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Liquor and Tobacco Enforcement Division Suggested Revision to Rules and Regulations

This form is provided to suggest rule changes and must be completed in its entirety prior to submission for consideration by the Division. Please, use a separate form for every different rule revision suggestion.

SECTION I - GENERAL INFORMATION				
Last Name:	First Name:			Date
Company/Organization		Job Title		
Contact Phone Number	Email Addres	S		
☐ Check if you would like your email address to be added to	the Division	n's rulemak	ing notification distrib	oution list.
SECTION II - RULE SUGGESTION AND/OR MODIFICATION	NI			
Rule Name and/or Number	714	Rule Se	ction	
Suggestion of wording for above referenced rule:				

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2. Justify the suggested change:	
Li duciny ino duggesteu change.	
3. Give examples of when the current rule caused/causes a problem and/or	confusion:
3. Give examples of when the current rule caused/causes a problem and/or	confusion:
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4. Explain how the change would affect/benefit the Industry	
5. Explain how the change would affect/benefit the Division:	

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6. Explain how the change would affect/benefit the <u>public</u> :
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7. List any documents or informational sources you have to support the proposed rule change:
(If possible, attach a copy of the documents listed below)
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SECTION III - DIVISION'S CONTACT INFORMATION

Please return this completed form to: dor_led@state.co.us or by mailing the request to the following address:

Liquor and Tobacco Enforcement Division Re: Rules

1697 Cole Blvd, Suite 200 Lakewood, CO 80401