



COLORADO
Department of Revenue

**Specialized Business Group —
Liquor & Tobacco**

**Cigarette, Tobacco Product,
and Nicotine Product Retail
License and Permit Application**

Colorado Liquor and Tobacco Enforcement

License Type and Fee Schedule Checklist and Instructions:

License Types	Fee
Tobacco Retailer (Off-Premises) License Fee	\$400.00
Tobacco Retailer Indoor Age Restricted License Fee	\$400.00
Cigar-Tobacco Bar License Fee	\$400.00
Tobacco Large Operator (Ten or more locations) License Fee Note - that an additional fee of \$400 is required per retail location.	\$400.00
Tobacco Temporary License Fee (only applicable to transfer applications)	\$35.00

Permit Types	Fee
Tobacco Delivery Permit Fee	\$250.00

Any retailer offering cigarettes, tobacco products, or nicotine products after July 1, 2021 is required to obtain a license from the Liquor and Tobacco Enforcement Division. You will need the following items to complete your application:

1. If the applicant has a locally issued cigarettes, tobacco products, or nicotine products license issued by a city or county government, a copy of the license must accompany this application.
2. For Large Operator Licenses, an attachment listing each retail location requiring a license, including each retail location's physical address and owner/manager contact information, as well as any and all required local licenses for retail locations located within a local jurisdiction that requires cigarettes, tobacco products, or nicotine products licensure.
3. All information in Sections I and II must be completely filled out and all supporting documentation provided before your application will be processed.

Submit your completed application to the Liquor and Tobacco Enforcement Division

By email

dor_ledtobacco@state.co.us

OR

By mail

P.O. Box 17087

Denver, CO 80217-0087

<https://secure.colorado.gov/payment/liquor>

Questions?

Please contact us at dor_ledtobacco@state.co.us or by calling (303) 205-2300.

Cigarette, Tobacco Product, and Nicotine Product Retail License and Permit Application Form

New Application

Transfer Application

Section I

Please indicate the type of license you are applying for (Check all that apply):

Tobacco Retailer (Off-Premises)

Tobacco Retailer Indoor Age Restricted License (tobacco use and/or vaping allowed on premises)

Cigar-Tobacco Bar (cigar and/or tobacco use allowed on premises)

Tobacco Large Operator (Ten or more locations)

How many retail locations will be licensed under this Large Operator License? Number of locations
(must be ten or more locations to be eligible).

Note - You must complete this application in its entirety and then include as attachments Section I, page 1 for each additional location. Be sure to indicate the license, and if applicable, the permit type for which you are applying for each location.

Tobacco Delivery Permit

Will your business require a Tobacco Delivery Permit in addition to the selection above? Yes No

Business Name

Business Trade Name (DBA)

FEIN Number

State Sales Tax Number

Business Email Address

Business Phone Number

Address of Premises (specify exact location of premises, include suite/unit number if applicable)

Street Address

City

County

State ZIP Code

Email Address

Phone Number

Mailing Address (If different from above)

Street Address

City State ZIP Code

Owner Information (Attach a separate sheet if necessary.)

Last Name First Name Middle Initial

Email Address Phone Number Date of Birth (MM/DD/YY)

Last Name First Name Middle Initial

Email Address Phone Number Date of Birth (MM/DD/YY)

Store Manager Information (Attach a separate sheet if necessary.)

Last Name First Name Middle Initial

Email Address Phone Number Date of Birth (MM/DD/YY)

Last Name First Name Middle Initial

Email Address Phone Number Date of Birth (MM/DD/YY)

Section II

1. Is the licensed premises described in Section I of this application located in a city or county that requires cigarettes, tobacco product, or nicotine product licensing? Yes No

If you answered "Yes" to the above question, have you received a license or permit from the applicable local jurisdiction for cigarettes, tobacco products, or nicotine products sales? Yes No

Date License Issued Upcoming Renewal Date

You must provide a copy of your locally issued license with this application

Note - If the retail location for which you are applying is located in a city or county that requires a cigarettes, tobacco products, or nicotine products license, you will need to contact the Division prior to submitting payment for your license, so that the correct amount may be prorated. Please do not submit payment until you have verified the amount with the Division.

2. If you selected "Cigar-Tobacco Bar" in Section I, please answer the questions below by checking the appropriate box:

- | | | |
|---|-----|----|
| a. Does your establishment allow smoking/vaping on its premises?..... | Yes | No |
| b. Do you prohibit any person under twenty-one years of age to enter your premises?..... | Yes | No |
| c. Does your business allow the rental of on-site humidors (not including vending machines)?..... | Yes | No |
| d. Has your current premises expanded its size or changed its location from the size and location in which it existed as of December 31, 2005?..... | Yes | No |
| e. Do you display signage in at least one conspicuous place and at least four inches by six inches in size stating: "Smoking allowed. Persons under twenty-one years of age may not enter."?..... | Yes | No |
| f. Does your business generate at least five percent or more of total gross annual income OR \$50,000 in annual sales from on-site sale of tobacco products and rental of on-site humidors (excluding vending machines)?..... | Yes | No |

3. If you selected "Tobacco Retailer Age Restricted License" in Section I, please answer the questions below by checking the appropriate box:

- | | | |
|---|-----|----|
| a. Does your establishment allow smoking/vaping on its premises?..... | Yes | No |
| b. Do you prohibit any person under twenty-one years of age to enter your premises?..... | Yes | No |
| c. Do you display signage in at least one conspicuous place and at least four inches by six inches in size stating: "Smoking allowed. Persons under twenty-one years of age may not enter."?..... | Yes | No |
| d. If you sell electronic smoking devices (ESD), do you display signage in at least one conspicuous place and at least four inches by six inches in size stating: "Vaping allowed. Persons under twenty-one years of age may not enter."? | | |

Yes No Not Applicable (does not sell ESD)

4. Do you have a tobacco vending machine?..... Yes No

Please confirm your understanding that the tobacco vending machine must be placed on the age-restricted area of a licensed gaming establishment, as defined in 44-30-103(18), C.R.S.	Yes	No
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Vending Machine(s) Serial Number(s)?

Describe the location of all vending machines within your licensed premises. Please provide a diagram of the location of all vending machines within your premises.

5. Are you also applying for a Delivery Permit?..... Yes No

Please confirm your understanding that delivery has to be made by an owner or employee of the applicant..... Yes No

Please confirm your understanding that delivery can only be made to persons that are twenty-one (21) years of age and the consumer's age will be verified by the licensee's employee examining a valid government issued form of identification.... Yes No

6. Is the retail location to be licensed within 500 feet of a school?..... Yes No

Did your retail location sell cigarettes, tobacco products, or nicotine products prior to July 14, 2020? Yes No

7. Does the location for which you are applying currently have an existing cigarettes, tobacco products, or nicotine products state license?..... Yes No

If Yes, what is the current state license number? License Number

Note - You will be provided a temporary license to be able to sell cigarettes, tobacco products, or nicotine products valid for up to thirty days. The Division reserves the right to not issue temporary licenses in certain circumstances.

You must provide an affidavit of discontinuance/ Date Temporary License Needed By sale/transfer from original license holder.

8. Has the applicant, or its authorized representative ever had a cigarettes, tobacco products, or nicotine products license suspended, revoked, or otherwise had disciplinary action taken against a cigarettes, tobacco products, or nicotine products license for violations of tobacco statutes?..... Yes No

If Yes - Please explain dates and circumstances surrounding such actions.

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 all applicable laws and regulations which affect my license.

Last Name

First Name

Middle Initial

Title

Electronic signature is not accepted, physical signature is required.

Date (MM/DD/YY)