

Colorado Additional Liquor-Licensed Drugstore (LLDS)

- All answers must be printed in black ink or typewritten
- Applicant must check the appropriate box(es)
- Applicant should obtain a copy of the Colorado Liquor Rules, Liquor and Beer Code:
SBG.Colorado.gov/Liquor
- Use additional sheets if necessary in the same format provided.
- Local License Fee \$ _____

Section I – Applicant Information:

1. Applicant is applying as a/an				<input type="checkbox"/> Individual
<input type="checkbox"/> Corporation				<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Partnership (includes Limited Liability and Husband and Wife Partnerships)				<input type="checkbox"/> Association or Other
2. Applicant; If an LLC, name of LLC; if partnership, at least 2 partner's names; if corporation, name of corporation				FEIN Number
2a. Trade Name of Establishment/Doing Business As (DBA)		State Sales Tax Number	Business Telephone	
3. Address of Premises (specify physical location of premises, include suite/unit numbers)				
City	County	State	ZIP Code	
4. Mailing Address (Number and Street)		City or Town	State	ZIP Code
5. Email Address				
6. Did you possess a Liquor-Licensed Drugstore (LLDS) license on or prior to January 1, 2016? If "yes," list license # and jurisdiction where the license was issued:				Yes No <input type="checkbox"/> <input type="checkbox"/>
7. As of the date of this application, how many existing LLDS licenses or pending applications does the applicant have? _____ List all LLDS information below:				
7a. Licensee Name (If an LLC; partnership; corporation or name of corporation)		Trade Name of Establishment/Doing Business As Name (DBA)		
Address				
7b. Licensee Name (If an LLC; partnership; corporation or name of corporation)		Trade Name of Establishment/Doing Business As Name (DBA)		
Address				
7c. Licensee Name (If an LLC; partnership; corporation or name of corporation)		Trade Name of Establishment/Doing Business As Name (DBA)		
Address				
7d. Licensee Name (If an LLC; partnership; corporation or name of corporation)		Trade Name of Establishment/Doing Business As Name (DBA)		
Address				
Nonrefundable Application Fees:		Liquor License Fees:		
<input type="checkbox"/> Application Fee for New License \$1,100.00		<input type="checkbox"/> Liquor-Licensed Drugstore (City).....\$227.50		
<input type="checkbox"/> Application Fee for New License w/ Concurrent Review \$1,200.00		<input type="checkbox"/> Liquor-Licensed Drugstore (County)\$312.50		
Questions? Visit: <i>SBG.Colorado.gov/Liquor</i> for more information				
Do not write in this space - For Department of Revenue use only				
Liability Information				
License Account Number	Liability Date	License Issued Through (Expiration Date)	Total \$	

Section II – LLDS Distance/Population Questions: The state and local licensing authorities shall not issue a new LLDS license if the premises is located within 1,500 feet of a Retail Liquor Store (RLS) or LLDS in a jurisdiction with a population greater than (>) 10,000 or 3,000 feet of a RLS or LLDS in a jurisdiction with a population less than (<) 10,000.

8. Is the proposed Liquor-Licensed Drugstore (LLDS) premises within 1,500 feet of another LLDS or RLS license in a jurisdiction with a population greater than (>) 10,000?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the proposed Liquor-Licensed Drugstore (LLDS) premises within 3,000 feet, of another LLDS or RLS in a jurisdiction with a population of less than (<) 10,000?	<input type="checkbox"/>	<input type="checkbox"/>

Section III – Transfer of Ownership: The application for an additional LLDS shall include transfer of ownership of **at least two** Retail Liquor Store (RLS).

