

**DOCUMENT CHECKLIST**  
**TEMPORARY**  
**MODIFICATION OF PREMISES**

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**You must complete and submit everything on this checklist or your application will be considered incomplete and will not be accepted.**

**APPLICATION**

\_\_\_\_\_ Permit Application & Report of Changes (DR 8442)

- Complete applicant information on first page, Section 7, and sign Oath of Applicant.

**PROOF OF POSSESSION OF PROPERTY; FLOOR PLANS**

\_\_\_\_\_ 2 Floor diagrams of premises to be licensed (8 1/2" x 11" only).

- 2 diagrams (one before and one after the modification)
- Include measurement of outside walls (not the square footage).
- Include bars, walls, partitions, entrances/exits, storage.
- Label each room to indicate how it will be used (i.e., kitchen, patio, dining room, etc).

\_\_\_\_\_ Deed (or) Lease (if there is a change from your original lease to include

- Lease must cover entire license period.

**OR**

\_\_\_\_\_ Assignment of Lease (signed by original lessee).

- Attach copy of lease being assigned.
- Attach acceptance of assignment of lease (signed by applicant).
- Attach consent to assignment of lease (signed by landlord).

**FEE SCHEDULE**

\_\_\_\_\_ Check or money order for \$150.00 payable to the "City of Fort Collins".

\_\_\_\_\_ Check or money order for \$300.00 payable to the "Colorado Department of Revenue".

\_\_\_\_\_ Check for \$100.00 payable to the "City of Fort Collins". (Refunded if sign is returned in good shape.)

**HEARING DATE:** \_\_\_\_\_

All hearings are held before the Municipal Judge (acting as the Liquor Licensing Authority),  
Municipal Court, 215 North Mason, 1<sup>st</sup> floor.

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**

## TEMPORARY MODIFICATION QUESTIONNAIRE

1.	Name of Applicant:		
2.	Mailing Address:		
3.	Event Manager:		4. Daytime Phone:
5.	Event Date/Hours:  Date _____ Set-up will start at _____ Event/alcohol sales from _____ to _____ Clean-up over by _____		
6.	In the past 10 years, how many one day modifications of premise have been issued for this function?		
7.	How many people are expected to attend this event? What is the occupancy of the facility and the proposed addition?		
8.	What type of entertainment, if any, will occur at this event? During what hours will the entertainment take place? <i>Please be specific.</i>		
9.	Describe how the perimeter of the event will be established (roping, fence, etc.). How will you keep alcohol from being removed from the event location?		
10.	Will you be using any tents and/or using propane powered heating or cooking? If yes, do you have a tent permit from Poudre Fire Authority		
11.	What method will be used for checking the identification of patrons?		
12.	Will alcohol service be changed in any way?		
13.	Who will be responsible for monitoring the conduct, age, and level of intoxication of the patrons?		

14. What type of snacks or food items will be available during the event?	
15. List the type and <b>quantity</b> of security, if any, that will be provided at this event (i.e. organization marshals, private security, off-duty police).	
16. What type of restroom facilities will be available during the event?	
17. Have you obtained liquor liability insurance? If yes, please provide a certificate of insurance showing evidence of coverage.	
<i>I hereby certify that the facts contained within this questionnaire represent what this event will consist of, and any variation from what has been presented could result in revocation of the permit.</i>	
Applicant's Signature:	Date:

cc:

- Poudre Fire Authority (for more information go to [www.poudre-fire.org/services/permits.php](http://www.poudre-fire.org/services/permits.php))
- Zoning Inspection
- Sevents
- Assistant City Attorney
- Liquor Enforcement Officer
- Risk Management
- Food Program Manager - Larimer County Health Department (paper copy)



<b>STORAGE PERMIT</b>	<p><b>5. Retail Warehouse Storage Permit or a Wholesalers Branch House Permit</b></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>		
<b>CHANGE DBA OR CORP. NAME</b>	<p><b>6. Change of Trade Name or Corporation name</b></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		
<b>MODIFY PREMISES OR ADDITION OF OPTIONAL PREMISES OR RELATED FACILITY</b>	<p><b>7. Modification of Premises, Addition of an Optional Premises, or Addition of Related Facility</b></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>(b) <b>If the modification is temporary</b>, when will the proposed change:</p> <p>Start _____ (mo/day/year) End _____ (mo/day/year)</p> <p><b>NOTE: THE TOTAL STATE FEE FOR TEMPORARY MODIFICATION IS \$300.00</b></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>		
<b>CHANGE OF LOCATION</b>	<p><b>8. Change of Location</b></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>		

<b>CHANGE OF MANAGER</b>	<p><b>9. Change of Manager or to Register the Manager of a Tavern or a Hotel and Restaurant liquor license.</b></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>
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<b>BED AND BREAKFAST PERMIT</b>	<p><b>10. Bed and Breakfast Permit</b></p> <ul style="list-style-type: none"> <li>• Attach a copy of a deed or lease in the <b>exact name</b> of the applicant <b>only</b>, reflecting possession of the permitted area for at least the minimum duration of this permit (1 year from date of issuance).</li> <li>• Attach a diagram of the premises which accurately reflects the area where alcohol beverages will be stored, served, possessed or consumed.</li> </ul> <p>1. Applicant is a:</p> <p><input type="checkbox"/> Corporation <span style="margin-left: 200px;"><input type="checkbox"/> Partnership</span></p> <p><input type="checkbox"/> Individual <span style="margin-left: 180px;"><input type="checkbox"/> Limited Liability Company</span></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 <b>no more than 20</b> sleeping rooms, and</p> <p>_____ That it provides at least <b>1 meal per day at no charge</b> other than for overnight lodging, and</p> <p>_____ That it <b>does not</b> sell alcohol beverages by the drink or in sealed containers, and</p> <p>_____ That it will not serve alcohol beverages for more than <b>4 hours in any one day</b>, as follows:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 12.5%;">MONDAY HOURS</th> <th style="width: 12.5%;">TUESDAY HOURS</th> <th style="width: 12.5%;">WEDNESDAY HOURS</th> <th style="width: 12.5%;">THURSDAY HOURS</th> <th style="width: 12.5%;">FRIDAY HOURS</th> <th style="width: 12.5%;">SATURDAY HOURS</th> <th style="width: 12.5%;">SUNDAY HOURS</th> </tr> </thead> <tbody> <tr> <td>From: m.</td> <td>From: m.</td> <td>From: m.</td> <td>From: m.</td> <td>From: m.</td> <td>From: m.</td> <td>From: m.</td> </tr> <tr> <td>To: m.</td> <td>To: m.</td> <td>To: m.</td> <td>To: m.</td> <td>To: m.</td> <td>To: m.</td> <td>To: m.</td> </tr> </tbody> </table>	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.
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**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)	<b>Date filed with Local Authority</b>
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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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