

State-Only Liquor or Fermented Malt Beverage License Renewal Application

Instructions

1. Complete entire application and provide supporting documentation/attachments if necessary.
2. Submit application 30 days prior to expiration to:
Liquor Enforcement Division
PO Box 17087
Denver, CO 80217-0087
3. Submit the appropriate renewal license fee by license type.

Note - As of July 1, 2024, a \$250 annual renewal application fee will be applied to all renewals received by the State Licensing Authority

License Type	Fee
Fermented Malt Beverage Importer	\$150.00
Fermented Malt Beverage Manufacturer	\$150.00
Fermented Malt Beverage Wholesale	\$150.00
Fermented Malt Beverage Nonresident Manufacturer	\$150.00
Importer (malt liquor)	\$300.00
Importer (vinous & spirituous)	\$300.00
Limited Winery	\$70.00
Manufacturer (brewery)	\$300.00
Manufacturer (distillery & rectifier)	\$300.00
Manufacturer (winery)	\$300.00
Nonresident Manufacturer (malt liquor)	\$300.00
Public Transportation	\$75.00
Wholesale (vinous & spirituous)	\$550.00
Wholesale Beer (malt liquor)	\$550.00
Winery Direct Shipper's Permit	\$100.00
Wine Packaging Permit	\$200.00

State-Only Liquor or Fermented Malt Beverage License Renewal Application

Fees Due

Annual Renewal Application Fee.....	\$	250
Renewal Fee.....	\$	
Warehouse Branch Permit.....	\$100 X	\$
Amount Due/Paid.....	\$	

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Make check payable to: Colorado Department of Revenue. The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department may collect the payment amount directly from your banking account electronically.

Return to address listed in the instructions on page 1 by due date

Please verify & update all information below

Licensee Name

DBA

Liquor License Number

License Type

Sales Tax License Number

Expiration Date

Due Date

Address of Premises (specify exact location of premises)

City State ZIP Code

Phone Number Email

Mailing Address

City State ZIP Code

Operating Manager

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

Home Address

City State ZIP Code

1. Do you have legal possession of the premises at the street address above?..... Yes No

Are the premises owned or rented? Owned Rented *If rented, expiration date of lease

2. Are you renewing a salesroom?..... Yes No

If yes please provide the address(s) (attach additional sheet if needed):

Salesroom Address

City State ZIP Code

Salesroom Address

City State ZIP Code

3. Are you renewing a Warehouse Branch Permit?..... Yes No
If yes, please see the table in upper right hand corner and include all fees due.

4. Are you renewing a takeout and/or delivery permit?..... Yes No
(Note: must hold a qualifying license type and be authorized for takeout and/or delivery license privileges)
If so, which are you renewing? Delivery Takeout Both Takeout and Delivery

5. Since the date of filing of the last application, has there been any change in financial interest (new notes, loans, owners, etc.) or organizational structure (addition or deletion of officers, directors, managing members or general partners)?
If yes, explain in detail and attach a listing of all liquor businesses in which these new lenders, owners (other than licensed financial institutions), officers, directors, managing members or general partners are materially interested..... Yes No

Note to corporation, limited liability company and partnership applicants: If you have added or deleted any officers, directors, managing members, general partners or persons with 10% or more interest in your business, you must complete and return immediately to your State Licensing Authority, Form DR 8177: Corporation, Limited Liability Company or Partnership Report of Changes, along with all supporting documentation and fees.

6. Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been convicted of a crime? If yes, attach a detailed explanation..... Yes No

7. Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been denied an alcohol beverage license, had an alcohol beverage license suspended or revoked, or had interest in any entity that had an alcohol beverage license denied, suspended or revoked? If yes, attach a detailed explanation..... Yes No

8. Does the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) have direct or indirect interest in any other Colorado liquor license, including loans to or from any licensee or interest in a loan to any licensee? If yes, attach a detailed explanation..... Yes No

Affirmation & Consent

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.

Type or Print Name of Applicant/Authorized Agent of Business

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

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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.