DR 8057 (02/01/24)

COLORADO DEPARTMENT OF REVENUE
Liquor Enforcement Division

PO Box 17087 Denver, CO 80217-0087 Fax (303) 866-2428 Phone (303) 205-2300

Application for Colorado Liquor Sales Room

Regulation 47-428, 1 C.C.R. 203-2

Type of Sales:	Malt Liquor	Limited Winery	Winery	Distillery		
Duration:	Temporary (3 days or less)	Permanent	:			
Name of Applicant	exactly as it appears on your	current Colorado Liquo	r License			
Trade Name of App	olicant					
State Sales Tax Number		Applicant Liquor License Number				
Business Addr	ess					
Street Address						
City			St	ate ZIP Code		
Mailing Addres	SS					
Street Address						
City			St	ate ZIP Code		
Phone Number	Email Address					
Sales Room Ad	ddress					
Street Address						
City			St	ate ZIP Code		

Date of Events

From Date:		Time:		AM	PM				
To Date:		Time:		AM	PM				
If the event is o	occurring on the	e same day du	ring the events t	ime period repo	rted, select	the day(s) below			
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday			
Rights to Premise	es Granted by: (a	ttach a copy of the	e Premises Use Au	thorization letter or	lease if not pr	reviously submitted)			
Renting/Leasing Percent Basis: Yes No									
If Yes, List Percent and Interested Party. Use Additional Sheet if Necessary.									
Alcohol will be	sold (check a	ll that apply):							
For on-premises consumption (if selected, please file this application with the Local Licensing Authority and the State Licensing Authority)									
For off-premises consumption									
The Sales Roc	om Applicant a	ffirms they hav	e complied with	n local zoning re	strictions?				
Yes	No								
Additional Re	quired Docu	ments							
Attach an outlined diagram of proposed premises.									

Attach a copy of the premises control plan describing how the premises will be controlled to ensure compliance with liquor code and rules. It must include restricting sales to minors and visibly intoxicated persons and insuring that customers cannot leave the premises with an open container of alcohol.

Attach a copy of any contracts and/or operating agreements pertaining to the sales room.

Local Licensing Authority Name

Date Application Copy Submitted to Local Licensing Authority

DR 8057 (02/01/24) Page 2 of 3

Oath of Applicant

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, Beer and Wine Code and Liquor Rules which affects my permit.

Applicant Signature Date (MM/DD/YY)

Title

Notice to Local Licensing Authority

This application for a Sales Room will be granted to the above name applicant unless any of the below listed conditions apply. If any of these conditions apply please contact the State Licensing Authority immediately.

Issuance of this permit would impact traffic, noise, or other neighborhood concerns in a manner that is inconsistent with local regulations or ordinances.

If granted this permit would result in violations of the Colorado liquor code or the laws of the local government. (specify).

Issuance of this permit would violate local zoning laws.

For events lasting **three consecutive days or less**, the Local Licensing Authority has **ten (10) business** days to submit its determination to the State Licensing Authority.

For events lasting **four or more consecutive days**, the Local Licensing Authority has **forty-five (45) days** to submit its determination to the State Licensing Authority.

Local Licensing Authorities can send the approval via mail or email to dor liglicensing@state.co.us

If the Local Licensing Authority does not submit a response or determination within the time specified, the State Licensing Authority shall deem that the Local Licensing Authority has determined that the proposed sales room will not impact traffic, noise, or other neighborhood concerns in a manner that is inconsistent with local regulations or ordinances or that the applicant will sufficiently mitigate any impacts identified by the Local Licensing Authority.

Licensing Authority Signature Date (MM/DD/YY)

Local Licensing Authority Contact Name

Phone Number

Object Do Not Object

If the Local Licensing Authority objects to the sales room, provide a separate page with details of the objection.

DR 8057 (02/01/24) Page 3 of 3