

Document Checklist New Application

You must have an appointment to submit your application.

Aimee Jensen		Sara Gonzales
Deputy City Clerk	OR	Deputy City Clerk
970.221.6315		970.416.2774

- Each item listed below are required for a complete application.
- Please be sure entire application and supporting documentation is single sided.

1. Application

- Colorado Fermented Malt Beverage License application (DR8403). Please refer to fee table on page 3 of this document checklist for all fees associated with this application.

2. Proof of Possession of Property

- Deed (or) Lease. The lease must match the applicant's name (Question #2 on the DR8403).

3. Floor Plan

- Floor diagram of premises (8½" x 11" only).

Must be an exact representation of the licensed premise.
Include length and width of exterior walls and interior walls, <u>including built-in bars.</u>
Include bars, walls, partitions, entrances/exits, storage. Indicate where alcohol will be stored
Show <i>North</i> orientation.
Separate diagram for each floor (if multiple levels).
Need not be to scale.
Exterior areas must show type of fencing, walls, etc.

4. Financial Documents

- Purchase agreement, stock transfer agreement, loan documentation, promissory notes, etc.

5. Background Information

- Individual History Record ([DR 8404-I](#)).
- Authorization and Consent form.
- Electronic Fingerprinting: You can use either site listed below:**
 - www.coloradofingerprinting.com, set up an account to schedule an appointment to get fingerprinted using **6192LLQH** as the CBI unique ID.
 - www.uenroll.identogo.com, enter code **25YQ6K** on the first screen, then click on schedule or manage appointment and follow the instructions. The unique CBI code for this business is **CONCJ6192**.

6. Corporate/Ownership Documents

- S-Corporations:
 - Certificate of Good Standing dated within last two years.
 - Articles of Organization.

OR
- Partnership Documents:
 - Attach partnership agreement (except for husband-wife partnerships).
 - Attach Certificate of co-partnership (if applicable).

OR
- Limited Liability Company Documents:
 - Attach Certificate of Good Standing dated within last two years.
 - Attach articles of organization (acknowledged by Secretary of State).
 - Attach copy of operating agreement (required if OTHER than sole member LLC or husband and wife LLC)

Fee Schedule
(please see below for definitions for bracketed numbers)

		City Fees (3)	<i>Write in Amount</i>	State Fees (4)	<i>Write in Amount</i>	
Application Fee	New License	\$500.00		\$1550.00		
	Concurrent Review (2)			\$100.00		
License Fee (1)	Hotel-Restaurant	\$ 75.00		\$ 500.00		
	Please select your class of license	Tavern	\$ 75.00		\$ 500.00	
		Brew Pub	\$ 75.00		\$ 750.00	
		Retail Liquor Store	\$ 22.50		\$ 227.50	
		Beer and Wine	\$ 48.75		\$ 351.25	
		Club	\$ 41.25		\$ 308.75	
		Lodging and Entertainment	\$75.00		\$500.0	
		Total City Fees (3)		Total State Fees (4)		
Fingerprints: See www.identogo.com to create your online registration and set an appointment for your fingerprints Detailed instructions are listed at the end of this checklist.						

(1) Types of Licenses:

- Hotel-Restaurant - Food sales must be at least 25% of gross sales.
- Tavern - Need only to have light snacks available.
- Lodging & Entertainment – Need only to have light snacks available.
- Brew Pub - Food sales must be at least 15% of gross sales.
- Retail Liquor Store - Alcohol sold in sealed containers for off-premise consumption.
- Beer and Wine - Need only to have light snacks available.
- Club - Only for qualifying non-profit corporations to sell to their members and guests.

For more detail of these different classes of licenses please refer to “[Types of Licenses](#)” under Miscellaneous Info at fcgov.com/liquor

- (2)** Concurrent review is for the State to review the application at the same time as the City.
- (3)** Check or money order payable to the “City of Fort Collins”.
- (4)** Check or money order payable to the “Colorado Department of Revenue”.