Transfer of Ownership of RLS License #1

10. Licensee Name	Trade Name of Establishment/Doing Business As (DBA)		
11. Which jurisdiction issued this license? (City or County)	Liquor License Number		
12a. Business Address	City or Town	State	ZIP Code
12b. Mailing Address	City or Town	State	ZIP Code
13. Phone Number ()	Email Address		
14. Was this Retail Liquor Store (RLS) license applied for or licensed on or before 5/1/16? If "no," it cannot be counted as a transfer of ownership in this new Liquor-Licensed Drugstore application.	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
15. Has all debt been paid to each wholesaler? If "yes," submit completed Wholesaler Affidavit of Compliance to the Local Licensing Authority. If "no," the transfer cannot be completed until all debt to each wholesaler has been paid.	<input type="checkbox"/>	<input type="checkbox"/>	
16. Is the above listed RLS transfer going to be a part of a change of location to this new LLDS license location? If "yes," then all alcohol stock can be transferred to this new LLDS location.	<input type="checkbox"/>	<input type="checkbox"/>	

Transfer of Ownership of RLS License #2

17. Licensee Name (If an LLC; partnership; corporation or name of corporation)	Trade Name of Establishment/Doing Business As (DBA)		
18. Which jurisdiction issued this license? (City or County)	Liquor License Number		
19a. Business Address	City or Town	State	ZIP Code
19b. Mailing Address	City or Town	State	ZIP Code
20. Phone Number ()	Email Address		
21. Was this Retail Liquor Store (RLS) license applied for or licensed on or before 5/1/16? If "no," it cannot be counted as a transfer of ownership in this new Liquor-Licensed Drugstore application.	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
22. Has all debt been paid to each wholesaler? If "yes," submit completed Wholesaler Affidavit of Compliance to the Local Licensing Authority. If "no," the transfer cannot be completed until all debt to each wholesaler has been paid.	<input type="checkbox"/>	<input type="checkbox"/>	
23. Is the above listed RLS transfer going to be a part of a change of location to this new LLDS license location? If "yes," then all alcohol stock can be transferred to this new LLDS location.	<input type="checkbox"/>	<input type="checkbox"/>	

<p>Section IV – Additional RLS/LLDS: In addition to the RLS listed in Section III, are there any other RLS or LLDS within 1,500/3,000 feet of this new LLDS application? If "yes," list all licenses below. Add an attachment in the same format if additional space is needed. Note: This application cannot proceed unless all RLS/LLDS Licenses have either changed their location outside the distance requirements or have surrendered their license.</p>					
RLS/LLDS #1					
24. Licensee Name (If an LLC; partnership; corporation or name of corporation)		Trade Name of Establishment/Doing Business As (DBA)			
25a. Business Address		City or Town	State	ZIP Code	
25b. Mailing Address		City or Town	State	ZIP Code	
26. Liquor License Number		Jurisdiction (City/County)			
27. Is the above listed licensee going to request a change of location? If "yes," the licensee completes form DR 8442 Permit Application and Report of Changes and submit to the appropriate Local Licensing Authority.				Yes <input type="checkbox"/>	No <input type="checkbox"/>
28. Is the above listed licensee going to surrender its liquor license? If "yes," the licensee completes Affidavit for Surrender of State Liquor License and submit to appropriate Local Licensing Authority.				<input type="checkbox"/>	<input type="checkbox"/>
RLS/LLDS #2					
29. Licensee Name (If an LLC; partnership; corporation or name of corporation)		Trade Name of Establishment/Doing Business As (DBA)			
30a. Business Address		City or Town	State	ZIP Code	
30b. Mailing Address		City or Town	State	ZIP Code	
31. Liquor License Number		Jurisdiction (City/County)			
32. Is the above listed licensee going to request a change of location? If "yes," the licensee completes form DR 8442 Permit Application and Report of Changes and submit to the appropriate Local Licensing Authority.				Yes <input type="checkbox"/>	No <input type="checkbox"/>
33. Is the above listed licensee going to surrender its liquor license? If "yes," the licensee completes Affidavit for Surrender of State Liquor License and submit to appropriate Local Licensing Authority.				<input type="checkbox"/>	<input type="checkbox"/>
Section V – Additional Questions:					
34. Are 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 permitted managers under the age of twenty-one years?				<input type="checkbox"/>	<input type="checkbox"/>
35. 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 permitted 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? If you answered "yes" to 35a, b or c, explain in detail on a separate sheet.				<input type="checkbox"/>	<input type="checkbox"/>
36. 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," attach a detailed explanation.				<input type="checkbox"/>	<input type="checkbox"/>
37. 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: _____				<input type="checkbox"/>	<input type="checkbox"/>
38. Did the applicant have at least twenty percent (20%) of gross licensee's gross annual income derived from the total sale of food during the prior twelve (12) month period?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>The applicant must provide evidence to the State and Local Licensing Authority that at least twenty percent (20%) of the applicant gross annual income is derived from the sale of food, during the prior twelve (12) month period. The licensing authority may request additional evidence, if needed.</p>					

