DR 8370 (03/22/19)
COLORADO DEPARTMENT OF REVENUE
Liquor Enforcement Division
PO Box 17087

Denver, CO 80217-0087 Fax (303) 866-2428 Phone (303) 205-2300

## Alternating Proprietor Licensed Premises Application

**NOTE:** Only holders of alcoholic beverages licenses that authorize the manufacture of vinous liquors, malt liquors, and fermented malt beverages are eliqible for this license.

ilquois, mait ilquois, and termented mait beve	ages are engine for any nection.		
Name of Applicant (host manufacturer)			
2. Name of Tenant Manufacturer (only one per applica	tion)		
3. Address of premise to be alternated			
City	County	State	ZIP
City	County	Sidile	ZIP
Mailing Address (number and street)	City or Town	State	ZIP
Is the Host applicant a federally licensed manufactor  If so, federal permit #		_	ges no
6. Is the Host applicant licensed by the state as a mai	·	_	? ges no
If so, state license #	(copy of state license must be atta	ached)	
7. Is the Tenant manufacturer a federally licensed ma	nufacturer of vinous liquor, malt liquor or	fermented malt beverages	? gyes no
If so, federal permit #	(copy of basic permit must be at	ached)	
8. Is the Tenant manufacturer licensed by the state a	s a manufacturer of vinous liquor, malt li	quor or fermented malt beve	erages? 🗌 yes 🔲 no
If so, state license #	(copy of state license must be atta	ached)	
Please attach the following to this application:			
<ul> <li>Diagram showing the entire licensed premises Premises" and the area to remain as "Dedicate</li> </ul>	_	as designated as "Alternatir	ng Proprietor Licensed
A written and executed Alternating Proprietor A	greement.		
Completed questionnaire attachment to this ap	pplication		
	Oath Of Applicant		
I declare under penalty of perjury in the s	econd degree that this application of the best of my knowled		are true, correct, and
Authorized Signature	Title		Date
	Do Not Write Below This Li	ne	<u> </u>
	rnating Proprietor Licensed Pr	emises	
Name of Manufacturer	Colorado License Number		Period
STATE			
\$150.00		TOTAL	\$150.00

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## **Attachment To Alternating Proprietor Licensed Premises Application**

This page must be completed and attached to your signed application form. Failure to include this page with the application may result in your license not being issued.

Name of Applicant		State License Number
Operating Manager	Business Address	Business Phone Number
Time period of Tenant alteration	on	
What percentage of the square through alteration?	footage of the licensed premises will b	e made available to the tenant listed
3. Will any of that area be a retail s	sales area?	□ yes □ no
premises?		cturing, bottling, or storage on the licensed
-	•	s of the licensed premises that are currently ☐ yes ☐ no ☐ n/a
		censed premises that are intended for their
	the services of your employees, or wil	ll they have their own ☐ yes ☐ no
	intain title and control over raw materia	lls intended for manufacture of their ☐ yes ☐ no
9. How will the movement or trans	fer of raw materials within the alternati	ng premises be recorded?
10. How will the various stages of	manufacture within the alternating pre	mises be recorded?
alternating premises?	varehouse store it's finished alcohol be	□ yes □ no
Signature	Printed Name	Date