Occupation Tax

The City of Fort Collins has levied an annual Occupation Tax on the retail sales of alcoholic beverages. This tax is due January 1, of every year for the new calendar year. For a new establishment, the tax is pro-rated for the portion of the first year the business is licensed. No new or renewal license will be issued until tax is paid in full. *(If the license is granted, this fee is pro-rated and is due when the license is issued. Check must be made out to the City of Fort Collins).*

Hotel-Restaurant	\$1600	Beer and Wine	\$800
Tavern	\$1600	Drugstore	\$750
Brew Pub	\$ 1600	Club	\$800
Retail Liquor Store	\$ 750	Lodging and Entertainment	\$1600

Petitions

It is the responsibility of the applicant for a new license to present sufficient evidence to the Liquor Licensing Authority that indicates the need for the license in the respective neighborhood. This is typically done by petitioning the neighborhood. These petitions indicate support (or lack thereof) for issuance of a license. Petitioning may begin **after** the City has provided you with the neighborhood boundaries.

Applicants may conduct a petition survey themselves or may contract with a professional survey firm. See [Petition Guidelines](#) for more details.

Petitions must be submitted to the City Clerk's Office at least 10 days prior to the hearing date.

GENERAL INFORMATION

After a new application is filed in the City Clerk's Office at 300 West LaPorte Avenue, the file is reviewed, and any deficiencies are reported to the applicant prior to the consideration of the application by the Liquor Licensing Authority. The Police Department also performs background investigations and reports its findings to the Liquor Licensing Authority.

The applicant, or his/her representative, must be present at the hearing. The Fort Collins Liquor Licensing Authority generally meets the first Thursday of each month at 1:00 p.m., in Municipal Court, 215 North Mason Street, 1st floor. You will be given the hearing date at the time of filing your application with the City Clerk's Office.

If the application is approved by the Liquor Licensing Authority, the City Clerk's Office will forward the application to the Colorado Department of Revenue, Liquor Licensing Division for review and approval. Typically, the State will process the application and mail the State's liquor license to the City Clerk's Office in 1-2 months, unless concurrent review has been requested. The City of Fort Collins license is then prepared, and both licenses are issued to the applicant once all inspections are complete and occupation tax is paid (if applicable). **A certificate of occupancy may be required before a license can be issued.**

For additional information, please contact:

Aimee Jensen, Deputy City Clerk or
City Clerk's Office
300 LaPorte Avenue
P.O. Box 580
Fort Collins, CO 80522
970.221.6315
ajensen@fcgov.com

Sara Gonzales, Deputy City Clerk
City Clerk's Office
300 LaPorte Avenue
P.O. Box 580
Fort Collins, CO 80522
970.416.2774
sagonzales@fcgov.com

Fingerprinting Instructions - Liquor Applicants Only

Who needs to get fingerprinted?

- Individuals registering as manager for a hotel-restaurant, lodging and entertainment or tavern liquor license.
- Officers, directors, managing members and members of a corporation or LLC.
- Ownership interest in a liquor license of 10% or more.

You can choose to either do electronic fingerprinting
OR
visit a law enforcement agency for the physical cards.

Electronic Fingerprinting:

- Visit www.coloradofingerprinting.com, set up an account to schedule an appointment to get fingerprinted using 6192LLQH as the CBI unique ID.
- Visit www.uenroll.identogo.com, enter code 25YQ6K on the first screen, then click on schedule or manage appointment and follow the instructions. The unique CBI code for this business is CON CJ6192.

Fingerprint Cards:

As of June 3, 2019, the Larimer County Sheriff's Office is no longer providing fingerprinting services for liquor license applications. You may visit another law enforcement agency* to be fingerprinted. However, your card must have the information below must be printed on it to be accepted. Please take this information with you to give to the officer that is fingerprinting you.

Employer and Address:
Fort Collins Police Services
2221 South Timberline Road
Fort Collins CO 80525

ORI: CO0350300, PD, FT COLLINS, CO
OCA: CON CJ 6192

Reason Fingerprinted: 44-3-307 (3)(c) Liquor License App.

*Your local law enforcement agency may or may not provide fingerprint services. Please contact them directly.

