

NEW APPLICATION Checklist and Information

- > ONE COMPLETE SET OF DOCUMENTS MUST BE SUBMITTED FOR INITIAL REVIEW
- Application packet and Local Licensing Authority (LLA) Rules of Procedure are available on the City Clerk's <u>Licensing & Permits</u> website: https://www.thorntonco.gov/government/city-clerk/licensing-permits/liquor-licensing.
- Incomplete application documents will not be accepted.
- Applications will not be deemed received and will not be reviewed until all fees have been received.
- Allow six to eight weeks for processing.
- Provide documents in order of the Checklist Single-Sided No Staples Please
- ➤ All documents and copies need to be legible and either typed or printed in BLACK ink on 8-1/2 x 11 size paper only.
- > ALL documents must be properly executed and correspond with name of applicant exactly.
- Contact Stacie Flis, Licensing Coordinator, 303-538-7270 or <u>stacie.flis@thorntonco.gov</u>, if you have questions or need assistance

PLEASE COMPLETE AND SUBMIT THE FOLLOWING:

Application Forms and Fees

- Appropriate City & State fees attached (see Fee Schedule).
- Colorado License Application (Choose One)
 - State Form DR-8404 Liquor Retail License Application
 - State Form DR-8403 Fermented Malt Beverage and Wine Retailer License Application
- o State Form DR 8495 Tax Check Authorization, Waiver, and Request to Release Information

Diagram of the Premises

- Diagram of the premises to be licensed 8-1/2" x 11" size only
 - Outline "Licensed Premises" in BOLD, BLACK ink.
 - Include square footage, occupancy, and seating capacity (if applicable).
 - Diagram needs to show seating, kitchen facilities, and storage areas for on-premises licenses.

Note: If changes are made to the floor plan after the LLA has considered the license application, a request to modify needs to be submitted for approval by the LLA and State.

Background Information

State Master File Letter. Submit the Letter and no other background forms are required to be submitted.

If the City is performing the investigation, each individual will need to be fingerprinted and fill out City and State forms below (individuals with more than 10% ownership, officers, directors, partners, and sole-proprietors).

- State Form DR-8404-I Individual History Record (each individual).
- City Form 1 Background Investigation Report and Authorization and Consent to Release Information (each individual).
- Proof of Identification.
- Fingerprints See attached instructions.

Financial Documents

- Purchase Agreements or Stock Transfer Agreements.
- Notes or Loans (assumed, banks, previous owner).

Attach Corporate Documents (if applicable):

- Articles of Incorporation date stamped by Secretary of State.
- Certificate of Good Standing issued by the Colorado Secretary of State within the past two years.
- Certificate of Authority (if foreign company).
- Minutes of Corporate Meeting (elections, resignations, stock breakdown).
- List of Officers/Stockholders/Directors of Parent Corporation (if applicable).

Attach Limited Liability Company Documents (if applicable):

- Articles of Organization date stamped by Secretary of State.
- Certificate of Good Standing issued by the Colorado Secretary of State within the past two years.
- Certificate of Authority (if foreign company).
- Copy of operating agreement.
- Minutes of meetings reflecting acceptance of new members.
- List of Officers/Stockholders/Directors of Parent Corporation (if applicable).

Attach Partnership Documents (if applicable):

- Partnership Agreement (not needed if spouses).
- Partnership Termination (if applicable).

Attach the following additional documents (all applicants):

- Provide a notarized affidavit stating establishment is not within 500 feet of a school.
- Liquor Licensed Drugstore: provide a notarized affidavit stating establishment is not within 1,500 feet of another premises licensed to sell retail malt, vinous, or spirituous liquors for consumption off the licensed premises.
- Fermented Malt Beverage: provide a notarized affidavit stating establishment is not within 500 feet of any retail liquor store.
- Provide a signed copy of Deed or Lease covering entire license period, Assignment of Lease if applicable with consent and acceptance.
 - The Lease must be in applicant's name (same entity name which appears on the application form and liquor license) and contain the address of the premises.
 - Copies of the original lease must be submitted along with an Assignment of Lease, if applicable.
- City Form 2 Zoning Referral: Contact the City Development Department at 303-538-7295 or Pod.Info@thorntonco.gov. The form submitted with the application must be signed by City Development. Pursuant to State Statute 44-3-313(1)(c), the City Clerk's office needs verification that the establishment is properly zoned prior to accepting a new license application. Complete the first three questions and submit it with a copy of the site plan to the City Development Department.

Boundary, posting, and publishing requirements

After final submittal of the complete application, the City Clerk's office will notify the applicant of the public hearing date and boundaries of the neighborhood. The hearing date must be at least 30 days from the date of filing the application per State Statute.

The City Clerk's Office will set the boundaries of the neighborhood and send a map. If the boundaries are unacceptable, the Applicant has five days to notify the Licensing Coordinator and the matter will be scheduled for a boundary hearing at the next LLA meeting.

The City Clerk's office will publish the notice of hearing as required by City Code and State Statutes.

The Applicant will need to post the public notice sign(s) prepared by the City Clerk's office on the proposed premises at least 10 days prior to the public hearing and submit pictures of the posted sign(s) immediately after posting.

The Applicant needs to ensure that the sign(s) remain posted for at least 10 consecutive days prior to the hearing, **including the hearing date**, and verify by completing the Posting Verification Affidavit (supplied by the City Clerk's office. The Affidavit needs to be notarized and submitted to the Licensing Coordinator the morning of the hearing.

If the City's posting board is used to display the sign, it will need to be returned to the City Clerk's office the day after the public hearing.

If you have any exhibits for the LLA to consider, advise the Licensing Coordinator prior to the hearing date.

Public Hearing and other procedures

The Applicant must appear before the Authority when the public hearing is held for a new license. The LLA generally meets on the third Wednesday of each month at 6:00 p.m.

All applicants have the burden of proving (1) that the inhabitants of the neighborhood desire that a license be issued, and (2) that the reasonable requirements of the neighborhood are not being met by existing outlets (with the exception of club licenses), C.R.S. 44-3-301. Present your evidence in the form of verbal testimony, petitions, or other means to support this as concisely as possible, and avoid repetitive testimony.

Petitions. One manner of showing the needs and desires is by circulating petitions within the designated relevant neighborhood as shown on the boundary map. Many applicants use a marketing survey firm to circulate petitions. Sample petitions are available in the City Clerk's office should you decide to do your own survey. Petitions are due no later than 5:00 p.m. the Friday prior to the hearing. For more information, refer to City Code Sections 42-117 and 42-118 and the Rules of Procedure.

