input type="checkbox"/> C. Lease assignment in the name of the applicant with proper consent from the landlord and acceptance by the applicant<br><input type="checkbox"/> D. Other agreement if not deed or lease. (matching question #2)   |
| <b>IV. Background information (DR 8404-I) and financial documents</b>   | <input type="checkbox"/> A. Complete DR 8404-I for each principal (individuals with more than 10% ownership, officers, directors, partners, members)<br><input type="checkbox"/> B. Fingerprints taken and submitted to the appropriate Local Licensing Authority through an approved State Vendor. Master File applicants submit results to the State using code 25YQHT with Identogo.<br><p style="margin-left: 20px;"><b>Do not complete fingerprint cards prior to submitting your application.</b></p> <p style="margin-left: 20px;">The Vendors are as follows:</p> <p style="margin-left: 20px;"><b>Identogo</b> – <a href="https://uenroll.identogo.com/">https://uenroll.identogo.com/</a> Phone: 844-539-5539 (toll-free)<br/> <b>Colorado Fingerprinting</b> – <a href="http://www.coloradofingerprinting.com">http://www.coloradofingerprinting.com</a><br/>                     Appointment Scheduling Website: <a href="http://www.coloradofingerprinting.com/cabs/">http://www.coloradofingerprinting.com/cabs/</a><br/>                     Phone: 720-292-2722 Toll Free: 833-224-2227</p> <p style="margin-left: 20px;"><b>Details about the vendors and fingerprinting in Colorado can be found on CBI's website here:</b><br/> <a href="https://cbi.colorado.gov/sections/biometric-identification-and-records-unit/employment-and-background-checks">https://cbi.colorado.gov/sections/biometric-identification-and-records-unit/employment-and-background-checks</a></p> <input type="checkbox"/> C. Purchase agreement, stock transfer agreement, and/or authorization to transfer license<br><input type="checkbox"/> D. List of all notes and loans (Copies to also be attached) |
| <b>V. Sole proprietor/husband and wife partnership (if applicable)</b>  | <input type="checkbox"/> A. Form DR 4679<br><input type="checkbox"/> B. Copy of State issued Driver's License or Colorado Identification Card for each applicant  |
| <b>VI. Corporate applicant information (if applicable)</b>  | <input type="checkbox"/> A. Certificate of Incorporation<br><input type="checkbox"/> B. Certificate of Good Standing<br><input type="checkbox"/> C. Certificate of Authorization if foreign corporation (out of state applicants only)  |
| <b>VII. Partnership applicant information (if applicable)</b>   | <input type="checkbox"/> A. Partnership Agreement (general or limited).<br><input type="checkbox"/> B. Certificate of Good Standing   |
| <b>VIII. Limited Liability Company applicant information (if applicable)</b>  | <input type="checkbox"/> A. Copy of articles of organization<br><input type="checkbox"/> B. Certificate of Good Standing<br><input type="checkbox"/> C. Copy of Operating Agreement (if applicable)<br><input type="checkbox"/> D. Certificate of Authority if foreign LLC (out of state applicants only)   |
| <b>IX. Manager registration for Hotel and Restaurant, Tavern, Lodging &amp; Entertainment, and Campus Liquor Complex licenses when included with this application</b> | <input type="checkbox"/> A. \$30.00 fee<br><input type="checkbox"/> B. If owner is managing, no fee required  |



|      |                 |                |
|------|-----------------|----------------|
| Name | Type of License | Account Number |
|------|-----------------|----------------|

  

|   |                          |                          |
|---|--------------------------|--------------------------|
| <b>7.</b> Is the applicant (including any of the partners if a partnership; members or managers if a limited liability company; or officers, stockholders or directors if a corporation) or managers under the age of twenty-one years? | Yes                      | No                       |
|   | <input type="checkbox"/> | <input type="checkbox"/> |

  

|  |                          |                          |
|--|--------------------------|--------------------------|
| <b>8.</b> 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): |                          |                          |
| <b>a.</b> Been denied an alcohol beverage license?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b.</b> Had an alcohol beverage license suspended or revoked?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>c.</b> 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.

