

PERMIT APPLICATION & REPORT OF CHANGES

CURRENT LICENSE NUMBER _____
ALL ANSWERS MUST BE PRINTED IN BLACK INK OR TYPEWRITTEN
LOCAL LICENSE FEE \$ _____
APPLICANT SHOULD OBTAIN A COLORADO LIQUOR & BEER CODE BOOK TO ORDER CALL (303) 370-2165

DO NOT WRITE IN THIS SPACE

1. Applicant is a <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company	PRESENT LICENSE NUMBER _____
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2. Name of Licensee	3. Trade Name
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4. Location Address

City	County	ZIP
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Select the appropriate section below and proceed to the instructions on page 2.

SECTION A – MANAGER REG/CHANGE	SECTION C
<p>• License Account No. _____</p> <p>1983-750 (999) <input type="checkbox"/> Manager's Registration (Hotel & Restr.) \$75.00</p> <p>2012-750 (999) <input type="checkbox"/> Manager's Registration (Tavern)..... \$75.00</p> <p style="padding-left: 20px;"><input type="checkbox"/> Change of Manager (Other Licenses) NO FEE</p> <p>2315-100 (999) <input type="checkbox"/> Concurrent Review \$100.00</p>	<p>1) <input type="checkbox"/> 2210-100 (999) Retail Warehouse Storage Permit (ea) \$ 100.00</p> <p>2) <input type="checkbox"/> 2200-100 (999) Wholesale Branch House Permit (ea) 100.00</p> <p>3) <input type="checkbox"/> 2260-100 (999) Change Corp or Trade Name Permit (ea) 50.00</p> <p>4) <input type="checkbox"/> 2230-100 (999) Change Location Permit (ea) 150.00</p> <p>5) <input type="checkbox"/> 2280-100 (999) Change, Alter or Modify Premises</p> <p style="padding-left: 40px;">\$150.00 x _____ Total Fee _____</p> <p>6) <input type="checkbox"/> 2220-100 (999) Addition of Optional Premises to Existing H/R</p> <p style="padding-left: 40px;">\$100.00 x _____ Total Fee _____</p> <p>7) <input type="checkbox"/> 1988-100 (999) Addition of Related Facility to Resort Complex</p> <p style="padding-left: 40px;">\$75.00 x _____ Total Fee _____</p> <p>8) <input type="checkbox"/> 2340-100 (999) Bed and Breakfast Permit 50.00</p>
SECTION B – DUPLICATE LICENSE	
<p>• LIQUOR LICENSE No. _____</p> <p><input type="checkbox"/> 2270-100 (999) DUPLICATE LICENSE \$ 50.00</p>	

DO NOT WRITE IN THIS SPACE – FOR DEPARTMENT OF REVENUE USE ONLY

DATE LICENSE ISSUED	LICENSE ACCOUNT NUMBER	PERIOD

-750 (999)	-100 (999)	TOTAL
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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 Secretary of State)</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; padding: 2px;">Old Name</td> <td style="width: 50%; padding: 2px;">New Name</td> </tr> </table>	Old Name	New Name
Old Name	New Name		
MODIFY PREMISES OR ADDITION OF OPTIONAL PREMISES OR RELATED FACILITY	<p>7. Modification of Premises, Addition of an Optional Premises, or Addition of Related Facility</p> <p>NOTE: LICENSEES MAY NOT MODIFY OR ADD TO THEIR LICENSED PREMISES UNTIL APPROVED BY STATE AND LOCAL AUTHORITIES.</p> <p>(a) Describe change proposed _____</p> <p>_____</p> <p>_____</p> <p>(b) If the modification is temporary, when will the proposed change: Start _____ (mo/day/year) End _____ (mo/day/year)</p> <p>NOTE: THE TOTAL STATE FEE FOR TEMPORARY MODIFICATION IS \$300.00</p> <p>(c) 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? (If yes, explain in detail and describe any exemptions that apply) Yes <input type="checkbox"/> No <input type="checkbox"/></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 or Resort Complex Related Facility, 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) Attach a diagram of the current licensed premises and a diagram of the proposed changes for the licensed premises.</p> <p>(g) Attach any existing lease that is revised due to the modification.</p>		
CHANGE OF LOCATION	<p>8. Change of Location</p> <p>(a) Address of current premises _____ 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) Address _____ City _____ County _____ ZIP _____</p> <p>(c) New mailing address if applicable Address _____ 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 and Tavern 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 alcohol beverages will be stored, served, possessed or consumed. <p>1. Applicant is a:</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Individual <input type="checkbox"/> Limited Liability Company</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, in order to serve complimentary alcohol beverages, and certifies 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 alcohol beverages by the drink or in sealed containers, and</p> <p>_____ That it will not serve alcohol 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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