Following the hearing: if approved by the LLA, the City Clerk's Office will forward the application to the State for approval.

Instructions

Certificate of Occupancy: Contact the Building Inspection Division, 303-538-7250, to obtain information for building/construction information and to obtain a Certificate of Occupancy. A copy of the Certificate of Occupancy is required **BEFORE** licenses will be issued.

City Sales Tax License: Contact City of Thornton Sales Tax Division 303-538-7400 to submit City Sales Tax License Application. A copy of the City Sales Tax License is required **BEFORE** licenses will be issued.

Adams County Health Department Report: Contact Adams County Health Department at 303-220-9200 for an inspection, if applicable. Evidence that the establishment is licensed is required **BEFORE** the licenses will be issued.

Inspection: The City Clerk's Office will schedule the inspection, **BEFORE** the licenses will be issued, for the local licensing investigator to inspect the premises to determine that the Applicant has complied in every material detail with the plans and specifications submitted at the time of filing of the application.

State Sales Tax License:

Contact Colorado Department of Revenue, 303-238-7378, https://tax.colorado.gov.

Resources on State and City Liquor and Beer Codes and Rules

- <u>LLA Rules of Order and Procedure</u>: https://www.thorntonco.gov/government/city-clerk/licensing-permits/liquor-licensing
- Chapter 42, Article II of the Thornton City Code:
 https://library.municode.com/co/thornton/codes/code of ordinances?nodeId=CO CH42LIPEBU ARTIIALBE.
- <u>Colorado Liquor and Beer Codes and Liquor Rules</u>: https://sbg.colorado.gov/liquor-enforcement-laws-rules-regulations



FEE SCHEDULE FOR LIQUOR/BEER LICENSES

Application Fees

Each type of application has an Application Fee and Retail License Fee

	Local Fee	State Fee
Application Fee	\$1000.00	\$1,100.00
Application Fee with Concurrent Review (New Application only – non-refundable)	\$1000.00	\$1,200.00
Application Fee Transfer of Ownership	\$750.00	\$1,100.00
Temporary Permit for Transfer of Ownership only (Optional)	\$100.00	N/A
Application Fee Additional Liquor-Licensed Drugstore	\$1000.00	\$1,100.00
Application Fee Additional Liquor-Licensed Drugstore with Concurrent Review	\$1000.00	\$1,200.00
Application Fee Manager Permit	N/A	\$100.00
Application Late Renewal Fee (Not more than 90 days of license expiration date)	\$500.00	\$500.00
Application Reissue Fee (More than 90 days but less than 180-days of license expiration date)	\$500.00	\$500.00
Application Reissue Fine (More than 90 days but less than 180 days of license expiration date)	\$25.00 a day beyond 90-day expiration date	\$25.00 a day beyond 90-day expiration date
Annual Renewal Application Fee	\$100.00	\$250.00
Annual Art Gallery Fee	\$100.00	\$0.00

Retail License Fees

	Local Fee City	State Fee City
Art	\$41.25	\$308.75
Beer & Wine	\$48.75	\$351.25
Brew Pub	\$75.00	\$750.00
Club	\$41.25	\$308.75
Distillery Pub	\$75.00	\$750.00
Entertainment	\$75.00	\$500.00
Hotel & Restaurant	\$75.00	\$500.00
Hotel Restaurant with one Optional Premises	\$75.00	\$600.00
Each Additional OP License	N/A	\$100.00
Resort Complex	\$75.00	\$500.00
Campus Liquor Complex	\$75.00	\$500.00
Related Facility – Resort Complex	\$15.00	\$160.00
Related Facility – Campus Liquor Complex	\$15.00	\$160.00
Liquor-Licensed Drugstore	\$22.50	\$227.50
Lodging	\$75.00	\$500.00
Optional Premises	\$75.00	\$500.00
Racetrack	\$75.00	\$500.00
Retail Gaming Tavern	\$75.00	\$500.00
Retail Liquor Store	\$22.50	\$227.50
Tavern	\$75.00	\$500.00
Vintner's Restaurant	\$75.00	\$750.00
Fermented Malt Beverage On Premises	\$3.75	\$96.25
Fermented Malt Beverage Off Premises	\$3.75	\$96.25
Fermented Malt Beverage On/Off Premises	\$3.75	\$96.25

Local and State Issued Permit Fees

	Local Fee City	State Fee
Retail Establishment Permit (Art Gallery)	\$3.75	\$93.25
Bed & Breakfast Permit	\$3.75	\$71.25
Each Resort-Complex-Related Facility Permit	\$15.00	\$160.00
Special Event Permit	\$100.00	N/A
Mini Bar Permit with Hotel Restaurant License	\$48.75	\$276.25

Additional Fees

	Local Fee	State Fee
Alternating Proprietor Licensed Premises	N/A	\$150.00
Change of Location	\$750.00	\$150.00
Change of Trade Name/Corporate Name	N/A	\$50.00
Change of Corporate Structure/LLC Change (City Investigation – Per Person)	\$100.00	\$100.00**
Duplicate License (City)	\$5.00	\$50.00
Add Optional Premises to Hotel & Restaurant License	N/A	\$100.00
Limited Liability Change	N/A	\$100.00
Manager Registration (Hotel & Restaurant; Tavern; Entertainment, Lodging, and Campus Liquor Complex)	\$30.00	\$30.00
Master File Background	N/A	\$250.00
Master File Location Fee (Per Location)	N/A	\$25.00
Modification of Premises	\$75.00	\$150.00
Sole Source Registration	N/A	\$100.00
Petition Fee for Fine-in-Lieu of Suspension (Non-refundable)	\$250.00	N/A
Replacement Fee for Public Hearing Signs (each)	\$25.00	N/A
Violation Signs (each)	\$5.00	N/A
State Liquor Code (if purchased through the City)	\$25.00	N/A

^{**} The State Fee of \$100 only pertains to state-only issued licenses and does not apply to licenses issued by local licensing authorities

State Only License & Permit Fees can be found on the State's Website:

https://sbg.colorado.gov/liquor

State License Type

Limited Winery License

Manufacturer's License (Distillery or Rectifier

Manufacturer's License (Brewery)

Manufacturer's License (Winery)

Nonresident Manufacturer's License (Malt Liquor)

Importer License

Wholesaler's Liquor License

Wholesaler's Beer License

Public Transportation (dining, club or parlor car; plane; bus or other vehicle)

State Permit Type

Winery Direct Shipper Permit

Wine Packaging Permit

Wine Festival Permit

Branch Warehouse or Warehouse Storage Permit

Retail Warehouse Storage Permit

Manager Permit Registration (Liquor-Licensed Drugstore)

Non-Contiguous Location (Winery/Limited Winery) Application

Non-Contiguous Location (Winery/Limited Winery) Renewal

Takeout and Delivery Permit Application

Takeout and Delivery Permit Renewal

Fingerprinting Instructions for Liquor Licensees

- Log onto the IdentiGo website: https://uenroll.identogo.com/
- Enter the service code 25YQ6K.
- From there you can schedule or manage an appointment, find out what you need to bring to the appointment, locate an IdentoGO facility near you, and how to submit a fingerprint card by mail (for out of state applicants).
- When scheduling an appointment, you will need to enter a CBI account number. Thornton's account number is CONCJ6177.
- The fingerprinting fees will be collected by IdentoGO.
- The Applicant will be provided a system generated receipt to give to the Licensing Coordinator of the City.
- Results will be posted via CBI's Secure Document Delivery System (SDDS) to the City of Thornton's Police Department account.