  

|  |                          |                          |
|--|--------------------------|--------------------------|
| <b>9.</b> Has a liquor license application (same license class), that was located within 500 feet of the proposed premises, been denied within the preceding two years? If "yes", explain in detail. | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

  

|   |                          |                          |
|---|--------------------------|--------------------------|
| <b>10.</b> Are the premises to be licensed within 500 feet, of any public or private school that meets compulsory education requirements of Colorado law, or the principal campus of any college, university or seminary? | <input type="checkbox"/> | <input type="checkbox"/> |
| Waiver by local ordinance? <input type="checkbox"/> <input type="checkbox"/>  |                          |                          |
| Other: _____  |                          |                          |

  

|  |                          |                          |
|--|--------------------------|--------------------------|
| <b>11.</b> Is your Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 1500 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of greater than (>) 10,0000? <b>NOTE:</b> The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS. | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

  

|   |                          |                          |
|---|--------------------------|--------------------------|
| <b>12.</b> Is your Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 3000 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of less than (<) 10,0000? <b>NOTE:</b> The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS. | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

  

|  |                          |                          |
|--|--------------------------|--------------------------|
| <b>13. a.</b> For additional Retail Liquor Store only. Was your Retail Liquor Store License issued on or before January 1, 2016? | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b.</b> Are you a Colorado resident?   | <input type="checkbox"/> | <input type="checkbox"/> |

  

|   |                          |                          |
|---|--------------------------|--------------------------|
| <b>14.</b> Has a liquor or beer license ever been issued to the applicant (including any of the partners, if a partnership; members or manager if a Limited Liability Company; or officers, stockholders or directors if a corporation)? If yes, identify the name of the business and list any <u>current</u> financial interest in said business including any loans to or from a licensee. | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

  

|   |                          |                          |
|---|--------------------------|--------------------------|
| <b>15.</b> Does the applicant, as listed on line 2 of this application, <b>have legal possession of the premises by ownership</b> , 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) _____                                      |                          |                          |
| <b>a.</b> If leased, list name of landlord and tenant, and date of expiration, <b>exactly</b> as they appear on the lease:                                      |                          |                          |

|          |        |         |
|----------|--------|---------|
| Landlord | Tenant | Expires |
|----------|--------|---------|

  

|  |                          |                          |
|--|--------------------------|--------------------------|
| <b>b.</b> Is a percentage of alcohol sales included as compensation to the landlord? If yes, complete question 16. | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

  

|  |  |  |
|--|--|--|
| <b>c.</b> Attach a diagram that designates the area to be licensed in black bold outline (including dimensions) which shows the bars, brewery, walls, partitions, entrances, exits and what each room shall be utilized for in this business. This diagram should be no larger than 8½" X 11". |  |  |
|--|--|--|

  

|  |  |  |
|--|--|--|
| <b>16.</b> Who, besides the owners listed in this application (including persons, firms, partnerships, corporations, limited liability companies) will loan or give money, inventory, furniture or equipment to or for use in this business; or who will receive money from this business? Attach a separate sheet if necessary. |  |  |
|--|--|--|

|           |            |               |             |                     |
|-----------|------------|---------------|-------------|---------------------|
| Last Name | First Name | Date of Birth | FEIN or SSN | Interest/Percentage |
|           |            |               |             |                     |
|           |            |               |             |                     |

  

**Attach copies of all notes and security instruments and any written agreement or details of any oral agreement, by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment, and any agreement relating to the business which is contingent or conditional in any way by volume, profit, sales, giving of advice or consultation.**

  

|   |                          |                          |
|---|--------------------------|--------------------------|
| <b>17.</b> Optional Premises or Hotel and Restaurant Licenses with Optional Premises: | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a local ordinance or resolution authorizing optional premises been adopted?       |                          |                          |
| Number of additional Optional Premise areas requested. (See license fee chart)        |                          |                          |

