Liquor Enforcement Division PO BOX 17087 Denver CO 80217-0087 (303) 205-2300

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 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

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

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

IdentoGO FAQs: https://cbi.colorado.gov/sections/biometric-identification-and-records-unit/

biometric-identification-and-records-unit-faqs State Liquor Code for IdentoGO: 25YQHT

Colorado Fingerprinting

Appointment Scheduling Website: http://www.coloradofingerprinting.com/cabs/

Phone: 720-292-2722 833-224-2227 (toll-free)

State Liquor Code for Colorado Fingerprinting: C030LIQI

4. Application Fee

Submit the **non-refundable** application fee of \$100.00, and a permit fee of \$100.00 for a total of \$200.00. 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

(303) 205-2300

Or drop off:

1707 Cole Blvd, Suite 300 Lakewood, CO 80401 303-205-2300

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

(303) 205-2300

For Department Use Only

Application for Colorado Manager Permit

- · All answers must be printed in black ink or typewritten.
- New application Fee: \$200.00 (Includes \$100.00 Application Fee and \$100.00 Permit Fee)
- Renewal Fee: \$100.00
- No fee required to transfer the permit to another location
- Submit fingerprints to the State by making an appointment with an approved State Vendor through their website. See application checklist, Section "3" for details.
- All of the information below for the LLDS must be for the licensed premises and not the corporation headquarters, with the exception of the mailing address.

w Application	Renewa	al Transfer to And	other Location	Cancel	ation of Per	mit
nformation						
Last Name		First Name			Middle)
1			21 Years of age	·····	Yes	No
ess						
				State	ZIP Code	
ail			Phone	Number		
ne/Married Nar	nes Used (Full Na	me) Attach separate sheet if	necessary.			
Aliases, Etc. (F	Full Name) Attach	separate sheet if necessary.				
Male	S Female	Social Security Number				
h (City)		State	Country			
se Number	State Issued	Manager's Business	Email Address			
escription	Weight	Hair Color		Eye Color		
	nformation ess ne/Married Nar Aliases, Etc. (I	nformation ass he/Married Names Used (Full Na Aliases, Etc. (Full Name) Attach Male Female h (City) se Number State Issued	re/Married Names Used (Full Name) Attach separate sheet if Aliases, Etc. (Full Name) Attach separate sheet if necessary. Social Security Number Male Female h (City) State See Number State Issued Manager's Business in the security of t	Information First Name 21 Years of age Personal Security Number Male Female In City) State Country See Number State Issued Manager's Business Email Address Pescription	Information First Name 21 Years of age	Information First Name Middle 21 Years of age

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List current residence address. Include any previous addres (Attach separate sheet if necessary)	ses within the last eight (8) years.		
Address			
City		State	ZIP Code
From	То		
Address			
City		State	ZIP Code
From	То		
Business Information			
Business Name (If an LLC; partnership; corporation or name	e of corporation)		
Trade Name of Establishment/Doing Business As (DBA)			
Liquor License Number			
Address			
City		State	ZIP Code
Email		Phone	Number
Business Mailing Address (if different)			
City		State	ZIP Code
Business Email (if different)			

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1. List all employment within the last three (3) years. Include any self-employment.

Questions

(Attach separate sheet if necessary)

Nar	me of En	nployer or Business					
Add	Iress						
City	,				State	ZIP Code	
Fro	m			То			
Nar	me of En	nployer or Business					
Add	Iress						
City	′				State	ZIP Code	
Fro	m			То			
	within	ou been convicted of a eight (8) years before th provide the following:				Yes	No
Dat	е	Jurisdiction of Offense	Crime	Disposition (Attac	ch a separate s	sheet if nece	ssary).
Dat	e	Jurisdiction of Offense	Crime	Disposition (Attac	ch a separate s	sheet if nece	ssary).
	of appl	ou been convicted of a ication?provide the following:				Yes	No
Dat	е	Jurisdiction of Offense	Crime	Disposition (Attac	ch a separate s	sheet if nece	ssary).
Dat	е	Jurisdiction of Offense	Crime	Disposition (Attac	ch a separate s	sheet if nece	ssary).

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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	No
	If yes,	provide the follo	owing:				
Da	te	Jurisdiction	Business License Number	Licensee Name	DBA		
Ad	dress						
City	y				State	ZIP Code	
5.	in the	-	ncial interest(s) in any other do?	•		Yes	No
Na	me of Bu	siness					
Bus	siness Li	cense Number		Type of Liquor Licen	se		
Ad	dress						
City	y				State	ZIP Code	
6.	within	• •	ed establishment under your immediately preceding this a owing:	<u> </u>		Yes	No
Da	te	Jurisdiction	Business License Number	Licensee Name	DBA		
Ad	dress						
Cit	v				State	ZIP Code	

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Date	Jurisdiction	Business License Number	Licensee Name	DBA	
Address					
City				State 2	ZIP Code

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 and Wine Code and Liquor Rules which affects my permit.

Applicant Signature

Printed Name Date (MM/DD/YY)

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