DR 8404 (05/29/25)
COLORADO DEPARTMENT OF REVENUE
Liquor Enforcement Division
PO BOX 17087
Denver CO 80217-0087

(303) 205-2300

Colorado Liquor Retail License Application

* Note that the Di	vision will not ac	cept cash	Paid by Check	Date Up	loaded to Mov	elt
			Paid Online			
New License	New-Concurrent	Transfer o	f Ownership	State Pr	operty Only	Master file
• All answers mu	ust be printed in b	lack ink or typ	ewritten			
Applicant must	t check the appro	priate box(es)				
Applicant should	ld obtain a copy of	f the Colorado	Liquor and Bee	er Code:	SBG.Colorad	o.gov/Liquor
Applicant is applying	ng as a/an Ir	ndividual	Limited Liability C	ompany	Association	or Other
	C		Partnership (inclu or Partner in a Civ		ed Liability and	Spouse
Applicant Name If an I	LLC, name of LLC; if	partnership, at lea	st 2 partner's nam	nes; if corp	oration, name o	f corporation
FEIN Number				;	State Sales Tax	Number
Trade Name of Establ	ishment (DBA)			I	Business Teleph	none
Address of Premises (s	pecify exact location of	premises, include s	uite/unit numbers)			
City		County		State	ZIP Code	
Mailing Address (Numb	er and Street)					
City or Town				State	ZIP Code	
Email Address						
If the premises cur	rently has a liquor	or beer license	, you must ansv	wer the fo	ollowing ques	tions.
Present Trade Name (of Establishment (DR)	77				

Present State License Number Present Class of License

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Present Expiration Date

Section A Nonrefundable application fees*

Application Fee for New License.....\$1,100.00

Application Fee for New License with Concurrent Review	\$1,200.00
Application Fee for Transfer	\$1,100.00
Section B Liquor License Fees*	
Add Optional Premises to H & R\$100.00 X	Total
Add Sidewalk Service Area.	\$75.00
Arts License (City)	\$308.75
Arts License (County)	\$308.75
Beer and Wine License (City)	
Beer and Wine License (County)	\$436.25
Brew Pub License (City)	\$750.00
Brew Pub License (County)	\$750.00
Campus Liquor Complex (City)	\$500.00
Campus Liquor Complex (County)	\$500.00
Campus Liquor Complex (State)	\$500.00
Club License (City)	\$308.75
Club License (County)	\$308.75
Distillery Pub License (City)	\$750.00
Distillery Pub License (County).	\$750.00
Entertainment Facility License (City)	\$500.00
Entertainment Facility License (County)	\$500.00
Hotel and Restaurant License (City)	\$500.00
Hotel and Restaurant License (County)	\$500.00
Hotel and Restaurant License with one optional premises (City)	\$600.00
Hotel and Restaurant License with one optional premises (County)	\$600.00
Liquor–Licensed Drugstore (City)	\$227.50
Liquor–Licensed Drugstore (County)	\$312.50
Lodging Facility License (City)	
Lodging Facility License (County)	\$500.00 Page 2

Section B Liquor License Fees* (Continued)

Manager Registration - H & R	\$30.00
Manager Registration - Tavern	\$30.00
Manager Registration - Lodging & Entertainment	\$30.00
Manager Registration - Campus Liquor Complex	\$30.00
Optional Premises License (City)	\$500.00
Optional Premises License (County)	\$500.00
Racetrack License (City)	\$500.00
Racetrack License (County)	
Resort Complex License (City)	\$500.00
Resort Complex License (County)	\$500.00
Related Facility - Campus Liquor Complex (City)	
Related Facility - Campus Liquor Complex (County)	\$160.00
Related Facility - Campus Liquor Complex (State)	
Retail Gaming Tavern License (City)	\$500.00
Retail Gaming Tavern License (County)	\$500.00
Retail Liquor Store License - Additional (City)	\$227.50
Retail Liquor Store License - Additional (County)	
Retail Liquor Store (City)	\$227.50
Retail Liquor Store (County)	
Tavern License (City)	\$500.00
Tavern License (County)	\$500.00
Vintners Restaurant License (City)	\$750.00
Vintners Restaurant License (County)	\$750.00

Questions? Visit: SBG.Colorado.gov/Liquor for more information

Do not write in this space - For Department of Revenue use only

Liability Information

License Account Number

Liability Date

License Issued Through (Expiration Date)

Total

Application Documents Checklist and Worksheet

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

Items submitted, please check all appropriate boxes completed or documents submitted

I. Applicant information

Applicant/Licensee identified

State sales tax license number listed or applied for at time of application

License type or other transaction identified

Return originals to local authority (additional items may be required by the local licensing authority)

All sections of the application need to be completed

Master file applicants must include the Application for Master File form DR 8415 and applicable fees to this Retail License Application

II. Diagram of the premises

No larger than 81/2" X 11"

Dimensions included (does not have to be to scale). Exterior areas should show type of control (fences, walls, entry/exit points, etc.)

Separate diagram for each floor (if multiple levels)

Return originals to local authority (additional items may be required by the local licensing authority)

Kitchen - identified if Hotel and Restaurant

Bold/Outlined Licensed Premises

III. Proof of property possession (One Year Needed)

Deed in name of the applicant (or) (matching Applicant Name provided on page 1) date stamped / filed with County Clerk

Lease in the name of the applicant (or) (matching Applicant Name provided on page 1)

Lease assignment in the name of the applicant with proper consent from the landlord and acceptance by the applicant

Other agreement if not deed or lease. (matching Applicant Name provided on page 1)

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IV. Background information (DR 8404-I) and financial documents

Complete DR 8404-I for each principal (individuals with more than 10% ownership, officers, directors, partners, members)

Fingerprints taken and submitted to the appropriate Local Licensing Authority through an approved State Vendor. Master File applicants submit results to the State

Do not complete fingerprint cards prior to submitting your application.

