

DR 8177 (06/10/19)
 COLORADO DEPARTMENT OF REVENUE
 Liquor Enforcement Division
 (303) 205-2300

Report of Changes Corporation, Limited Liability Company and Partnership Liquor and Fermented Malt Beverage Licenses

LLC/Partnership
 Corporation **See Instructions and Fee Schedule on Page 2**

| 1. Corporate/LLC Partnership Name | | 2. State Tax Account Number | | 3. State Liquor License Number | |
|--|--------|-----------------------------|-------|---|--|
| 4. Trade Name | | | | 5. Telephone Number | |
| 6. Address of Licensed Premises | | City | State | ZIP | |
| 7. Mailing Address if different than above | | City | State | ZIP | |
| 8. LIST ALL officers, directors (corporation) or Managing Members (LLC) or General Partner(s). Each officer, Director, Managing Member or Partner MUST FILL OUT a DR 8404-I (Individual History Record). | | | | | |
| Position Held | Names | Home Address | DOB | Replaces | |
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| 9. LIST ALL 10% (or more) Stockholders or 10% (or more) Members or 10% (or more) Limited Partners. Each person listed Must Fill out a DR 8404-I (Individual History Record) | | | | | |
| Stockholders/Members/Partners owning 10% (or more) of business | % | Home Address | DOB | Replaces | |
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| 10. Registered Agent | | Address For Service | | | |
| Oath of Application 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. | | | | | |
| 11. Authorized Signature | | Title | | Date | |
| Report of Local Licensing Authority The foregoing changes have been received and examined by the Local Licensing Authority. | | | | | |
| 12. Local Licensing Authority For | | | | <input type="checkbox"/> County <input type="checkbox"/> Town/City | |
| Signature | | Title | | Date | |
| Attest | | | | Date | |
| Do Not Write In This Space – For Department of Revenue Use Only | | | | | |
| Liability Information | | | | | |
| License Account Number | Period | Cash Fund | Total | | |
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Instructions

Corporation, Limited Liability Company or Partnership Report of Changes

NOTE: ENCLOSE A CHECK PAYABLE TO THE AUTHORITY WHERE THIS APPLICATION WILL BE FILED FOR \$100.00 FOR EACH PERSON LISTED IN SECTIONS 8 AND 9 ON THE APPLICATION. MASTERFILE APPLICANTS MUST INCLUDE A FEE OF \$250.00 FOR EACH PERSON LISTED PAYABLE TO THE COLORADO DEPARTMENT OF REVENUE. (Application filed directly to the state)

NOTE: Check the appropriate box at the top to indicate whether you are Limited Liability Company (LLC), Partnership or Corporation.

Attach the following supporting documents to the Report of Changes Application:

- Certificate of Incorporation (or) Date stamped Articles or, Partnership Agreement (Limited and General Partnerships)
- Certificate of Good Standing dated within the last two years
- Certificate of Authority (only if a foreign corporation)
- Copies of minutes of meetings by the Corporation, Limited Liability Company or Partnership supporting the changes reflected on the front of this application. This includes letters of resignation, or appointment of any officers, or directors of a Corporation, or any managing member or members of a Limited Liability Company, or any general or limited partner in a Partnership (including husband and wife partnerships).
- NOTE: If the Licensee as listed on Line 1 has a sole stockholder that is a Corporation, or LLC, or Partnership, attach a letter designating one officer, or managing member or the general partner to be the "principal person" for the applicant. This person MUST ALSO fill out a DR8404-I (Individual History Record) and submit fingerprints by making an appointment with an approved State Vendor through the Vendor's website:

The vendors are as follows:

IdentoGO - <https://uenroll.identogo.com/>

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

IdentoGO FAQs: <https://www.colorado.gov/pacific/cbi/identification-faqs>

Colorado Fingerprinting – <http://www.coloradofingerprinting.com>

Appointment Scheduling Website:

<http://www.coloradofingerprinting.com/cabs/>

Phone: 720-292-2722

Toll Free: 833-224-2227

This application and all supporting documents must FIRST BE FILED WITH, AND APPROVED BY, THE LOCAL LICENSING AUTHORITY (CITY, TOWN, COUNTY). Applications will not be accepted unless all applicable questions are fully answered, all supporting documents correspond exactly with the name of the applicant.

1. List the name of the Corporation or Limited Liability Company or Partnership
2. List the State Sales Tax Number.
3. List the Applicant's State Liquor License Number.
4. List the Trade name of the business.
5. List the area code and telephone number of the business.
6. List the complete address, City, State and Zip Code, of the licensed premises.
7. List your mailing address if different than number 6 above.
8. List all officers, directors of a corporation, or all managing members of the LLC, or General Partners of Limited or General Partnerships. List the person's Position, Home Address, Date of Birth and the name of the person being replaced (if applicable).
9. List all 10% (or more) stockholders or members or Partners, and indicate ownership percentage, Home Address, Date of Birth, and the name of the person they purchased ownership interest from (if applicable).
10. List the name and address for service of the Registered Agent.
11. A person authorized to sign on behalf of the Applicant must sign the application, list their title, and the date the application was signed.
- 12. To be filled out by the local licensing authority only. List the name of the authority and indicate if the authority is a county, town/city. Then sign the application, list your title and attest the city/county officials signature and date the application.**