

# Wholesaler Affidavit of Compliance

## Section 44-3-303(1)(d), C.R.S.

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Wholesaler Licensee Name (If an LLC; partnership; corporation or name of corporation)

Trade Name of Establishment / Doing Business As (DBA)

License Number

Phone Number

Email Address

Physical Address

City

State ZIP Code

Transferor Retailer Licensee Name

Trade Name of Establishment / Doing Business As (D B A)

License Number

Phone Number

Physical Address

City

State ZIP Code

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The above wholesaler affirms that all alcohol beverages delivered to the above transferor retailer are:

Paid in Full (only for the purposes of complying with section 44-3-303(1)(d), C.R.S.)

**Note:** If Paid in full is selected, the wholesaler may no longer extend credit to the transferor until the local and state licensing authorities have approved the transfer of the liquor license.

Not Paid in Full

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Wholesaler

Printed Name

Title

Signature

Date (MM/DD/YY)