



## Application Documents Checklist and Worksheet

**Instructions:** This check list should be utilized to assist applicants with filing all required documents for licensure. **All** documents must be properly signed and correspond with the name of the applicant exactly. **All** documents must be typed or legibly printed. Upon final State approval the license will be emailed to the applicant. Application fees are nonrefundable.

**Questions? Visit:** [https:// SBG.Colorado.gov/Liquor](https://SBG.Colorado.gov/Liquor) for more information

Items submitted, please check all appropriate boxes completed or documents submitted	
<b>I.</b>	<b>Applicant information</b> <input type="checkbox"/> A. Identify applicant and type of transaction (New License or Transfer of Ownership) <input type="checkbox"/> B. Identify license type and associated Liquor License Fees <input type="checkbox"/> C. Identify state sales tax license number (transportation applicant only) <input type="checkbox"/> D. Submit original application <input type="checkbox"/> E. Submit Tax Check Authorization form (Included in this packet).
<b>II.</b>	<b>Diagram (wholesalers, public transportation, and in-state manufacturers)</b> <input type="checkbox"/> A. 8 1/2" X 11" diagram of property to be licensed <input type="checkbox"/> B. Address and diagram of premises where liquor is to be stored (public transportation and wholesale applicants only)
<b>III.</b>	<b>Proof of property possession (not required for importers and nonresident manufacturers)</b> <input type="checkbox"/> A. Deed in name of the applicant <input type="checkbox"/> B. Lease in the name of the applicant only and valid for at least one (1) year from the date of license issuance or <input type="checkbox"/> C. Lease assignment in the name of the applicant only with proper consent from the landlord and acceptance by the applicant <input type="checkbox"/> D. Copy of vehicle registration (public transportation applicant only) <input type="checkbox"/> E. Copy of vehicle lease (public transportation applicant only) <input type="checkbox"/> F. Other agreement if applicable
<b>IV.</b>	<b>Background Information (DR 8404-I)</b> <input type="checkbox"/> A. Complete for each principal (individuals with more than 10% ownership in applicant, officers, directors, partners, managing members) <input type="checkbox"/> B. Complete fingerprint cards for the same persons mentioned in "A" above. Cards must be completed using an approved state vendor. <b>Do not complete fingerprint cards prior to submitting your application to the state.</b> The vendors are as follows: <b>IdentoGO</b> - <a href="https://uenroll.identogo.com/workflows/25YQHT">https://uenroll.identogo.com/workflows/25YQHT</a> Appointment Scheduling Website: <a href="https://uenroll.identogo.com/workflows/25YQHT">https://uenroll.identogo.com/workflows/25YQHT</a> Phone: 844-539-5539 (toll-free) <b>IdentoGO FAQs:</b> <a href="https://www.colorado.gov/pacific/cbi/identification-faqs">https://www.colorado.gov/pacific/cbi/identification-faqs</a> <b>Colorado Fingerprinting</b> – <a href="http://www.coloradofingerprinting.com/cabs/">http://www.coloradofingerprinting.com/cabs/</a> Appointment Scheduling Website: <a href="http://www.coloradofingerprinting.com/cabs/">http://www.coloradofingerprinting.com/cabs/</a> Phone: 720-292-2722 Toll Free: 833-224-2227  Note: If you are having issues with fingerprinting, please contact the vendors directly and not the Division.
<b>V.</b>	<b>Sole proprietor/husband and wife partnership</b> <input type="checkbox"/> A. Form DR 4679 <input type="checkbox"/> B. Copy of State issued Driver's License or Colorado Identification Card for each applicant
<b>VI.</b>	<b>Corporate applicant information (if applicable)</b> <input type="checkbox"/> A. Copy of Articles of Incorporation <input type="checkbox"/> B. Certificate of Good Standing <input type="checkbox"/> C. Certificate of Authorization if foreign corporation (out of state applicants only)
<b>VII.</b>	<b>Partnership applicant information (if applicable)</b> <input type="checkbox"/> A. Partnership Agreement (general or limited) <input type="checkbox"/> B. Certificate of Good Standing
<b>VIII.</b>	<b>Limited Liability Company applicant information (if applicable)</b> <input type="checkbox"/> A. Copy of Articles of Organization <input type="checkbox"/> B. Certificate of Good Standing <input type="checkbox"/> C. Copy of Operating Agreement (if applicable) <input type="checkbox"/> D. Certificate of Authorization if foreign LLC (Out of state applicants only)
<b>IX.</b>	<b>Other Permits</b> <input type="checkbox"/> A. Copy of applicable Federal permit (See TTB - Alcohol and Tobacco Tax and Trade Bureau's website for more information) <input type="checkbox"/> B. Copy of Colorado PUC Authority (public transportation applicants only)
<b>X.</b>	Product registration and sole source designation for importers, nonresident manufacturers, wholesalers, and in-state manufacturers can be completed online in the month following license issuance at: <a href="http://www.productregistrationonline.com/GetStarted/CO#selectPermit">www.productregistrationonline.com/GetStarted/CO#selectPermit</a>
<b>XI.</b>	<b>Application Review</b> <input type="checkbox"/> A. Completed all sections with applicable fees included. (Note: Application fees are non-refundable) <input type="checkbox"/> B. Sign and submit application

