

INSTRUCTION SHEET

For all sections, complete questions 1-4 located on page 1

Section A

To Register or Change Managers, check the appropriate box in section A and complete question 9 on page 4. Proceed to the Oath of Applicant for signature (Please note: Hotel and Restaurant licensees are required to register their managers).

Section B

For a Duplicate license, be sure to include the liquor license number in section B on page 1 and proceed to page 4 for Oath of Applicant signature.

Section C

Check the appropriate box in section C and proceed below.

- 1) ***For a Retail Warehouse Storage Permit***, go to page 3 complete question 5 (be sure to check the appropriate box). Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 2) ***For a Wholesale Branch House Permit***, go to page 3 and complete question 5 (be sure to check the appropriate box). Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 3) ***To Change Trade Name or Corporation Name***, go to page 3 and complete question 6 (be sure to check the appropriate box). Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 4) ***To modify Premise***, go to page 3 and complete question 7. Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 5) ***For Optional Premises***, go to page 3 and complete question 7. Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 6) ***To Change Location***, go to page 3 and complete question 8. Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 7) ***For a Bed and Breakfast Permit***, go to page 4 and complete question 10. Submit the necessary information and proceed to Oath of Applicant signature.

STORAGE PERMIT	<p>5. Retail Warehouse Storage Permit or a Wholesalers Branch House Permit</p> <p><input type="checkbox"/> Retail Warehouse Permit</p> <p><input type="checkbox"/> Wholesalers Branch House Permit</p> <p>Include full address of storage premises. _____</p> <p>If granted, will the proposed warehouse or branch house be in compliance with local building and zoning laws? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Name and title of Person in Charge of Premises _____ <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Attach a lease/deed and a diagram of storage premises.</p>		
CHANGE DBA OR CORP. NAME	<p>6. Change of Trade Name or Corporation name</p> <p><input type="checkbox"/> Trade/DBA Name Change only</p> <p><input type="checkbox"/> Corporate Name Change (Attach a Certificate of Amendment from Colorado Secretary of State)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Old Name</td> <td style="width:50%;">New Name</td> </tr> </table>	Old Name	New Name
Old Name	New Name		
MODIFY PREMISES OR ADDITION OF OPTIONAL PREMISES	<p>7. Modification of Premises or Addition of an Optional Premises to an existing Hotel/Restaurant Liquor License</p> <p>(a) Describe change proposed _____</p> <p>_____</p> <p>_____</p> <p>(b) Will the proposed change result in the licensed premises now being located within 500 feet of any public or private school that meets compulsory education requirements of Colorado law, or the principal campus of any college, university or seminary? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(If yes, explain in detail and describe any exemptions that should apply)</p> <p>(c) When will the proposed change</p> <p>Start _____ (mo/day/year) End _____ (mo/day/year)</p> <p>(d) Is the proposed change in compliance with local building and zoning laws? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(e) If this modification is for an additional Hotel and Restaurant Optional Premises, has the local authority authorized by resolution or ordinance the issuance of optional premises? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(f) Are such changed premises owned or leased? <input type="checkbox"/> Owned <input type="checkbox"/> Leased Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(Attach a signed copy of deed or lease in the name of the licensee only)</p> <p>(g) Attach a diagram of the current licensed premises and a diagram of the proposed changes for the licensed premises.</p>		
CHANGE OF LOCATION	<p>8. Change of Location</p> <p>(a) Address of current premises _____</p> <p>City _____ County _____ ZIP _____</p> <p>(b) Address of proposed New Premises (Attach a copy of the deed or lease that establishes possession of the premises by the licensee)</p> <p>Address _____</p> <p>City _____ County _____ ZIP _____</p> <p>(c) New mailing address if applicable</p> <p>Address _____</p> <p>City _____ County _____ ZIP _____</p> <p>(d) Attach a diagram of the premises showing the area where alcohol beverages will be stored, served, possessed or consumed. Include food preparation facilities for Hotel and Restaurants.</p>		

CHANGE OF MANAGER	<p>9. Change of Manager or to register the manager of a Tavern or a Hotel and Restaurant liquor license.</p> <p>(a) Change of Manager (attach Individual History DR 8404-I H/R only)</p> <p>Former manager's name _____</p> <p>New manager's name _____</p> <p>(b) Compensation of Mgr. _____ Date of Emp. _____ Exp. Date _____</p> <p>Has manager ever managed a Liquor licensed establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does manager have a financial interest in any other liquor licensed establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, give name and location of establishment _____</p> <p>_____</p>
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BED AND BREAKFAST PERMIT	<p>10. Bed and Breakfast Permit</p> <ul style="list-style-type: none"> • Attach a copy of a deed or lease in the exact name of the applicant only, reflecting possession of the permitted area for at least the minimum duration of this permit (1 year from date of issuance). • Attach a diagram of the premises which accurately reflects the area where alcoholic beverages will be stored, served, possessed or consumed. <p>1. Applicant is a:</p> <p><input type="checkbox"/> Corporation (attach DR 8177) <input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Individual (attach DR 8404-I) <input type="checkbox"/> LTD Liability Company (attach DR 8177)</p> <p>2. Name of Applicant _____</p> <p>3. Trade Name of Establishment (DBA) _____</p> <p>4. Address of Premises (specify exact location) _____</p> <p>5. State Sales Tax Number _____ Business Phone (_____) _____</p> <p>Pursuant to 12-47-410, C.R.S., Applicant hereby states that it qualifies for a Bed and Breakfast Permit to serve complimentary alcoholic beverages, and does certify to the State Licensing Authority:</p> <p>_____ That it has no more than 20 sleeping rooms, and</p> <p>_____ That it provides at least 1 meal per day at no charge other than for overnight lodging, and</p> <p>_____ That it does not sell alcoholic beverages by the drink or in sealed containers, and</p> <p>_____ That it shall not serve alcoholic beverages for more than 4 hours in any one day, as follows:</p>
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MONDAY HOURS	TUESDAY HOURS	WEDNESDAY HOURS	THURSDAY HOURS	FRIDAY HOURS	SATURDAY HOURS	SUNDAY HOURS
From: m.	From: m.	From: m.	From: m.	From: m.	From: m.	From: m.
To: m.	To: m.	To: m.	To: m.	To: m.	To: m.	To: m.

OATH OF APPLICANT

I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.

Signature	Title	Date
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REPORT AND APPROVAL OF LOCAL LICENSING AUTHORITY (CITY / COUNTY)

The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the applicable provisions of Title 12, Articles 46 and 47, C.R.S., as amended.

THEREFORE, THIS APPLICATION IS APPROVED.

Local Licensing Authority (City or County)	Date filed with Local Authority
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Signature	Title	Date
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REPORT OF STATE LICENSING AUTHORITY

The foregoing has been examined and complies with the filing requirements of Title 12, Article 47, C.R.S., as amended.

Signature	Title	Date
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