The Vendors are as follows:

IdentoGO

Appointment Scheduling Website: https://uenroll.identogo.com/workflows/25YQHT

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

IdentoGO FAQs: https://cbi.colorado.gov/sections/biometric-identification-and-records-unit/biometric-

identification-and-records-unit-faqs

State Liquor Code for IdentoGO: 25YQHT

Colorado Fingerprinting

Appointment Scheduling Website: http://www.coloradofingerprinting.com/cabs/

Phone: 720-292-2722 833-224-2227 (toll free)

State Liquor Code for Colorado Fingerprinting: C030LIQI

Purchase agreement, stock transfer agreement, and/or authorization to transfer license

List of all notes and loans (Copies to also be attached)

V. Sole proprietor/Spouse or partners in a civil union (if applicable)

Form DR 4679 Lawful Presence Affidavit

Copy of State issued Driver's License or Colorado Identification Card for each applicant

VI. Corporate applicant information (if applicable)

Certificate of Incorporation

Certificate of Good Standing

Certificate of Authorization if foreign corporation (out of state applicants only)

VII. Partnership applicant information (if applicable)

Partnership Agreement (general or limited).

Certificate of Good Standing

VIII. Limited Liability Company applicant information (if applicable)

Copy of articles of organization

Certificate of Good Standing

Copy of Operating Agreement (if applicable)

Certificate of Authority if foreign LLC (out of state applicants only)

IX. Manager registration for Hotel and Restaurant, Tavern, Lodging & Entertainment, and Campus Liquor Complex licenses when included with this application

\$30.00 fee

If owner is managing, no fee required

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1.	. Is the applicant (including any of the partners if a partnership; member managers if a limited liability company; or officers, stockholders or dir corporation) or managers under the age of twenty-one years?	ectors if a	Yes	No
2.	. Has the applicant (including any of the partners if a partnership; mem liability company; or officers, stockholders or directors if a corporation Colorado or any other state):	•		nited
	a. Been denied an alcohol beverage license?		Yes	No
	b. Had an alcohol beverage license suspended or revoked?		Yes	No
	Had interest in another entity that had an alcohol beverage licen suspended or revoked?	se	Yes	No
	If you answered yes to a, b or c above, explain in detail on a separate	sheet.		
3.	. Has a liquor license application (same license class), that was located wi feet of the proposed premises, been denied within the preceding two year		Yes	No
lf '	"yes", explain in detail.			
4.	. Are the premises to be licensed within 500 feet, of any public or priva that meets compulsory education requirements of Colorado law, or th campus of any college, university or seminary?	e principal	Yes or	No
	·	cal ordinance?	Yes	No
5.	Is your Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RL 1500 feet of another retail liquor license for off-premises sales in a jur with a population of greater than (>) 10,0000? NOTE : The distance sl determined by a radius measurement that begins at the principal doo LLDS/RLS premises for which the application is being made and end	isdiction nall be rway of the ds at the	Voo	No
	principal doorway of the Licensed LLDS/RLS		Yes	No

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6. 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? NOTE: 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	v	
principal doorway of the Licensed LLDS/RLS	Yes	No
For additional Retail Liquor Store only.		
a. Was your Retail Liquor Store License issued on or before January 1, 2016?	Yes	No
b. Are you a Colorado resident?	Yes	No
7. Has a liquor or beer license ever been issued to the applicant (including any of the partners, if a partnership; members or manager if a Limited Liability Company; or officers, stockholders or directors if a corporation)? If yes, identify the name of the business and list any current financial interest in said business including any loans to or from a licensee	Yes	No
8. Does the applicant, as listed on line 2 of this application, have legal possession of the premises by ownership, lease or other arrangement?	Yes	No
Ownership Lease Other (Explain in detail)		
a. If leased, list name of landlord and tenant, and date of expiration, exactly as the lease:	they appea	ar on
Landlord Tenant	Expires	
b. Is a percentage of alcohol sales included as compensation to the landlord? If yes, complete question on page 9	Yes	No
c. Attach a diagram that designates the area to be licensed in black bold outline	e (including	

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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".

9. 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

Date of Birth (MM/DD/YY)

FEIN or SSN Number

Interest/Percentage

Last Name

First Name

Date of Birth (MM/DD/YY)

FEIN or SSN Number

Interest/Percentage

Last Name

First Name

Date of Birth (MM/DD/YY)

FEIN or SSN Number

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.

Number of additional Optional Premise areas requested. (See license fee chart)

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.

11. Liquor Licensed Drugstore (LLDS) applicants, answer the following:

a. Is there a pharmacy, licensed by the Colorado Board of Pharmacy, located		
within the applicant's L L D S premise?	Yes	No

If "yes" a copy of license must be attached.

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12. Club Liquor License applicants answer the	e following: Attach a copy of applicable do	cumentat	ion
 a. Is the applicant organization operate patriotic, political or athletic purpose 	d solely for a national, social, fraternal, and not for pecuniary gain?	Yes	No
of a national organization which is o	arly chartered branch, lodge or chapter perated solely for the object of a patriotic out not for pecuniary gain?	Yes	No
c. How long has the club been incorpo	orated?		
d. Has applicant occupied an establishment that was operated solely for the reason.	ent for three years (three years required) sons stated above?	Yes	No
13. Brew-Pub, Distillery Pub or Vintner's Res	staurant applicants answer the following:		
· · · · · · · · · · · · · · · · · · ·	ed for a Federal Permit? (Copy of permit	Yes	No
14. Campus Liquor Complex applicants ans	swer the following:		
a. Is the applicant an institution of high	er education?	Yes	No
b. Is the applicant a person who contra education to provide food services?	acts with the institution of higher	Yes	No
If "yes" please provide a copy of the to provide food services.	contract with the institution of higher ed	ducation	
15. For all on-premises applicants.			
 a. For all Liquor Licensed Drugstores (Manager Permit Application - DR 80 	(LLDS) the Permitted Manager must also s 100 and fingerprints.	submit an	
Last Name of Manager	First Name of Manager		
16. Does this manager act as the manager other liquor licensed establishment in the name, type of license and account num	ne State of Colorado? If yes, provide	Yes	No
Name			
Type of License	Account Number		

