(303) 205-2300

# **Retail Liquor License Reissue Application**

#### Instructions

- 1. To be used to apply for a reissued license.
- 2. Submit application to your local city or county licensing. Do not submit to the State.
- 3. There is a mandatory fine of \$500.00 plus \$25/day for each day after the 90th day of expiration.
- **4.** Submit the appropriate reissue license fee by license type:

License Type	Fee
Fermented Malt Beverage and Wine (city)	.\$ 96.25
Fermented Malt Beverage and Wine (county)	
Fermented Malt Beverage On Premise (city)	
Fermented Malt Beverage On Premises (county)	
Arts License (city)	.\$308.75
Arts License (county)	.\$308.75
Beer & Wine (city)	. \$ 351.25
Beer & Wine (county)	. \$ 436.25
Brew Pub (city)	. \$ 750.00
Brew Pub (county)	. \$ 750.00
Club License (city)	. \$ 308.75
Club License (county)	
Distillery Pub (city)	
Distillery Pub (county)	
Hotel & Restaurant (city)	
Hotel & Restaurant (county)	
Hotel & Restaurant / Optional Premise (city)	
Hotel & Restaurant / Optional Premise (county)	
Liquor Licensed Drug Store (city)	
Liquor Licensed Drug Store (county)	
Liquor Store (city)	
Liquor Store (county)	
Optional Premises (city)	
Optional Premises (county)	
Racetrack License (city)	
Racetrack License (county)	
Resort Complex (city)	
Resort Complex (county)	
Retail Gaming Tavern (city)	
Retail Gaming Tavern (county)	
Tavern (city)	
Tavern (county)	
Vintner's Restaurant (city)	
Vintner's Restaurant (county)	. \$ 750.00

<sup>\*</sup> Plus \$100.00 for each optional premise

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COLORADO DEPARTMENT OF REVENUE
Liquor Enforcement Division
PO BOX 17087
Denver CO 80217-0087
(303) 205-2300

### **Submit to Local Licensing Authority**

# **Retail Liquor License Reissue Application**

Fees Due						
Reissue Fee				• • • • • • • • • • • • • • • • • • • •	. \$	
Storage Permit			\$100	X	\$	
Optional Premise			\$100	<	\$	
\$500 reissue fine (State Fee	<u>-)</u>				. \$	
Past 90 days expired (State F	<sup>-</sup> ee)		\$25	X	\$	
Amount Due/Paid					. \$	
Make check payable to: Colora electronic banking transaction. State. If converted, your check funds, the Department may color Return to city or county licen	Your bank account movill not be returned. If llect the payment amo	ay be debited as ea your check is rejec unt directly from yo	urly as the s ted due to ur banking	same d insuffic accoul	ay received by t ient or uncollect nt electronically.	hetec
Licensee Name						
DBA						
Liquor License Number		License Type				
Sales Tax License Number	Expiration Date		Due Date			
Street Address						
City				State	ZIP Code	
Mailing Address						
City				State	ZIP Code	

Ph	one Number	Email					
Ор	erating Manager						
Phone Number			Date of	Birth (MM/DD/Y	Y)		
Но	me Address						
Cit	у				State	ZIP Code	
_ 1.	Do you have legal possession	of the prem	nises at the s	treet address	above?	Yes	No
	Are the premises owned or	rented?	Owned	Rented	If rented, exp	iration date	of lease
2.	Since the date of filing of the last interest (new notes, loans, owned deletion of officers, directors, managing members, or general	ers, etc.) or or anaging menting of all liques of all liques of all liques or all end of the content of the con	organizationa mbers or gen uor businesse ial institutions	I structure (adderal partners)? es in which thes ), officers, direc	lition or If yes, se new ctors,	Yes	No
3a	Since the date of filing of the la manager, partners, officer, dire members (LLC), or any other p the applicant, been found in fin payment of any state or local to	ctors, stockl person with a al order of a	holders, mem a 10% or grea a tax agency	nbers (LLC), m ater financial ir to be delinque	anaging Iterest in In the	Yes	No
3b	Since the date of filing of the last partners, officer, directors, stockl or any other person with a 10% pay any fees or surcharges impo	holders, mer or greater fir	mbers (LLC), i nancial interes	managing mem t in the applicar	bers (LLC), nt failed to	Yes	No
4.	Since the date of filing of the las owners, managers, partners or been convicted of a crime? If ye	lenders (oth	er than licens	ed financial ins	titutions)	Yes	No
5.	Since the date of filing of the last owners, managers, partners or been denied an alcohol beverage suspended or revoked, or had in license denied, suspended or re	lenders (oth ge license, h nterest in an	er than licens ad an alcoho ay entity that h	ed financial ins I beverage lice ad an alcohol l	etitutions) nse peverage	Yes	No
	Does the applicant or any of its (other than licensed financial ins other Colorado liquor license, in loan to any licensee? If yes, atta	stitutions) ha	ave a direct or as to or from a	indirect interes	st in any interest in a	Yes	No Page 3 of 6

#### **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) **Report & Approval of City or County Licensing Authority** The foregoing application has been examined and the premises, business conducted and character of the applicant are satisfactory, and we do hereby report that such license, if granted, will comply with the provisions of Title 44, Articles 4 and 3, C.R.S. Therefore this application is approved. Local Licensing Authority For Date (MM/DD/YY) Title Signature Attest

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DR 8495 (02/16/24)
COLORADO DEPARTMENT OF REVENUE
Liquor Enforcement Division
PO BOX 17087
Denver CO 80217-0087
(303) 205-2300

## 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 Numbe
Street Address		
City		State ZIP Code
Printed name of person signing on behalf of the Applican	t/Licensee	
Applicant / Licensee's Signature (Signature authorizing the	e 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.

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