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**COLORADO**  
Department of Revenue

**Specialized Business Group —  
Liquor & Tobacco**

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**Cigarette, Tobacco Product,  
and Nicotine Product  
Retail License and Permit  
Renewal 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<br>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 been issued a local cigarettes, tobacco products, or nicotine products license issued by a city or county government since the date of their last renewal or application, a copy of the license must accompany this renewal application.
2. For Large Operator Licenses, an attachment listing each retail location requiring renewal, including each retail location's physical address and owner/manager contact information, as well as any and all required local licenses issued since the date of the last renewal 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 renewal your application will be processed. Submit your completed renewal 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

### Questions?

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

## Tobacco License and Permit Renewal Form

### Section I

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Business Name

Business Trade Name (DBA)

FEIN

State Sales Tax Number

State Cigarette, Tobacco Product & Nicotine Product License Number

License Expiration Date

Business Email Address

Business Phone Number

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

Street Address

City

County

State ZIP Code

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**Mailing Address** (if different from above)

Street Address

City

County

State ZIP Code

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**Owner Information (Attach a separate sheet if necessary)**

Last Name

First Name

Middle Initial

Date of Birth

Email Address

Phone Number

Last Name

First Name

Middle Initial

Date of Birth

Email Address

Phone Number

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

|           |            |                |
|-----------|------------|----------------|
| Last Name | First Name | Middle Initial |
|-----------|------------|----------------|

|               |               |              |
|---------------|---------------|--------------|
| Date of Birth | Email Address | Phone Number |
|---------------|---------------|--------------|

|           |            |                |
|-----------|------------|----------------|
| Last Name | First Name | Middle Initial |
|-----------|------------|----------------|

|               |               |              |
|---------------|---------------|--------------|
| Date of Birth | Email Address | Phone Number |
|---------------|---------------|--------------|

**Section II**

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1. Since receiving your license, has the city or county in which you are located began to require cigarette, tobacco product, or nicotine product licensing?..... Yes No
- a. If you answered "Yes" to the above question, have you received a license or permit from the applicable local jurisdiction for cigarette, tobacco product, or nicotine product sales?..... Yes No

|                     |                       |
|---------------------|-----------------------|
| Date License Issued | Upcoming Renewal Date |
|---------------------|-----------------------|

**Note** - If received, you must provide the most recent copy of your locally issued license with this application.

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2. Please indicate what business type applies by checking the appropriate box below (Check all that apply):

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

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

Tobacco Retailer (Off-Premises)

Tobacco Large Operator (Ten or more locations)

Tobacco Delivery Permit

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3. If you selected "Cigar-Tobacco Bar" in question 2, 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. Have 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 <b>or</b> \$50,000 in annual sales from on-site sale of tobacco products and rental of on-site humidors (excluding vending machines)?..... | Yes | No |

4. If you selected "Tobacco Retailer Age Restricted License" in question 2, 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) |    |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 5. Do you have a tobacco vending machine?.....                                                                                                                                            | Yes | No |
| Please confirm your understanding that the tobacco vending machine must be placed in the age-restricted area of a licensed gaming establishment, as defined in 44-30-103(18), C.R.S. .... | Yes | 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 renewing 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 |

7. Since the date of issuance of your license, has the applicant, or its authorized representative had a cigarette, tobacco products, or nicotine products license suspended, revoked, or otherwise had disciplinary action taken against a cigarette, tobacco products, or nicotine products license for violations of tobacco statutes?..... Yes No

If you answered yes, please provide an explanation.

## Online Payment

Please use the following link to pay online for your renewal:

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

## Oath of Applicant

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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 and Wine Code which affect my license.

Last Name

First Name

Middle Initial

Title

Signature

Date (MM/DD/YY)