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a. Is the related facility located within the boundaries of the Campus Liquor Complex? Yes No If yes, please provide a map of the geographical location within the Campus Liquor Complex. If no, this license type is not available for issues outside the geographical location of the Campus Liquor Complex. b. Designated Manager for Related Facility - Campus Liquor Complex Last Name of Manager First Name of Manager 18. Entertainment Facility License If Applicant is applying for an Entertainment Facility License, you affirm that your business model and aligns with the statutory privileges and requirements:..... Yes No Pursuant to 44-3-103(15.5) C.R.S., an Entertainment Facility means an establishment in which the primary business is to provide the public with sports or entertainment activities within its licensed premises; and that, incidental to its primary business, sells and serves alcohol beverages at retail for consumption on the licensed premises; and has sandwiches and light snacks available for consumption on the licensed premises. If Applicant is applying for a Lodging Facility License, you affirm that your business model and aligns with the statutory privileges and requirements:..... Yes No Pursuant to 44-3-103(29) C.R.S., a Lodging Facility means an establishment in which the primary business is to provide the public with sleeping rooms and meeting facilities; and that sells and serves alcohol beverages at retail for consumption on the licensed premises; and has sandwiches and light snacks available for consumption on the licensed premises. 19. Tax Information. **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 Yes No local taxes, penalties, or interest related to a business?..... **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 Yes No any fees or surcharges imposed pursuant to section 44-3-503, C.R.S.?......

17. Related Facility - Campus Liquor Complex applicants answer the following:

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If applicant is a corporation, partnership, association or limited liability company, applicant must list all **Officers, Directors, General Partners, and Managing Members**. In addition, applicant must list any stockholders, partners, or members with **ownership of 10% or more in the applicant. All persons listed below** must also attach form DR 8404-I (Individual History Record), and make an appointment with an approved State Vendor through their website. See application checklist, Section IV, for details.

Name			Date of Birth (MM/DD/YY)	
Street Address				
City	State	ZIP Code	Position	% Owned
Name			Date of Birth (MM/DD/YY)	
Street Address				
City	State	ZIP Code	Position	% Owned
Name			Date of Birth (MM/DD/YY)	
Street Address				
City	State	ZIP Code	Position	% Owned
Name			Date of Birth (MM/DD/YY)	
Street Address				
City	State	ZIP Code	Position	% Owned
Name			Date of Birth (MM/DD/YY)	
Street Address				
City	State	ZIP Code	Position	% Owned

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- ** If applicant is owned 100% by a parent company, please list the designated principal officer on above.
- ** Corporations the President, Vice-President, Secretary and Treasurer must be accounted for above (Include ownership percentage if applicable)
- ** If total ownership percentage disclosed here does not total 100%, applicant must check this box:

Applicant affirms that no individual other than these disclosed herein owns 10% or r not have financial interest in a prohibited liquor license pursuant to Article 3 or 5, C.	• •	nd does
I would like to apply for a Two-Year Renewal	Yes	No
Oath Of Applicant		
I declare under penalty of perjury in the second degree that this application a true, correct, and complete to the best of my knowledge. I also acknowledge and the responsibility of my agents and employees to comply with the provis or Beer and Wine Code which affect my license.	that it is my respon	sibility
Printed Name Title		
Authorized Signature	Date (MM/D	D/YY)

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Report and Approval of Local Licensing Authority (City/County)

Date application filed with local authority

Date of local authority hearing (for new license applicants; cannot be less than 30 days from date of application)

For Transfer Applications Only - Is the license being transferred valid?.....

Yes No

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:

Fingerprinted

Subject to background investigation, including NCIC/CCIC check for outstanding warrants

That the local authority has conducted, or intends to conduct, an inspection of the proposed premises to ensure that the applicant is in compliance with and aware of, liquor code provisions affecting their class of license

(Check One)

Date of inspection or anticipated date

Will conduct inspection upon approval of state licensing authority

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 > 10,0000?....

Yes No

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 < 10,0000?....

Yes No

NOTE: 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.

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?....

Yes No

The foregoing application has been examined; and the premises, business to be conducted, and character of the applicant are satisfactory. We do report that such license, if granted, will meet the reasonable requirements of the neighborhood and the desires of the adult inhabitants, and will comply with the provisions of Title 44, Article 4 or 3, C.R.S., and Liquor Rules. **Therefore, this application is approved.**

DR 8404 (05/29/25) Page 13 of 16

Report and Approval of Local Licensing Authority (Continued)

Local Licensing Authority approves the Te	Yes	No	
Approval Date of the Temporary Permit	Expiration Date of the Temporary Perm	it	
*If the temporary permit expires or an exte be notified of the status of the temporary	ension is required, the state liquor licensing a permit.	uthority sh	ould
**If the temporary permit information is no Application will not be accepted and proce	t filled out for the transfer of ownership, the Tessed.	Transfer	
Local Licensing Authority Approves this licensing	cense for a two-year renewal	Yes	No
authority the ability to deny the applicant a	al ordinance or resolution that gives the loca and grounds for denial. Also, please provide or criminal action that relate or justify this der	any and al	I
Proof of Violation			
Local Licensing Authority for	Telephone Number	Tov	wn, City
		Co	unty
Printed Name	Title		
Signature	Date (MM/DD/YY)		
Printed Name	Title		
Signature	Date (MM/DD/YY)		

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DR 8495 (02/16/24)
COLORADO DEPARTMENT OF REVENUE
Liquor Enforcement Division
PO BOX 17087
Denver CO 80217-0087
(303) 205-2300

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	Home Phone Number	Business/Work Phone Number
Street Address		
City	State	ZIP Code
Printed name of person signing on behalf of the Applicant	/Licensee	
Applicant/Licensee's Signature (Signature authorizing the	e disclosure of confidential tax in	formation) 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).

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DR 8403 (03/07/24)

COLORADO DEPARTMENT OF REVENUE
Liquor Enforcement Division
PO Box 17087
Denver CO 80217-0087
(303) 205-2300

Fermented Malt Beverage/Fermented Malt Beverage and Wine Retailer License Application

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

Note that the Division will not accept cash.	Paid by check	Uploaded to Movelt on Date
moto that the Biriolon will not accept each.	i did by official	•

Paid online

New License New-Concurrent Transfer of Ownership

- All answers must be printed in black ink or typewritten
- Applicant must check the appropriate box(es)
- Local license fee \$

Email Address

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

<u></u>				
Applicant is applying as a/an:	Individual	Limited Liability Company	Asso	ciation or Other
	Corporation	Partnership (includes Limited and Wife Partnerships)	Liability	and Husband
Applicant(s) If an LLC, name of LLC;	if partnership, at least 2	2 partners' names; if corporation,	name of	corporation
FEIN Trade Name of E	Establishment (DBA)			
Sales Tax Number		Business Telephone		
Address of Premises (specify exact lo	cation of premises)			
City		County	State	ZIP Code
Mailing Address (Number and Street)				
City or Town			State	ZIP Code

