DR 8404-I (12/05/24) **COLORADO DEPARTMENT OF REVENUE** Liquor Enforcement Division PO Box 17087 Denver CO 80217-0087 (303) 205-2300

Individual History Record

To be completed by the following persons, as applicable: sole proprietors; general partners regardless of percentage ownership, and limited partners owning 10% or more of the partnership; all principal officers of a corporation, all directors of a corporation, and any stockholder of a corporation owning 10% or more of the outstanding stock; managing members or officers of a limited liability company, and members owning 10% or more of the company; and any intended registered manager of Hotel and Restaurant, Tavern, Lodging Facility, and Entertainment Facility class of retail license

Notice: This individual history record requires information that is necessary for the licensing investigation or inquiry. All questions must be answered in their entirety or the license application may be delayed or denied. If a question is not applicable, please indicate so by "N/A". **Any deliberate misrepresentation or material omission may jeopardize the license application.** (Please attach a separate sheet if necessary to enable you to answer questions completely)

Name of Business

Home Phone Number

Cellular Number

Your Full Name (last, first, middle)

List any other names you have used

Mailing address	(if different from	residence)
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Email Address

1. List current residence address. Include any previous addresses within the last five years. (Attach separate sheet if necessary)

Current Street and Number	Current City, State, ZIP
From:	To:
Previous Street and Number	Previous City, State, ZIP
From:	То:

2. List all employment within the last five years. Include any self-employment. (Attach separate sheet if necessary)

Name of Employer or Business

Address	(Street,	Number,	City,	State,	ZIP)
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Position Held

From:

To:

Name of Employer or Business

Address (Street, Number, City, State, ZIP)

Position Held

From:

To:

Name of Employer or Business

Address (Street, Number, City, State, ZIP)

Position Held

From:

To:

3. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry.

Name of Relative	Relationship to You:
Position Held	Name of Licensee
Name of Relative	Relationship to You:
Position Held	Name of Licensee

Individual History Record (Continued)				
Name of Relative	Relationship to You:			
Position Held	Name of Licensee			
Name of Relative	Relationship to You:			
Position Held	Name of Licensee			
 Have you ever applied for, held, or had ar Beer License, or loaned money, furniture, any licensee?	fixtures, equipment or inventory to	Yes	No	
 Have you ever received a violation notice, liquor law violation, or have you applied fo license anywhere in the United States? (If yes, answer in detail.) 	r or been denied a liquor or beer	Yes	No	
 6. Have you ever been convicted of a crime of deferred sentence, or forfeited bail for any or do you have any charges pending? (If yes, answer in detail.) 	offense in criminal or military court	Yes	No	
 Are you currently under probation (supervi completing the requirements of a deferred (If yes, answer in detail.) 		Yes	No	

8. Have you ever had any professional license suspended, revoked, or denied?..... Yes No (If yes, answer in detail.)

Personal and Financial Information

Unless otherwise provided by law, the personal information required in this section will be treated as confidential. The personal information required in this section is solely for identification purposes.

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U.S. Citizen	Yes	No	If Naturalized, state	where	When		
Name of District Court			Naturalization Certi	ficate Number	Date of Certifica	ation	
If an Alien, Give Alien's	Registratior	n Card	Number	Permanent Residen	ce Card Number		
Height	Weight		Hair Color	Eye Cold	r G	Gender	
Do you have a current Driver's License/ID? If so, give number and state							
Driver's License Numbe	er			Driver's License Sta	te		

Financial Information

- **9.** Total purchase price or investment being made by the applying entity, corporation, partnership, limited liability company, other.....
- **10.** List the total amount of the **personal** investment, made by the person listed on page 1 in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases or fees paid.

NOTE: If corporate investment only, please skip to and complete question 12 NOTE: Question 10 should reflect the total of questions 11 and 13

11. Provide details of the personal investment described in question 10. You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment	Account Type
Bank Name	Amount
Type: Cash, Services or Equipment	Account Type
Bank Name	Amount
Type: Cash, Services or Equipment	Account Type
Bank Name	Amount
Type: Cash, Services or Equipment	Account Type
Bank Name	Amount

12. Provide details of the corporate investment described in question 9. You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment		Loans	Account Type
Bank Name		Amount	
Type: Cash, Services or Equ	lipment	Loans	Account Type
Bank Name		Amount	
Type: Cash, Services or Equipment		Loans	Account Type
Bank Name		Amount	
13. Loan Information (At	ttach copies of all notes or	loans)	
Name of Lender		Address	
Term	Security	Amount	

Personal and Financial Information (Continued)		
Name of Lender		Address
Term	Security	Amount
Name of Lender		Address
Term	Security	Amount
Name of Lender		Address
Term	Security	Amount

Oath of Applicant

I declare under penalty of perjury that this application and all attachments are true, correct, and complete to the best of my knowledge.

Electronic signature is not accepted, physical signature is required.

Print Signature

Title

Date (MM/DD/YY)