  

|   |  |  |
|---|--|--|
| <b>18.</b> For the addition of a Sidewalk Service Area per Regulation 47-302(A)(4), include a diagram of the service area and documentation received from the local governing body authorizing use of the sidewalk. Documentation may include but is not limited to a statement of use, permit, easement, or other legal permissions. |  |  |
|---|--|--|



|  |                            |                       |          |        |
|--|----------------------------|-----------------------|----------|--------|
| Name   | Type of License            | Account Number        |          |        |
| <b>19. Liquor Licensed Drugstore (LLDS) applicants, answer the following:</b><br><b>a. Is there a pharmacy, licensed by the Colorado Board of Pharmacy, located within the applicant's LLDS premise?</b> <input type="checkbox"/> <input type="checkbox"/><br><b>If "yes" a copy of license must be attached.</b>  |                            |                       |          |        |
| <b>20. Club Liquor License applicants answer the following: Attach a copy of applicable documentation</b> <span style="float: right;">Yes No</span>  |                            |                       |          |        |
| <b>a. Is the applicant organization operated solely for a national, social, fraternal, patriotic, political or athletic purpose and not for pecuniary gain?</b> <input type="checkbox"/> <input type="checkbox"/>  |                            |                       |          |        |
| <b>b. Is the applicant organization a regularly chartered branch, lodge or chapter of a national organization which is operated solely for the object of a patriotic or fraternal organization or society, but not for pecuniary gain?</b> <input type="checkbox"/> <input type="checkbox"/>   |                            |                       |          |        |
| <b>c. How long has the club been incorporated?</b>   |                            |                       |          |        |
| <b>d. Has applicant occupied an establishment for three years (three years required) that was operated solely for the reasons stated above?</b> <input type="checkbox"/> <input type="checkbox"/>  |                            |                       |          |        |
| <b>21. Brew-Pub, Distillery Pub or Vintner's Restaurant applicants answer the following:</b>   |                            |                       |          |        |
| <b>a. Has the applicant received or applied for a Federal Permit? (Copy of permit or application must be attached)</b> <input type="checkbox"/> <input type="checkbox"/>   |                            |                       |          |        |
| <b>22. Campus Liquor Complex applicants answer the following:</b>  |                            |                       |          |        |
| <b>a. Is the applicant an institution of higher education?</b> <input type="checkbox"/> <input type="checkbox"/>   |                            |                       |          |        |
| <b>b. Is the applicant a person who contracts with the institution of higher education to provide food services?</b> <input type="checkbox"/> <input type="checkbox"/><br><b>If "yes" please provide a copy of the contract with the institution of higher education to provide food services.</b>   |                            |                       |          |        |
| <b>23. For all on-premises applicants.</b>   |                            |                       |          |        |
| <b>a. For all Liquor Licensed Drugstores (LLDS) the Permitted Manager must also submit an Manager Permit Application - DR 8000 and fingerprints.</b>   |                            |                       |          |        |
| Last Name of Manager   |                            | First Name of Manager |          |        |
| <b>24. Does this manager act as the manager of, or have a financial interest in, any other liquor licensed establishment in the State of Colorado? If yes, provide name, type of license and account number.</b> <input type="checkbox"/> <input type="checkbox"/>   |                            |                       |          |        |
| <b>25. Related Facility - Campus Liquor Complex applicants answer the following:</b> <input type="checkbox"/> <input type="checkbox"/>   |                            |                       |          |        |
| <b>a. Is the related facility located within the boundaries of the Campus Liquor Complex?</b><br>If yes, please provide a map of the geographical location within the Campus Liquor Complex.<br>If no, this license type is not available for issues outside the geographical location of the Campus Liquor Complex.   |                            |                       |          |        |
| <b>b. Designated Manager for Related Facility- Campus Liquor Complex</b>   |                            |                       |          |        |
| Last Name of Manager   |                            | First Name of Manager |          |        |
| <b>26. Tax Information.</b> <span style="float: right;">Yes No</span>  |                            |                       |          |        |
| <b>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?</b> <input type="checkbox"/> <input type="checkbox"/>   |                            |                       |          |        |
| <b>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.?</b> <input type="checkbox"/> <input type="checkbox"/>  |                            |                       |          |        |
| <b>27. If applicant is a corporation, partnership, association or limited liability company, applicant must list all <b>Officers, Directors, General Partners, and Managing Members</b>. In addition, applicant must list any stockholders, partners, or members with <b>ownership of 10% or more in the applicant</b>. All persons listed below must also attach form DR 8404-I (Individual History Record), and make an appointment with an approved State Vendor through their website. See application checklist, Section IV, for details.</b> |                            |                       |          |        |
| Name   | Home Address, City & State | DOB                   | Position | %Owned |
| Name   | Home Address, City & State | DOB                   | Position | %Owned |
| Name   | Home Address, City & State | DOB                   | Position | %Owned |
| Name   | Home Address, City & State | DOB                   | Position | %Owned |
| Name   | Home Address, City & State | DOB                   | Position | %Owned |