Name	Type of License	Account Number		
7. 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 <input type="checkbox"/> No <input type="checkbox"/>
8. Has 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 ever (in Colorado or any other state):				
a. Been denied an alcohol beverage license?				<input type="checkbox"/> <input type="checkbox"/>
b. Had an alcohol beverage license suspended or revoked?				<input type="checkbox"/> <input type="checkbox"/>
c. Had interest in another entity that had an alcohol beverage license suspended or revoked?				<input type="checkbox"/> <input type="checkbox"/>
If you answered yes to 8a, b or c, explain in detail on a separate sheet.				
9. Has a liquor license application (same license class), that was located within 500 feet of the proposed premises, been denied within the preceding two years? If "yes", explain in detail. _____				<input type="checkbox"/> <input type="checkbox"/>
10. Are the premises to be licensed 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?				<input type="checkbox"/> <input type="checkbox"/>
Waiver by local ordinance? <input type="checkbox"/> <input type="checkbox"/>				
Other: _____				
11. Is your Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 1500 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of greater than (>) 10,000? 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.				<input type="checkbox"/> <input type="checkbox"/>
12. 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 (<) 10,000? 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.				<input type="checkbox"/> <input type="checkbox"/>
13 a. For additional Retail Liquor Store only. Was your Retail Liquor Store License issued on or before January 1, 2016?				<input type="checkbox"/> <input type="checkbox"/>
13 b. Are you a Colorado resident?				<input type="checkbox"/> <input type="checkbox"/>
14. 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 <u>current</u> financial interest in said business including any loans to or from a licensee.				<input type="checkbox"/> <input type="checkbox"/>
15. Does the applicant, as listed on line 2 of this application, have legal possession of the premises by ownership , lease or other arrangement?				<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Ownership <input type="checkbox"/> Lease <input type="checkbox"/> Other (Explain in Detail) _____				
a. If leased, list name of landlord and tenant, and date of expiration, exactly as they appear on the lease:				
Landlord	Tenant	Expires		
b. Is a percentage of alcohol sales included as compensation to the landlord? If yes, complete question 16.				<input type="checkbox"/> <input type="checkbox"/>
c. Attach a diagram that designates the area to be licensed in black bold outline (including 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 8 1/2" X 11".				
16. 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	First Name	Date of Birth	FEIN or SSN	Interest/Percentage
Last Name	First Name	Date of Birth	FEIN or SSN	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.				
17. Optional Premises or Hotel and Restaurant Licenses with Optional Premises:				
Has a local ordinance or resolution authorizing optional premises been adopted?				<input type="checkbox"/> <input type="checkbox"/>
Number of additional Optional Premise areas requested. (See license fee chart)				
18. 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.				
19. 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 LLDS premise?				<input type="checkbox"/> <input type="checkbox"/>
If "yes" a copy of license must be attached.				

Name	Type of License	Account Number		
20. Club Liquor License applicants answer the following: Attach a copy of applicable documentation				
a. Is the applicant organization operated solely for a national, social, fraternal, patriotic, political or athletic purpose and not for pecuniary gain?		<input type="checkbox"/> <input type="checkbox"/>		
b. Is the applicant organization a regularly chartered branch, lodge or chapter of a national organization which is operated solely for the object of a patriotic or fraternal organization or society, but not for pecuniary gain?		<input type="checkbox"/> <input type="checkbox"/>		
c. How long has the club been incorporated?		<input type="text"/>		
d. Has applicant occupied an establishment for three years (three years required) that was operated solely for the reasons stated above?		<input type="checkbox"/> <input type="checkbox"/>		
21. Brew-Pub, Distillery Pub or Vintner's Restaurant applicants answer the following:				
a. Has the applicant received or applied for a Federal Permit? (Copy of permit or application must be attached)		<input type="checkbox"/> <input type="checkbox"/>		
22. Campus Liquor Complex applicants answer the following:				
a. Is the applicant an institution of higher education?		Yes No <input type="checkbox"/> <input type="checkbox"/>		
b. Is the applicant a person who contracts with the institution of higher education to provide food services? If "yes" please provide a copy of the contract with the institution of higher education to provide food services.		<input type="checkbox"/> <input type="checkbox"/>		
23. For all on-premises applicants.				
a. Hotel and Restaurant, Lodging and Entertainment, Tavern License and Campus Liquor Complex, the Registered Manager must also submit an Individual History Record - DR 8404-I and fingerprint submitted to approved State Vendor through the Vendor's website. See application checklist, Section IV, for details.				
b. For all Liquor Licensed Drugstores (LLDS) the Permitted Manager must also submit an Manager Permit Application - DR 8000 and fingerprints.				
Last Name of Manager		First Name of Manager		
24. Does this manager act as the manager of, or have a financial interest in, any other liquor licensed establishment in the State of Colorado? If yes, provide name, type of license and account number.				
		<input type="checkbox"/> <input type="checkbox"/>		
25. Related Facility - Campus Liquor Complex applicants answer the following:				
a. Is the related facility located within the boundaries of the Campus Liquor Complex? 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.		Yes No <input type="checkbox"/> <input type="checkbox"/>		
b. Designated Manager for Related Facility- Campus Liquor Complex				
Last Name of Manager		First Name of Manager		
26. 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 local taxes, penalties, or interest related to a business?		<input type="checkbox"/> <input type="checkbox"/>		
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 any fees or surcharges imposed pursuant to section 44-3-503, C.R.S.?		<input type="checkbox"/> <input type="checkbox"/>		
27. 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	Home Address, City & State	DOB	Position	%Owned
Name	Home Address, City & State	DOB	Position	%Owned
Name	Home Address, City & State	DOB	Position	%Owned
Name	Home Address, City & State	DOB	Position	%Owned
Name	Home Address, City & State	DOB	Position	%Owned
** 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: <input type="checkbox"/> Applicant affirms that no individual other than these disclosed herein owns 10% or more of the applicant and does not have financial interest in a prohibited liquor license pursuant to Article 3 or 5, C.R.S.				