Home Phone Number

If the premises currently has a liquor or beer license, you must answer the following questions:

Present Trade Name of Establishment (DBA)

Present Sales License Number

Present Class of License

Present Expiration Date

Application Fee for New License	\$1,100.00
Application Fee for New License - with Concurrent Review	\$1,200.00
Application Fee for Transfer	\$1,100.00
entire B. Francisco Mali Brancis Library Fran	

Section B - Fermented Malt Beverage License Fees

Retail Fermented Malt Beverage On-Premises (County)	\$117.50
Retail Fermented Malt Beverage and Wine (City)	\$96.25
Retail Fermented Malt Beverage and Wine (County)	\$117.50
Retail Fermented Malt Beverage and On/Off-Premises (City)	\$96.25
Retail Fermented Malt Beverage and On/Off-Premises (County)	\$117.50

Master File Location Fee\$25.00 x Total \$

Master File Background......\$250.00 x Total \$

Questions? Visit SBG.Colorado.gov/Liquor for more information

Do Not Write In This Space - For Department Of Revenue Use Only

Liability Information

License Account Number Liability

Liability Date

License Issued Through: (Expiration Date)

Total \$

DR 8403 (03/07/24) Page 2 of 11

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 for more information

Items Submitted, Please Check All Appropriate Boxes Completed or Documents Submitted

I. Applicant Information

Applicant/Licensee identified

State sales tax license number listed or applied for at time of application

License type or other transaction identified

Submit originals to local authority

Additional information required by the local licensing authority

II. Diagram of the Premises

No larger than 8½" X 11"

Dimensions included (does not have to be to scale). Exterior areas should show control (fences, walls, etc.)

Separate diagram for each floor (if multiple levels)

Bold/Outlined licensed premises

III. Proof of Property Possession (One Year Needed)

Deed in name of the applicant only (or) (matching question #2) date stamped/filed with County Clerk

Lease in the name of the applicant **only** (matching question #2)

Lease Assignment in the name of the applicant (**only**) with proper consent from the Landlord and acceptance by the applicant

Other agreement if not deed or lease

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IV. Background Information (DR 8404-I) and Financial Documents

Individual History Record(s) (Form DR 8404-I) Complete DR 8404-I for each principal (individuals with more than 10% ownership, officers, directors, partners, members)

Fingerprints taken and submitted to the appropriate Local Licensing Authority through an approved state vendor. Master File applicants submit results to the State

Do not complete fingerprint cards prior to submitting your application.

The Vendors are as follows:

IdentoGO – https://uenroll.identogo.com/ Phone: 844-539-5539 (toll-free)

Colorado Fingerprinting - http://www.coloradofingerprinting.com

Appointment Scheduling Website: http://www.coloradofingerprinting.com/cabs/

Phone: 720-292-2722 Toll Free: 833-224-2227

Details about the vendors and fingerprinting in Colorado can be found on CBI's website here:

https://cbi.colorado.gov/sections/biometric-identification-and-records-unit/employment-and-background-checks

Purchase agreement, stock transfer agreement, and/or authorization to transfer license

List of all notes and loans

V. Sole Proprietor/Husband and Wife Partnership (If Applicable)

Form DR 4679

Copy of State Issued Driver's License or Identification Card for each Applicant

VI. Corporate Applicant Information (If Applicable)

Certificate of Incorporation

Certificate of Good Standing

Certificate of Authorization if foreign corporation (out of state applicants only)

VII. Partnership Applicant Information (If Applicable)

Partnership Agreement (general or limited)

Certificate of Good Standing

VIII. Limited Liability Company Applicant Information (If Applicable)

Copy of Articles of Organization

Certificate of Good Standing

Copy of Operating Agreement (if applicable)

Certificate of Authority if foreign LLC (out of state applicants only)

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1.	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
2.	Has the applicant (including any of the partners if a partnership; members or manalimited liability company; or officers, stockholders or directors if a corporation) or no (in Colorado or any other state):		ever
	a. Been denied an alcohol beverage license?	Yes	No
	b. Had an alcohol beverage license suspended or revoked?	Yes	No
	c. Had interest in another entity that had an alcohol beverage license suspended or revoked?	Yes	No
lf y	ou answered yes to 2a, b or c, explain in detail on a separate sheet.		
3.	Has the premises to be licensed been denied within the preceding one year? If "yes," explain in detail	Yes	No
If "y	ves", explain in detail.		
4.	Is the proposed Fermented Malt Beverage and Wine Retailer license within 500 feet of any public or parochial school, the principal campus of any college, university, or seminary? Note: The distances are to be computed using the methods outlined under C.R.S. 44-3-313(1)(d)(II). Some limited exceptions apply under C.R.S. 44-3-313	Yes	No
5.	Is the proposed Fermented Malt Beverage and Wine Retailer license, or On/ Off premises license, within 500 feet of a Retail Liquor Store licensed under section 44-3-409 C.R.S.? (Distance should be determined using guidelines outlined in 44-3-301(12)(c) C.R.S.)	Yes	No
6.	Are you applying for a Fermented Malt Beverage On and Off Premises License? If yes, answer subparts a and b. If No, go to question 6	Yes	No
	a. The FMB On/Off is located in a county with a population of > 35,000	Yes	No
	b. The FMB On/Off is located in an "underserved area" within a county with population of < 35,000 but lies outside of a municipal boundaries or is a city or town with population of > 75,500	Yes	No
	Note - The population is determined from the recently available United States	Census E	3ureau.
7.	Has a liquor or beer license ever been issued to the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation)? If yes, identify the name of the business and list any current or former financial interest in said business including any loans to or from a licensee	Yes	No

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8.	application, have	legal pos	session of the premises	tablishment (DBA) of this by virtue of ownership,	Yes	No
	Ownership	Lease	Other (Explain in detail)			
	a. If leased, list the lease:	name of I	andlord and tenant, and	date of expiration, exactly as	they appea	r on
Lar	ndlord		Tenant	E	Expires	
				ompensation to the landlord?	Yes	No
	dimensions)	which sho	ows the bars, brewery, w	e licensed in black bold outline alls, partitions, entrances, exits diagram should be no larger th	and what	
9.	corporations, limi	ted liability is busines	y companies) will loan o	including persons, firms, partner r give money, inventory, furnitu oney from this business? Attac	re or equip	
Las	st Name			First Name		
Dat	te of Birth (MM/DD/Y)	()	FEIN or SSN	Interest		
Las	st Name			First Name		
Dat	te of Birth (MM/DD/Y)	()	FEIN or SSN	Interest		
ag etc	reement, by which c.) will share in the	any perso profit or g	on (including partnership ross proceeds of this es	any written agreement or detains, corporations, limited liability tablishment, and any agreement ay by volume, profit, sales, givi	companies	;,)
10	.Name of Manage	er(s) for all	on premises applicants			
Las	st Name			First Name		
Dat	te of Birth (MM/DD/YY	()				
11.	other liquor licens	sed establ	ishment in the State of	a financial interest in, any Colorado? If yes, provide	Yes	No

4	•	_						
7	٠,	Tax	Int	^r	ms	ìti	n	
	4 .	ICIA	- 11 11	OI.	HIC	A LIV	JII	١.

