



**COLORADO**  
**Department of Revenue**  
Specialized Business Group—  
Liquor & Tobacco

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

**Liquor and Tobacco Enforcement**

## 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	\$400.00
Large Operator License Fee (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:**

<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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

<input type="checkbox"/> New Application <input type="checkbox"/> Transfer Application			
<b>Section I</b>			
<b>Please indicate the type of license you are applying for (Check all that apply):</b>			
<input type="checkbox"/>	<b>Tobacco Retailer (Off-Premises)</b>		
<input type="checkbox"/>	<b>Tobacco Retailer Indoor Age Restricted License</b>		
<input type="checkbox"/>	<b>Cigar-Tobacco Bar</b>		
<input type="checkbox"/>	<b>Tobacco Large Operator (Ten or more locations)</b>		
	How many retail locations will be licensed under this Large Operator License? (must be ten or more locations to be eligible).		Number of locations
	<b>NOTE</b> - 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.		
<input type="checkbox"/>	<b>Tobacco Delivery Permit</b>		
	Will your business require a Tobacco Delivery Permit in addition to the selection above?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Name			
Business Trade Name (DBA)			
FEIN		State Sales Tax Number	
Business Email Address			Business Phone Number
<b>Address of Premises</b> (specify exact location of premises, include suite/unit number if applicable)			
Street Address			
City		County	State ZIP
Email Address			Phone Number
<b>NOTE</b> - for Large Operator Licenses, you must attach a listing of this information for each retail location to be licensed, as well as a copy of the local license for each retail location located within a local jurisdiction that requires cigarettes, tobacco products, or nicotine products licenses.			
<b>Mailing Address</b> (If different from Above)			
Street Address			
City		State	ZIP
<b>Owner/Store Manager Information</b>			
Last Name		First Name	Middle Initial Date of Birth
Email Address			Phone Number

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Date License Issued	Upcoming Renewal Date
<p>You must provide a copy of your locally issued license with this application</p> <p><b>NOTE</b> - 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.</p>		
2.	Please indicate what business type applies by checking the appropriate box below:	
	<input type="checkbox"/> Cigar-Tobacco Bar (cigar and/or tobacco use allowed on premises)	
	<input type="checkbox"/> Tobacco Retailer Age Restricted License (tobacco use and/or vaping allowed on premises)	
	<input type="checkbox"/> Not Applicable	
3.	If you selected "Cigar-Tobacco Bar" in question 2, please answer the questions below by checking the appropriate box:	
	3.1 Does your establishment allow smoking/vaping on its premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3.2 Do you prohibit any person under twenty-one years of age to enter your premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3.3 Does your business allow the rental of on-site humidors (not including vending machines)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3.4 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3.5 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."?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3.6 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	If you selected "Tobacco Retailer Age Restricted License" in question 2, please answer the questions below by checking the appropriate box:	
	4.1 Does your establishment allow smoking/vaping on its premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	4.2 Do you prohibit any person under twenty-one years of age to enter your premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	4.3 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."?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	4.4 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."?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable (does not sell ESD)
5.	Do you have a tobacco vending machine?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	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.	
6.	Are you also applying for a Delivery Permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Please confirm your understanding that delivery has to be made by an owner or employee of the applicant.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No

7.	Is the retail location to be licensed within 500 feet of a school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Did your retail location sell cigarettes, tobacco products, or nicotine products prior to July 14, 2020?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Does the location for which you are applying currently have an existing cigarettes, tobacco products, or nicotine products state license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, what is the current state license number?	License Number
	<b>NOTE</b> - 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/sale/transfer from original license holder.	
	Date Temporary License Needed By	
9.	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes - Please explain dates and circumstances surrounding such actions.	
<b>Oath of Applicant</b>		
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		Middle Initial
First Name		
Title		Date (MM/DD/YYYY)
Authorized Signature		