39. Has a liquor or beer license ever been issued to 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)? If "yes," identify the name of the business and list any current financial interest in said business including any loans to or from a licensee.					Yes	No
<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
40. Does the applicant, as listed on line 2 of this application, have legal possession of the premises by virtue of ownership , lease or other arrangement? <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:					<input type="checkbox"/> <input type="checkbox"/>	
Landlord	Tenant	Expires				
b. Is a percentage of alcohol sales included as compensation to the landlord? If "yes," complete question 41.					<input type="checkbox"/>	<input type="checkbox"/>
c. Attach a diagram and designate the area in a black bold outline to be licensed (including dimensions) which shows the 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".						
41. 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.						
42. Is there a pharmacy, licensed by the Colorado Board of Pharmacy, located within the applicant's LLDS premise? If "yes", a copy of the license must be attached.					Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>
43. All Liquor Licensed Drugstore (LLDS) applicants must submit form DR 8000, Application for Colorado Manager Permit, to the State Licensing Authority for every permitted manager(s). Permitted Managers must make an appointment to be fingerprinted by an approved State Vendor through the Vendor's website. See Application Checklist, Section IV, for details. List all Permitted Managers below.						
a. Last Name of Manager Permit Applicant		First Name of Manager Permit Applicant				
b. Last Name of Manager Permit Applicant		First Name of Manager Permit Applicant				
c. Last Name of Manager Permit Applicant		First Name of Manager Permit Applicant				
44. Tax Information					Yes	No
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"/>
45. If the applicant is a corporation, partnership, association or limited liability company, the applicant must list all Officers, Directors, General Partners, and Managing Members . Also, the 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 to be fingerprinted by an approved State Vendor through the Vendor's website. See application checklist, Section IV, for details.						

Name	Home Address, City & State	Date of Birth	Position	% Owned
Name	Home Address, City & State	Date of Birth	Position	% Owned
Name	Home Address, City & State	Date of Birth	Position	% Owned
Name	Home Address, City & State	Date of Birth	Position	% Owned
Name	Home Address, City & State	Date of Birth	Position	% Owned

** If the applicant is owned 100% by a parent company, please list the designated principal officer on question #45
 ** Corporations—the President, Vice-President, Secretary and Treasurer must be accounted for on question #45
 (Include ownership percentage if applicable)
 ** If total ownership percentage disclosed here does not total 100%, applicant must check this box:
 Applicant affirms that no individual other than those disclosed herein, owns 10% or more of the applicant and does not have financial interest in a prohibited liquor license pursuant to Title 3 or 5, C.R.S.

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
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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 44-3-311(1) C.R.S.)
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The Local Licensing Authority Hereby Affirms that each person, except Permitted Managers, required to file a DR 8404-I (Individual History Record) has been:

Fingerprinted
 Subject to background investigation, including NCIC/CCIC check for outstanding warrants

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.

(Check One)

Date of inspection or anticipated date _____
 Will conduct inspection upon approval of State Licensing Authority

<input type="checkbox"/> Is the Liquor-Licensed Drugstore (LLDS) within 1,500 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of > 10,000?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Is the Liquor-Licensed Drugstore (LLDS) within 3,000 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of < 10,000?		
	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Does the Liquor-Licensed Drugstore (LLDS) applicant have at least twenty percent (20%) of the licensee's gross annual income derived from the sale of food, during the prior twelve (12) month period?		
	<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 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).

