



COLORADO
Department of Revenue

**Specialized Business Group —
Liquor & Tobacco**

**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 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

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

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

Street Address

City

County

State ZIP Code

Mailing Address (if different from above)

Street Address

City

County

State ZIP Code

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

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.

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

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 or \$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) | |

- | | | |
|---|-----|----|
| 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

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)

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 is 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

Home Phone Number

Business/Work Phone Number

Street Address

City

State ZIP Code

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).