7. Is the applicant (including any of the partners if a partnership; members or managers if a limited liability company; or officers, stockholders or directors if a corporation) or managers under the age of twenty-one years?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Has the applicant (including any of the partners if a partnership; members or managers if a limited liability company; or officers, stockholders or directors if a corporation) or managers ever (in Colorado or any other state):						
a. Been denied an alcohol beverage license?					<input type="checkbox"/>	<input type="checkbox"/>
b. Had an alcohol beverage license suspended or revoked?					<input type="checkbox"/>	<input type="checkbox"/>
c. Had interest in another entity that had an alcohol beverage license suspended or revoked?					<input type="checkbox"/>	<input type="checkbox"/>
If you answered yes to 8a, b or c, explain in detail on a separate sheet.						
8. Has a liquor or beer license ever been issued to the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation)? If yes, identify the name of the business and list any current financial interest in said business including any loans to or from a licensee on a separate sheet.					<input type="checkbox"/>	<input type="checkbox"/>
9. Does the applicant, as listed on line 1b of this application, have legal possession of the premises from the date that this license will be issued by virtue of ownership, lease, or other arrangement? (in state applicants)					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ownership <input type="checkbox"/> Lease <input type="checkbox"/> Other (explain in detail) _____						
a. If leased, list name of landlord, tenant, and date of expiration <b>exactly</b> as they appear on the lease.						
Landlord				Tenant		Expires
b. Is a percentage of alcohol sales included as compensation to the landlord? If yes complete question #11						
c. Attach a diagram to designate the area to be licensed in black bold outline (including dimensions) which shows the bars, manufacturing area, walls, partitions, entrances, exits, storage bays, shelving, and what each room shall be utilized for in this business. This diagram should be no larger than 8 1/2" x 11".						
10. Who, beside the owners listed in this application (including persons, firms, partnerships, corporations, limited liability companies), will loan or give money, inventory, furniture or equipment to or for use in this business; who will receive money from this business? Attach a separate sheet if necessary.						
Last Name		First Name		Date of Birth	FEIN or SSN	Interest/Percentage
Last Name		First Name		Date of Birth	FEIN or SSN	Interest/Percentage
Attach copies of all notes and security instruments and any written agreement, or details of any oral agreement by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment, and any agreement relating to the business which is contingent or conditional in any way by volume, profit, sales, giving of advice or consultation.						
11. Tax Information.						
a. Has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or any other person with a 10% or greater financial interest in the applicant, been found in final order of a tax agency to be delinquent in the payment of any state or local taxes, penalties, or interest related to a business?					<input type="checkbox"/>	<input type="checkbox"/>
b. Has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or any other person with a 10% or greater financial interest in the applicant failed to pay any fees or surcharges imposed pursuant to section 44-3-503, C.R.S.					<input type="checkbox"/>	<input type="checkbox"/>
12. If applicant is a corporation, partnership, association or limited liability company, applicant must list all <b>Officers, Directors, General Partners, and Managing Members</b> . In addition, applicant must list any stockholders, partners, or members with <b>ownership of 10% or more in the Applicant</b> . <b>All persons listed below</b> must also attach form DR 8404-I (Individual History Record), and make an appointment to be fingerprinted by an approved State Vendor through the Vendor's website. See application checklist, Section IV, for details. Include a separate sheet if necessary.						
Name	Home Address, City & State			Date of Birth	Position	% Owned
Name	Home Address, City & State			Date of Birth	Position	% Owned
Name	Home Address, City & State			Date of Birth	Position	% Owned
Name	Home Address, City & State			Date of Birth	Position	% Owned
Name	Home Address, City & State			Date of Birth	Position	% Owned

\*\* If applicant is owned 100% by a parent company, please list the designated principal officer of parent company above and provide DR 8404-I.