City

Date of Birth (MM/DD/YY)

Position

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 fou in final order of a tax agency to be delinquent in the payment of any stat local taxes, penalties, or interest related to a business?	e or	Yes	No
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 pany fees or surcharges imposed pursuant to section 44-3-503, C.R.S.?	,	Yes	No
13. If applicant is a corporation, partnership, association or limited liability compalist all Officers, Directors, General Partners, and Managing Members. In add list any stockholders, partners, or members with ownership of 10% or more it persons listed below must also attach form DR 8404-I (Individual History Reappointment to be fingerprinted by an approved State Vendor through the Venapplication checklist, Section IV, for details.	ition, and the Accord),	applicant mapplicant. Applicant.	nust All an
Name			
Home Address (Number and Street)			
City	State	ZIP Code	
Date of Birth (MM/DD/YY) Position Percent Own	ned		
Name			
Home Address (Number and Street)			

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State ZIP Code

Percent Owned

Name		
Home Address (Number and Street)		
City	State	ZIP Code
Date of Birth (MM/DD/YY) Position	Percent Owned	
Name		
Home Address (Number and Street)		
City	State	ZIP Code
Date of Birth (MM/DD/YY) Position	Percent Owned	
** If applicant is owned 100% by a parent company, plea above.** Corporations - the President, Vice-President, Secreta		
above (Include ownership percentage if applicable)	ny ana madaran made sa accor	
** If total ownership percentage disclosed here does no	t total 100%, applicant must che	ck this box:
Applicant affirms that no individual other than these disc applicant and does not have financial interest in a prohil C.R.S.		
Oath of Appl	licant	
I declare under penalty of perjury in the second degree true, correct, and complete to the best of my knowledge and the responsibility of my agents and employees to conclude the control of the control	. I also acknowledge that it is my	y responsibility
Printed Name	Title	

DR 8403 (03/07/24) Page 8 of 11

Date (MM/DD/YY)

Authorized Signature

Report and Approval of Local Licensing Authority (City/County)

Date application filed with local authority

Date of local authority hearing –	for new license	applicants cannot	be less than	30 days from	date of
application 44-3-311(1) C.R.S.					

For Transfer Applications Only - Is the license being transferred valid?...... Yes No

Each person required to file DR 8404-I has been:

Fingerprinted

Subject to background investigation, including NCIC/CCIC check for outstanding warrants

That the local authority has conducted, or intends to conduct, an inspection of the proposed premises to ensure that the applicant is in compliance with and aware of, liquor code provisions affecting their class of license. (Check One)

Date of Inspection or Anticipated Date

Upon approval of state licensing authority

New Fermented Malt Beverage Off Premises licenses, and On/Off Premises licenses, distance requirements of 44-3-301 C.R.S. are satisfied

New Fermented Malt Beverage On/Off premises licenses must meet the qualifications of 44-4-104 C.R.S.

The foregoing application has been examined; and the premises, business to be conducted, and character of the applicant are satisfactory. We do report that such license, if granted, will meet the reasonable requirements of the neighborhood and the desires of the adult inhabitants, and will comply with the provisions of Title 44, Article 4 or 3, C.R.S. and Liquor Rules. **Therefore, this application is approved.**

Local Licensing Authority for	Telephone Number	Town, City
Printed Name	Title	County
Signature	Date (MM/DD/YY)	
Printed Name	Title	
Signature (Attest)	Date (MM/DD/YY)	

DR 8403 (03/07/24) Page 9 of 11

DR 8495 (02/16/24)
COLORADO DEPARTMENT OF REVENUE
Liquor Enforcement Division
PO BOX 17087
Denver CO 80217-0087
(303) 205-2300

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	Home Phone Number	Business/Work Phone Number
Street Address		
City		State ZIP Code
Printed name of person signing on behalf of the Applicant	/Licensee	
Applicant/Licensee's Signature (Signature authorizing the	e disclosure of confidential tax info	ormation) 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).

DR 8404-I (12/05/24)
COLORADO DEPARTMENT OF REVENUE
Liquor Enforcement Division
PO Box 17087
Denver CO 80217-0087
(303) 205-2300

Name of Business

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, Lodging Facility, and Entertainment Facility 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)

Home Phone Number	Cellular Number
Your Full Name (last, first, middle)	
List any other names you have used	
Mailing address (if different from residence)	
Email Address	
List current residence address. Include any prev separate sheet if necessary)	vious addresses within the last five years. (Attach
Current Street and Number	Current City, State, ZIP
From:	То:
Previous Street and Number	Previous City, State, ZIP
From:	То:

Individual History Record (Continued)

2. List all employment within the last five years. Include any self-employment. (Attach separate sheet

if necessary) Name of Employer or Business Address (Street, Number, City, State, ZIP) Position Held From: To: Name of Employer or Business Address (Street, Number, City, State, ZIP) Position Held To: From: Name of Employer or Business Address (Street, Number, City, State, ZIP) Position Held From: To: 3. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry. Name of Relative Relationship to You: Position Held Name of Licensee Name of Relative Relationship to You: Position Held Name of Licensee

DR 8404-I (12/05/24) Page 2 of 6

Individual History Record (Continued)

Na	me of Relative	Relationship to You:		
Ро	sition Held	Name of Licensee		
Na	me of Relative	Relationship to You:		
Ро	sition Held	Name of Licensee		
4.	Have you ever applied for, held, or had an integrated Beer License, or loaned money, furniture, fixtuany licensee?	ures, equipment or inventory to	Yes	No
5.	Have you ever received a violation notice, suspliquor law violation, or have you applied for or license anywhere in the United States?(If yes, answer in detail.)	peen denied a liquor or beer	Yes	No
6.	Have you ever been convicted of a crime or re deferred sentence, or forfeited bail for any offe or do you have any charges pending?(If yes, answer in detail.)	nse in criminal or military court	Yes	No
7.	Are you currently under probation (supervised completing the requirements of a deferred sen (If yes, answer in detail.)		Yes	No