Name	Type of License	Account Number								
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. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Colorado Liquor or Beer Code which affect my license.										
Authorized Signature	Printed Name and Title	Date								
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)									
<p>The Local Licensing Authority Hereby Affirms that each person required to file DR 8404-1 (Individual History Record) or a DR 8000 (Manager Permit) has been:</p> <p><input type="checkbox"/> Fingerprinted</p> <p><input type="checkbox"/> Subject to background investigation, including NCIC/CCIC check for outstanding warrants</p> <p>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</p> <p>(Check One)</p> <p><input type="checkbox"/> Date of inspection or anticipated date _____</p> <p><input type="checkbox"/> Will conduct inspection upon approval of state licensing authority</p>										
<input type="checkbox"/> 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? <input type="checkbox"/> 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? 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. <input type="checkbox"/> 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?		<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Yes</td> <td style="width:50%; border:none;">No</td> </tr> <tr> <td style="border:none;"><input type="checkbox"/></td> <td style="border:none;"><input type="checkbox"/></td> </tr> <tr> <td style="border:none;"><input type="checkbox"/></td> <td style="border:none;"><input type="checkbox"/></td> </tr> <tr> <td style="border:none;"><input type="checkbox"/></td> <td style="border:none;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>					
Yes	No									
<input type="checkbox"/>	<input type="checkbox"/>									
<input type="checkbox"/>	<input type="checkbox"/>									
<input type="checkbox"/>	<input type="checkbox"/>									
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	<input type="checkbox"/> Town, City <input type="checkbox"/> County								
Signature	Print	Title	Date							
Signature	Print	Title	Date							

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 its 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	
Address			
City		State	Zip
Home Phone Number		Business/Work Phone Number	
Printed name of person signing on behalf of the Applicant/Licensee			
Applicant/Licensee's Signature (Signature authorizing the disclosure of confidential tax information)			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).



DISTRICT ONE OFFICE

Alcohol and Tobacco Enforcement

144 N. Mason Suite 1, Fort Collins. CO 80524

PHONE 970-416-2940

MEMORANDUM

DATE: December 19th, 2015

TO: Liquor License Applicant

FROM: Fort Collins Police Services - Alcohol/Tobacco Enforcement

RE: **Disclosure of Criminal History in "Individual History Record"**

The following memorandum is in reference to the Individual History Record section of your application, specifically Questions 9 – 12. Please read the memorandum carefully and in its entirety.

Fort Collins Police Services conducts background investigations on behalf of the Fort Collins City Clerk's Office and the City of Fort Collins Liquor Licensing Authority. These background investigations are conducted in conjunction with the submittal of your fingerprints to the Colorado Bureau of Investigation. You have agreed to undergo a background investigation of your criminal history by applying for a Liquor License within the Fort Collins city limits.

You will be subject to the inquiry of several law enforcement agencies, law enforcement databases, national and local criminal history reports, in addition to other pertinent records. As a result of the background investigation, Fort Collins Police Services will complete a memorandum to the Liquor Licensing Authority regarding their findings. The purpose of the background investigation and the memorandum is solely to determine if you are of good moral character, record and reputation to obtain a Liquor License, or be listed on a Liquor License, in the City of Fort Collins as defined in Colorado Liquor Rules, Regulation 47-310(E).