|  |  |  |
|--|--|--|
| Name   | Type of License  | Account Number   |
| <p>** If applicant is owned 100% by a parent company, please list the designated principal officer on above.</p> <p>** Corporations - the President, Vice-President, Secretary and Treasurer must be accounted for above (Include ownership percentage if applicable)</p> <p>** If total ownership percentage disclosed here does not total 100%, applicant must check this box:</p> <p><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.</p>   |  |  |
| <b>Oath Of Applicant</b>   |  |  |
| <p>I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Colorado Liquor or Beer Code which affect my license.</p>   |  |  |
| Authorized Signature   | Printed Name and Title   | Date   |
| <b>Report and Approval of Local Licensing Authority (City/County)</b>  |  |  |
| 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) |  |
| <b>For Transfer Applications Only</b> - Is the license being transferred valid?  |  | Yes   No<br><input type="checkbox"/> <input type="checkbox"/>          |
| <p>The Local Licensing Authority Hereby Affirms that each person required to file DR 8404-I (Individual History Record) or a DR 8000 (Manager Permit) has been:</p> <p><input type="checkbox"/> Fingerprinted</p> <p><input type="checkbox"/> Subject to background investigation, including NCIC/CCIC check for outstanding warrants</p> <p>That the local authority has conducted, or intends to conduct, an inspection of the proposed premises to ensure that the applicant is in compliance with and aware of, liquor code provisions affecting their class of license</p> <p>(Check One)</p> <p><input type="checkbox"/> Date of inspection or anticipated date _____</p> <p><input type="checkbox"/> Will conduct inspection upon approval of state licensing authority</p> |  |  |
| <input type="checkbox"/> Is the Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 1,500 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of > 10,000?   |  | Yes   No<br><input type="checkbox"/> <input type="checkbox"/>          |
| <input type="checkbox"/> Is the Liquor Licensed Drugstore(LLDS) or Retail Liquor Store (RLS) within 3,000 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of < 10,000?  |  | <input type="checkbox"/> <input type="checkbox"/>                      |
| <p><b>NOTE:</b> The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.</p>   |  |  |
| <input type="checkbox"/> Does the Liquor-Licensed Drugstore (LLDS) have at least twenty percent (20%) of the applicant's gross annual income derived from the sale of food, during the prior twelve (12) month period?   |  | <input type="checkbox"/> <input type="checkbox"/>                      |
| <p>The foregoing application has been examined; and the premises, business to be conducted, and character of the applicant are satisfactory. We do report that such license, if granted, will meet the reasonable requirements of the neighborhood and the desires of the adult inhabitants, and will comply with the provisions of Title 44, Article 4 or 3, C.R.S., and Liquor Rules. <b>Therefore, this application is approved.</b></p>  |  |  |
| Local Licensing Authority for  | Telephone Number   | <input type="checkbox"/> Town, City<br><input type="checkbox"/> County |
| Signature  | Print  | Title  |
| Signature  | Print  | Title  |
|  |  | Date   |