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Individual History Record (Continued)

Yes

8.	8. Have you ever had any professional license suspended, revoked, or denied? Yes No (If yes, answer in detail.)									
			P	ersonal and Fin	ancial Info	ormatio	n			
		•	•	the personal info		•				as
Da	ate of Birth	-		Social Security Nu	ımber	_	Place of Birt	h		
U.	S. Citizen	Yes	No	If Naturalized, stat	te where		When			
Na	ame of District Cou	ırt		Naturalization Cer	tificate Numb	per	Date of Cert	ification		
If a	an Alien, Give Alier	n's Registra	tion Card	l Number	Permanent	Residen	ce Card Num	ber		
He	eight	Weight		Hair Color		Eye Colo	or	Gende	r	
Do	you have a curre	nt Driver's L	icense/II	D? If so, give numbe	er and state.				Yes	No
Dr	iver's License Nun	nber			Driver's Lic	ense Sta	te			
Fi	nancial Inform	ation								
9.	•	•		nent being made d liability compai	• • • •		•			
10	listed on page	1 in this I	ousines	rsonal investmer ss including any i ng capital, stock	notes, loan	s, cash	,			

NOTE: If corporate investment only, please skip to and complete question 12 NOTE: Question 10 should reflect the total of questions 11 and 13

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Personal and Financial Information (Continued)

11. Provide details of the personal investment described in question 10. You must account for all of the sources of this investment. (Attach a separate sheet if needed)				
Type: Cash, Services or Equ	uipment	Account Type		
Bank Name		Amount		
Type: Cash, Services or Equ	uipment	Account Type		
Bank Name		Amount		
Type: Cash, Services or Equ	uipment	Account Type		
Bank Name		Amount		
Type: Cash, Services or Equ	uipment	Account Type		
Bank Name		Amount		
	e corporate investment des stment. (Attach a separate s		u must account for all of the	
Type: Cash, Services or Equ	uipment	Loans	Account Type	
Bank Name		Amount		
Type: Cash, Services or Equ	uipment	Loans	Account Type	
Bank Name		Amount		
Type: Cash, Services or Equ	uipment	Loans	Account Type	
Bank Name		Amount		
13. Loan Information (A	ttach copies of all notes or	loans)		
Name of Lender		Address		
Term	Security	Amount		

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Personal and Financial Information (Continued)				
Name of Lender		Address		
Term	Security	Amount		
Name of Lender		Address		
Term	Security	Amount		
Name of Lender		Address		
Term	Security	Amount		
	Oath of A	Applicant		
I declare under penalty complete to the best of		on and all attachments are true, correct, and		
Electronic signature is not a	ccepted, physical signature is rec	quired.		
Print Signature				

Title

Date (MM/DD/YY)

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CITY FORM 1 CONFIDENTIAL BACKGROUND INVESTIGATION REPORT AND AUTHORIZATION AND CONSENT TO RELEASE INFORMATION

Individual Name:	
Name of Applicant: (Applicant: Corporation, Limited Liability Company, Individual, Partnership)	
Trade Name (DBA):	
Address of Establishment:	

• I acknowledge that The City of Thornton, by law, has the authority to regulate liquor licenses. Pursuant to that authority, the City conducts background investigations of applicants for liquor licenses.

Every answer and/or document you provide as part of this application, will be checked for its truthfulness. Any misrepresentation or material omission may jeopardize the license application. Such misrepresentation or omission constitutes evidence regarding the character, record, and reputation of the applicant.

- Excluding the corporate officers, stockholders, directors, partners, members, and/or managers of the
 licensed premises, I hereby certify, under penalty of law, that no other individual(s) have any direct or
 indirect financial interest in the business to be conducted under the license herein applied for.
- I, as an applicant for a liquor license, hereby authorize release of information pertaining to my financial qualifications. I hereby consent to and authorize the release of any and all personal or business books, records, checkbooks, 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 City Form 1. 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 above-named licensee shall hold said license, if granted, and for the term or terms of any renewals or extension thereof.
- As an applicant for a liquor license before the Thornton Local Licensing Authority, I am required to furnish information concerning my character, record, and reputation. In this regard, I hereby authorize the Thornton Police Department to make any and all appropriate inquiries regarding the aboveenumerated qualifications. Moreover, I authorize those people or organizations selected by the Thornton Police Department to release any and all information of a confidential or privileged nature.

• I hereby release you, your organization, or others from any liability or damage, which may result from furnishing the information requested. I further authorize the Thornton Police Department and Local Licensing Authority to discuss, in a public forum, any and all findings in regard to my character, record, or reputation, should I wish to proceed to that stage of the process with my application. I understand that any information or records obtained from you or by the City may become public records available to the public upon request.

Sign below and have notarized

Signature					
Date Signed					
Subscribed and sworn to before me by:					
in the County of	, State of	, this	day of	, 20	
Notary Public:					
My Commission Expires:					

NOTARY SEAL



CITY FORM 2 ZONING REFERRAL

This form must be completed and signed by City Development before the City Clerk's Office can accept an application. If this application needs to go before the Planning Commission, the application will be returned and will need to be submitted if approval is received by the Planning Commission.

Applicant: complete the Applicant section, select appropriate application type, and submit this form, with a copy of the site plan of the premises, to the City Development Department.

City Development Department 303-538-7295 pod.info@thorntonco.gov

Return the signed form with your application to the Licensing Coordinator in the City Clerk's Office.

Applicant Information				
Business Name:				
Business Address:				
Type of License applying for	:			
Is the existing building goin	g to be expanded/enlarged?	☐ Yes	□ No	
Select Application Type:				
Liquor Licensing: ☐ New License ☐ Modification of Premises ☐ Change of Location				
Other Licensing: □ Circus/Carnival	☐ Commercial Animal	☐ Non-Alcoholic E	Entertainment Club	
☐ Pawnbroker	☐ Pawnbroker ☐ Sexually Oriented Business			
To be	e completed & signed by City Deve	lopment		
Zoning for the property is:				
Is the property zoned for the type of license applied for?			□ No	
Will the Development Review Process be required for this application?			□ No	
If so, what type of Development Permit is required?			☐ Minor	

If a review is scheduled, please indicate the anticipated hearing date for the Planning Commission:	е
Is there sufficient parking for the proposed use?	
Comments:	
City Development/Zoning Division Signature:	Pate:
City Development/Zoning Division Signature:	Oate: