

**DOCUMENT CHECKLIST
MANAGER REGISTRATION**
(Hotel-Restaurant and Tavern Liquor Licenses only)

All documents must be TYPED OR PRINTED IN BLACK INK.

APPLICATION

_____ PERMIT APPLICATION & REPORT OF CHANGES (DR 8442).

- Complete all sections.
- Sign application (manager and licensee).
- Attach any written management contracts or agreements.
- Attach separate sheets, if necessary.

BACKGROUND INFORMATION

_____ Individual History Record (DR8404-I)

- Complete all sections plus attachment.

_____ Fingerprints (one card per individual-see Fingerprinting Instructions).

_____ Business check or money order payable to the "Colorado Bureau of Investigation" (see Fingerprinting Instructions).

FEE SCHEDULE

_____ Check or money order for \$75.00 payable to the "City of Fort Collins".

_____ Check or money order for \$75.00 payable to the "Colorado Department of Revenue".

APPLICATION DEADLINES/MEETING SCHEDULE

Application Deadlines:

Meeting Dates:

Aimee Jensen, Deputy City Clerk
City Clerk's Office
300 LaPorte Avenue
P.O. Box 580
Fort Collins CO 80522
Voice (970) 221-6315
Fax (970) 472-3002
ajensen@fcgov.com

**PLEASE SCHEDULE
AN APPOINTMENT
TO SUBMIT YOUR
APPLICATION**

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 _____
2. Name of Licensee _____	3. Trade Name _____	
4. Location Address _____		
City _____	County _____	ZIP _____

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

SECTION A – MANAGER REG/CHANGE	SECTION C
<ul style="list-style-type: none"> • License Account No. _____ 1983-750 (999) <input type="checkbox"/> Manager's Registration (Hotel & Restr.) \$75.00 2012-750 (999) <input type="checkbox"/> Manager's Registration (Tavern) \$75.00 <li style="padding-left: 20px;"><input type="checkbox"/> Change of Manager (Other Licenses) NO FEE 2315-100 (999) <input type="checkbox"/> Concurrent Review \$100.00 	<ul style="list-style-type: none"> 1) <input type="checkbox"/> 2210-100 (999) Retail Warehouse Storage Permit (ea) \$ 100.00 2) <input type="checkbox"/> 2200-100 (999) Wholesale Branch House Permit (ea) 100.00 3) <input type="checkbox"/> 2260-100 (999) Change Corp or Trade Name Permit (ea) 50.00 4) <input type="checkbox"/> 2230-100 (999) Change Location Permit (ea) 150.00 5) <input type="checkbox"/> 2280-100 (999) Change, Alter or Modify Premises <div style="text-align: right; margin-top: 5px;">\$150.00 x _____ Total Fee _____</div> 6) <input type="checkbox"/> 2220-100 (999) Addition of Optional Premises to Existing H/R <div style="text-align: right; margin-top: 5px;">\$100.00 x _____ Total Fee _____</div> 7) <input type="checkbox"/> 1988-100 (999) Addition of Related Facility to Resort Complex <div style="text-align: right; margin-top: 5px;">\$75.00 x _____ Total Fee _____</div> 8) <input type="checkbox"/> 2340-100 (999) Bed and Breakfast Permit 50.00
SECTION B – DUPLICATE LICENSE • LIQUOR LICENSE No. _____ <input type="checkbox"/> 2270-100 (999) DUPLICATE LICENSE \$ 50.00	

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

DATE LICENSE ISSUED	LICENSE ACCOUNT NUMBER	PERIOD
-100 (999)	TOTAL	

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
Signature	Title
	Date

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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INDIVIDUAL HISTORY RECORD

To be completed by each individual applicant, all general partners of a partnership, and limited partners owning 10% (or more) of a partnership; all officers and directors of a corporation, and stockholders of a corporation owning 10% (or more) of the stock of such corporation; all limited liability company **MANAGING** members, and officers or other limited liability company members with a 10% (or more) ownership interest in such company and all managers of a Hotel and Restaurant or a Tavern License.

NOTICE: This individual history record provides basic information which is necessary for the licensing authority investigation. **All** questions must be answered in their entirety or your application may be delayed or not processed. **EVERY** answer you give will be checked for its truthfulness. **A deliberate falsehood or omission will jeopardize the application as such falsehood within itself constitutes evidence regarding the character of the applicant.**

1. Name of Business

2. Your Full Name (last, first, middle)

3. List any other names you have used.

4. Mailing address (if different from residence)

Home Telephone

5. List all residence addresses below. Include current and previous addresses for the past five years.

STREET AND NUMBER	CITY, STATE, ZIP	FROM	TO
Current			
Previous			

6. List all current and former employers or businesses engaged in within the last five years (Attach separate sheet if necessary)

NAME OF EMPLOYER	ADDRESS (STREET, NUMBER, CITY, STATE, ZIP)	POSITION HELD	FROM	TO

7. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry.

NAME OF RELATIVE	RELATIONSHIP TO YOU	POSITION HELD	NAME OF LICENSEE

8. Have you ever applied for, held, or had an interest in a State of Colorado Liquor or Beer License, or loaned money, furniture or fixtures, equipment or inventory, to any liquor or beer licensee? If yes, answer in detail. Yes 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 U.S.? If yes, explain in detail. Yes 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? Include arrests for DUI and DWAI. (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 STATE issued licenses suspended, revoked, or denied including a drivers license? (If yes, explain in detail.)

Yes No

PERSONAL AND FINANCIAL INFORMATION

Unless otherwise provided by law in 24-72-204 C.R.S., information provided below will be treated as CONFIDENTIAL.

Colorado liquor licensing authorities require the following personal information in order to determine your suitability for licensure pursuant to 12-47-307 C.R.S.

13a. Date of Birth		b. Social Security Number SSN		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. Sex	q. Race	r. Do you have a current Driver's License? If so, give number and state <input type="checkbox"/> Yes <input type="checkbox"/> No	

14. Financial Information.

a. Total purchase price \$ _____ (if buying an existing business) or investment being made by the applying entity, corporation, partnership, limited liability company, other \$ _____

b. List the total amount of your investment in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases and fees paid \$ _____

c. Provide details of Investment. You must account for the sources of ALL cash (how acquired). Attach a separate sheet if needed.

Type: Cash, Services or Equipment	Source: Name of Bank; Account Type and Number	Amount

d. Loan Information (attach copies of all notes or loans)

Name of Lender and Account Number	Address	Term	Security	Amount

15. Give name of bank where business account will be maintained; Account Name and Account Number; and the name or names of persons authorized to draw thereon.

Oath of Applicant

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge.

Authorized Signature	Title	Date
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