## Tax Check Authorization, Waiver, and Request to Release Information

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

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

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

By signing below, Applicant/Licensee requests that the Colorado Department of Revenue and any other state or local taxing authority or agency in the possession of tax documents or information, release information and documentation to the Colorado Liquor Enforcement Division, and is duly authorized employees, to act as the Applicant's/Licensee's duly authorized representative under section 39-21-113(4), C.R.S., solely to allow the state and local licensing authorities, and their duly authorized employees, to investigate compliance with the Liquor Code and Liquor Rules. Applicant/Licensee authorizes the state and local licensing authorities, their duly authorized employees, and their legal representatives, to use the information and documentation obtained using this Waiver in any administrative or judicial action regarding the application or license.

|   |  |  |             |
|---|--|--|-------------|
| Name (Individual/Business)  |  | Social Security Number/Tax Identification Number |             |
| Address   |  |  |             |
| City  |  | State  | Zip         |
| Home Phone Number   |  | Business/Work Phone Number                       |             |
| Printed name of person signing on behalf of the Applicant/Licensee                                    |  |  |             |
| Applicant/Licensee's Signature (Signature authorizing the disclosure of confidential tax information) |  |  | Date signed |

### Privacy Act Statement

Providing your Social Security Number is voluntary and no right, benefit or privilege provided by law will be denied as a result of refusal to disclose it. § 7 of Privacy Act, 5 USCS § 552a (note).

## 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 <b>five</b> years. (Attach separate sheet if necessary)  |   |                                       |                         |           |
| <b>Street and Number</b>   |   | <b>City, State, Zip</b>               | <b>From</b>             | <b>To</b> |
| Current  |   |                                       |                         |           |
| Previous   |   |                                       |                         |           |
| 6. List all employment within the last <b>five</b> years. Include any self-employment. (Attach separate sheet if necessary)  |   |                                       |                         |           |
| <b>Name of Employer or Business</b>  | <b>Address (Street, Number, City, State, Zip)</b> | <b>Position Held</b>                  | <b>From</b>             | <b>To</b> |
|  |   |                                       |                         |           |
|  |   |                                       |                         |           |
|  |   |                                       |                         |           |
| 7. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry.   |   |                                       |                         |           |
| <b>Name of Relative</b>  | <b>Relationship to You</b>                        | <b>Position Held</b>                  | <b>Name of Licensee</b> |           |
|  |   |                                       |                         |           |
|  |   |                                       |                         |           |
|  |   |                                       |                         |           |
|  |   |                                       |                         |           |
| 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.<br><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 LICENSE APPLICANT CONTACT INFORMATION:

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Best Number to reach you at: \_\_\_\_\_

Type: ☐ Home    ☐ Cell    ☐ Work

2<sup>nd</sup> 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<br>(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.

[illegible]

## 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<br>(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<br>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<br>(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<br>(street name, city, state & zip) | Type of Loan | Account Number |
|--------|---|--------------|----------------|
|        |   |              |                |
|        |   |              |                |
|        |   |              |                |
|        |   |              |                |

60. Cash to be invested

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

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

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

62. Complete the following on all business accounts.

| Bank | Bank Address<br>(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 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: \_\_\_\_\_





# 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?   |  |  |  |                                 |
| <b>Additional officers, owners, partners, members or managers may be included on attachments.</b>   |  |  |  |                                 |
| 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 <span style="float: right;">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.</span>                          |  |  |  |                                 |
| 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"/>  |  |  |  |                                 |
| <b>Local businesses complete this part. Home occupations and out of city/internet/catalog businesses do not.</b>  |  |  |  |                                 |
| 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 \_\_\_\_\_



## 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<br>Tax | Interest After Feb.<br>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<br>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<br>Premises  | \$2,200           | \$22.00 a month          |
| T All Alcohol On Premises      | \$1,300           | \$13.00 a month          |