All Documents To Be Attached With This Application

Instructions: This checklist should be utilized to assist applicants with filing all required documents for licensure. All documents must be properly signed and correspond with the name of the applicant exactly. All documents must be typed or legibly printed. Upon final State approval the license will be mailed to the local licensing authority. Application fees are nonrefundable. **Questions Visit:** SBG.Colorado.gov/Liquor for more information

Please check all appropriate boxes completed or documents submitted	
I.	Applicant for additional Liquor-Licensed Drugstore <input type="checkbox"/> A. Fees paid <input type="checkbox"/> B. Applicant/Licensee identified <input type="checkbox"/> C. State sales tax license number listed or applied for at the time of this application <input type="checkbox"/> D. Submit originals to local authority <input type="checkbox"/> E. Additional information required by the local licensing authority <input type="checkbox"/> F. All sections of the application completed
II.	Diagram of the premises <input type="checkbox"/> A. No larger than 8 1/2" X 11" <input type="checkbox"/> B. Dimensions included (does not have to be to scale). Exterior areas should show type of control (fences, walls, entry/exit points, etc.) <input type="checkbox"/> C. Separate diagram for each floor (if multiple levels) <input type="checkbox"/> D. Bold Outlined Licensed Premises
III.	Proof of property possession (One Year Needed) <input type="checkbox"/> A. Recorded deed in name of the applicant (or) (matching the answer in question #2 of this application) date stamped/filed with County Clerk <input type="checkbox"/> B. Lease in the name of the applicant (or) (matching the answer to question #2 of this application) <input type="checkbox"/> C. Lease assignment in the name of the applicant with proper consent from the Landlord and acceptance by the Applicant <input type="checkbox"/> D. Other agreement if not deed or lease. (matching the answer in question #2 of this application) (Attach prior lease to show right to assumption)
IV.	Background information and financial documents <input type="checkbox"/> A. Individual History Records(s) (Form DR 8404-I) <input type="checkbox"/> B. Fingerprints taken and submitted to the appropriate Local Licensing Authority through an approved State Vendor. Do not complete fingerprints prior to submitting your application. The Vendors are as follows: IdentoGO - https://uenroll.identogo.com/ Phone: (844) 539-5539 (toll-free) Colorado Fingerprinting – http://www.coloradofingerprinting.com Appointment Scheduling Website: http://www.coloradofingerprinting.com/cabs/ Phone: 720-292-2722 Toll Free: 833-224-2227 Details about the vendors and fingerprinting in Colorado can be found on CBI's website here: https://cbi.colorado.gov/sections/biometric-identification-and-records-unit/employment-and-background-checks <input type="checkbox"/> C. Purchase agreement, stock transfer agreement, and/or authorization to transfer license <input type="checkbox"/> D. List of all notes and loans (Copies to also be attached)
V.	Sole proprietor/husband and wife partnership (if applicable) <input type="checkbox"/> A. Form DR 4679 <input type="checkbox"/> B. Copy of State issued Driver's License or Colorado Identification Card for each applicant
VI.	Corporate applicant information (if applicable) <input type="checkbox"/> A. Certificate of Incorporation <input type="checkbox"/> B. Certificate of Good Standing <input type="checkbox"/> C. Certificate of Authorization if foreign corporation (out of state applicants only)
VII.	Partnership applicant information (if applicable) <input type="checkbox"/> A. Partnership Agreement (general or limited). <input type="checkbox"/> B. Certificate of Good Standing
VIII.	Limited Liability Company applicant information (if applicable) <input type="checkbox"/> A. Copy of articles of organization <input type="checkbox"/> B. Certificate of Good Standing <input type="checkbox"/> C. Copy of Operating Agreement (if applicable) <input type="checkbox"/> D. Certificate of Authority if foreign LLC (out of state applicants only)
IX.	Manager Permit for Liquor-Licensed Drugstore included with this application <input type="checkbox"/> A. Application Fee of \$100.00 and Permit Fee of \$100.00 paid to the Department of Revenue-Liquor Enforcement Division <input type="checkbox"/> B. DR 8000 Application for Colorado Manager Permit submitted with this application to the Local Licensing Authority to be forwarded to the State for a background check. <input type="checkbox"/> C. Fingerprints taken and submitted to the appropriate Local Licensing Authority through an approved State Vendor. Master File applicants submit results to the State. The Vendors are as follows: IdentoGO - https://uenroll.identogo.com/ Phone: (844) 539-5539 (toll-free) Colorado Fingerprinting – http://www.coloradofingerprinting.com Appointment Scheduling Website: http://www.coloradofingerprinting.com/cabs/ Phone: 720-292-2722 Toll Free: 833-224-2227 <input type="checkbox"/> D. If owner is managing, no applicant fee required