\*\* Corporations - the President, Vice-President, Secretary and Treasurer must be accounted for above (Include ownership percentage if applicable)

\*\* If total ownership percentage disclosed here does not total 100%, applicant must check this box: ☐

Applicant affirms that no individual other than these disclosed herein owns 10% or more of the applicant and does not have financial interest in a prohibited liquor license pursuant to Article 3, 4 or 5 of Title 44 C.R.S.

<b>14. Colorado Manufacturer, Wholesaler or Limited Winery applicants, answer the following:</b>				<b>Yes    No</b>
<b>a.</b> Will the applicant store or sell alcohol beverages at more than one location in Colorado? If yes, provide the address of each location and explain the activity to be conducted at each location (e.g., warehouse, salesroom, etc.) on a separate sheet.				<input type="checkbox"/> <input type="checkbox"/>
<b>b.</b> If applicant is a wholesaler, does or did any owner, partner, shareholder, director, officer, member or manager have any direct or indirect financial interest in a wholesaler, retailer, manufacturer or importer already licensed by the State of Colorado to sell malt, vinous or spirituous liquor? If yes, explain in detail on a separate sheet.				<input type="checkbox"/> <input type="checkbox"/>
<b>c.</b> Does the applicant have a valid federal Basic permit or Brewers notice? If yes, attach a copy; if no, explain whether one has been applied for on a separate sheet.				<input type="checkbox"/> <input type="checkbox"/>
<b>Please use a separate sheet of paper for any explanations</b>				
<b>15. Nonresident Manufacturer (Fermented Malt Beverage or malt liquor) or Importer (Fermented Malt Beverage, malt, vinous or spirituous liquor) applicants, answer the following:</b>				
<b>a.</b> To what Colorado licensed wholesaler do you intend to ship your merchandise? _____				
<b>b.</b> Does or did any owner, partner, shareholder, director, officer, member or manager have any direct or indirect financial interest in a wholesaler, retailer, manufacturer or importer already licensed by the state of Colorado to sell malt, vinous or spirituous liquor? If yes, attach explanation in detail.				<input type="checkbox"/> <input type="checkbox"/>
<b>c.</b> Does the applicant have a valid federal Basic permit or Brewers notice? If yes, attach a copy; if no, explain in detail.				<input type="checkbox"/> <input type="checkbox"/>
<b>d.</b> Are you, or a designated Importer, the Sole Source of Supply for the product(s) you will be importing into the State of Colorado?				<input type="checkbox"/> <input type="checkbox"/>
<b>e.</b> Once licensed, register your products at the link below. You will be able to register your products in the month following license issuance at: <a href="http://www.productregistrationonline.com/GetStarted/CO#selectPermit">www.productregistrationonline.com/GetStarted/CO#selectPermit</a>				
<b>Please use a separate sheet of paper for any explanations</b>				
<b>16. Public Transportation System license applicants, answer the following:</b>				
<b>a.</b> How many vehicles; cars, buses, planes or other conveyances (units) will serve alcohol beverages in Colorado?				<input style="width: 50px;" type="text"/>
<b>b.</b> Does the applicant have possession by title or lease of all of the units described above?				<input type="checkbox"/> <input type="checkbox"/>
<b>c.</b> Does applicant have PUC authority? (attach copy of authority)				<input type="checkbox"/> <input type="checkbox"/>
<b>d.</b> Where will liquor be stored? (list address below)				
Street Address	City	State	Zip	
<b>Oath Of Applicant</b>				
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.				
Authorized Signature		Printed Name and Title		Date
<b>Report and Approval By State Licensing Authority</b>				
<b>Each person required to file DR 8404-I been:</b>				
<input type="checkbox"/> Fingerprinted				
<input type="checkbox"/> Background and NCIC and CCIC check for outstanding warrants conducted				
<b>For Wholesalers and Manufacturers only</b>				<input type="checkbox"/> <input type="checkbox"/>
The liquor licensed premises has been inspected by an agent of the state licensing authority.				
If "no", the building will be completed and ready for inspection by _____ (date)				
By		Title		Date

## 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	
Address			
City		State	Zip
Home Phone Number		Business/Work Phone Number	
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).