Even though Question 10 states to disclose convictions, suspended sentences, deferred sentences, or pending charges, Fort Collins Police Services asks you to include additional information to aide in the background investigation process. To expedite the application process and minimize unnecessary delays, Fort Collins Police Services requests that applicants disclose the following information:

- Arrests (regardless of court disposition)
- Municipal, County, Misdemeanor, or Felony level offenses where you received a ticket, citation or were arrested
- Receiving a ticket for any of the following Traffic Offenses:
 - Reckless Driving
 - DUI or DWAI or any of the preceding involving drugs
 - DUI Per Se
 - Vehicular Assault
 - Vehicular Homicide
 - Vehicular Eluding
 - Driving Under Suspension/Revocation/Cancelled/Denied
 - Ever being considered a "Habitual Traffic Offender"
 - Failed to Remain at the Scene of an Accident (Hit-and-Run)

The background investigation Fort Collins Police Services conducts will yield all of the above listed information, regardless of the court disposition. You are encouraged to divulge the above information *regardless of whether or not the court sealed, dismissed, or amended the original charge*. If the original charge was amended, please indicate what the original and final charges were on your Individual History Record. Although an application cannot be denied solely upon findings of a sealed court record, Fort Collins Police can discover and present sealed court records to the Liquor Licensing Authority for its consideration pursuant to Colorado Revised Statute 24-72-703(4). . It is strongly suggested you include sealed court documents in the Individual History Record portion of the application, because Fort Collins Police can generally not determine the outcome of a court disposition, or whether a record has been sealed from completion of the background investigation alone. **By withholding information from your application, you will cause unnecessary delays in the processing of your application. You may be asked to provide an explanation to the Liquor Licensing Authority for omitting information in your Individual History Record.**

Fort Collins Police Services and the Liquor Licensing Authority look favorably upon an applicant being as forthright as possible and disclosing as much pertinent information as possible in the Individual History Record. Please consider this as you complete your application.

All background information, the information you submitted in your Individual History Record, and the fingerprint cards being submitted to the Colorado Bureau of Investigation will be cross referenced against one another for consistency.

If you have questions about what to include in an Individual History Record or questions about the background investigation, please contact Aimee Jensen with the City of Fort Collins Clerk's Office at ajensen@fcgov.com or the Alcohol/Tobacco Enforcement Officer at alcoholenforcement@fcgov.com

Officer David Lindsay / FC260
Alcohol / Tobacco Enforcement Officer
Fort Collins Police Services

District One Office
144 N Mason St Suite 1
Fort Collins, Co 80522
ph 970-416-2634
dlindsay@fcgov.com

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 and Lodging and Entertainment 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)			
1. Name of Business		Home Phone Number	Cellular Number
2. Your Full Name (last, first, middle)		3. List any other names you have used	
4. Mailing address (if different from residence)		Email Address	
5. List current residence address. Include any previous addresses within the last five years. (Attach separate sheet if necessary)			
Street and Number		City, State, Zip	
Current		From	To
Previous			
6. 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
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 Colorado Liquor or Beer License, or loaned money, furniture, fixtures, equipment or inventory to any licensee? (If yes, answer in detail.) <input type="checkbox"/> Yes <input type="checkbox"/> 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 United States? (If yes, explain in detail.) <input type="checkbox"/> Yes <input type="checkbox"/> 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? (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 professional license suspended, revoked, or denied? (If yes, explain in detail.) Yes No

Personal and Financial Information

Unless otherwise provided by law, the personal information required in question #13 will be treated as confidential. The personal information required in question #13 is solely for identification purposes.

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

14. Financial Information.

a. Total purchase price or investment being made by the applying entity, corporation, partnership, limited liability company, other.
\$ _____

b. List the total amount of the **personal** investment, made by the person listed on question #2, in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases or fees paid. \$ _____

*** If corporate investment only please skip to and complete section (d)**
**** Section b should reflect the total of sections c and e**

c. Provide details of the personal investment described in 14b. You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment	Account Type	Bank Name	Amount

d. Provide details of the corporate investment described in 14 (a). You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment	Loans	Account Type	Bank Name	Amount

e. Loan Information (Attach copies of all notes or loans)

Name of Lender	Address	Term	Security	Amount

Oath of Applicant

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

Authorized Signature	Print Signature	Title	Date
----------------------	-----------------	-------	------

