

Colorado Liquor Enforcement Division Manager Permit Application Instructions Application Checklist

1 Permit Type

Manager Permit: An individual who is employed by a Liquor-Licensed Drugstore (LLDS) as defined in section 44-3-410, C.R.S. and who will be in actual control of the LLDS alcohol beverage operations, including purchases of alcohol beverages from a licensed Wholesaler in accordance with Sections 44-3-410(6) and 44-3-427(1), C.R.S.

2 Application Completed & Signed

Type or clearly print an answer to every question. If a question does not apply to you, indicate with an N/A. If you are unsure if a question applies to you or what information the form is asking you to provide, contact Liquor Enforcement Division office to seek clarification. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title. Sign and date the application.

All Applications and documentation submitted must be single-sided and on 8.5x11 inch paper.

3 Background check/Submit fingerprints

You must complete the manager permit application and make an appointment to be fingerprinted by an approved State Vendor through the Vendors website:

The vendors are as follows:

IdentoGO – <https://uenroll.identogo.com/workflows/25YQHT>

Appointment Scheduling Website: <https://uenroll.identogo.com/workflows/25YQHT>

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: 303-292-2722

Toll-Free: 833-224-2227

4 Application Fee

Submit the NON-REFUNDABLE application fee of \$100.00, and a permit fee of \$100.00. A money order is acceptable. Make money order payable to: Colorado Department of Revenue (DOR) – Liquor Enforcement Division (LED)

5 Bring in Application

Submit application and all attachments by mail to:

Liquor Enforcement Division
P.O. Box 17087
Denver, CO 80217-0087

OR

Drop off:

1697 Cole Boulevard, Suite 200
Lakewood, CO 80401
303-205-2300

NOTE: Incomplete applications will result in a longer approval time.

Application for Colorado Manager Permit

All answers must be printed in black ink or typewritten. Submit check made out to the Department of Revenue – Liquor Enforcement Division in the amount of \$100.00 for an Application Fee and \$100.00 for a Permit Fee, totaling \$200.00. Submit fingerprints to the State by making an appointment with an approved State Vendor through their website. See application checklist, Section "3" for details.

Licensee Information

| | | | | | |
|--|--|---|--------------|-----|--|
| Licensee Name (If an LLC; partnership; corporation or name of corporation) | | Trade Name of Establishment/Doing Business As (DBA) | | | |
| Liquor License # | | | | | |
| Address | | City | State | ZIP | |
| Email | | | Phone Number | | |
| Business Mailing Address (if different) | | City | State | ZIP | |
| Business Email (if different) | | | | | |

Manager Information

| | | | | | | |
|--|--------------|----------------------------------|--------------|-----------|------|----|
| Last Name | | First Name | | Middle | DOB | |
| 21 Years of age Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | |
| Home Address | | City | State | ZIP | | |
| Email | | | Phone Number | | | |
| Maiden Name/Married Names Used (Full Name) Attach separate sheet if necessary. | | | | | | |
| Nicknames, Aliases, Etc. (Full Name) Attach separate sheet if necessary. | | | | | | |
| Gender Male <input type="checkbox"/> Female <input type="checkbox"/> | | Social Security Number | | | | |
| Place of Birth (City) | | State | Country | | | |
| Driver License Number | State Issued | Manager's Business Email Address | | | | |
| Physical Description | Height | Weight | Hair Color | Eye Color | | |
| List current residence address. Include any previous addresses within the last eight (8) years. (Attach separate sheet if necessary) | | | | | | |
| Address | | City | State | ZIP | From | To |
| Address | | City | State | ZIP | From | To |

Questions

1. List all employment within the last three (3) years. Include any self-employment. (Attach separate sheet if necessary)

| | | | | | | |
|------------------------------|--|------|-------|-----|------|----|
| Name of Employer or Business | | | | | | |
| Address | | City | State | ZIP | From | To |
| Name of Employer or Business | | | | | | |
| Address | | City | State | ZIP | From | To |

Application for Colorado Manager Permit (continued)

| | | | | |
|--|-------------------------|-------------------------|---|------|
| 2. Have you been convicted of a crime involving the sale or distribution of alcohol within eight (8) years before the date of this application? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide the following: | | | | |
| Date | Jurisdiction of Offense | Crime | Disposition (Attach a separate sheet if necessary). | |
| | | | | |
| 3. Have you been convicted of a felony within the five (5) years before the date of application? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide the following: | | | | |
| Date | Jurisdiction of Offense | Crime | Disposition (Attach a separate sheet if necessary). | |
| | | | | |
| 4. Has your manager's permit or similar permit issued by the state, a local jurisdiction, or another state or foreign jurisdiction been revoked within three (3) years before the date of this application? (Attach a separate sheet if necessary) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide the following: | | | | |
| Date | Jurisdiction | Business License Number | Licensee Name | DBA |
| Address | City | | State | ZIP |
| 5. Do you have any financial interest(s) in any other liquor licensed establishment in the State of Colorado? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the following information: | | | | |
| Name of Business | | Business License Number | Type of Liquor License | |
| Address | | City | State | ZIP |
| 6. Has any liquor licensed establishment under your management been revoked within eight (8) years immediately preceding this application? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the following information: | | | | |
| Date | Jurisdiction | Business License Number | Licensee Name | DBA |
| Address | | City | State | ZIP |
| Date | Jurisdiction | Business License Number | Licensee Name | DBA |
| Address | | City | State | ZIP |
| 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, Beer Code and Liquor Rules which affects my permit. | | | | |
| Applicant Signature | | | | |
| Printed Name | | | | Date |