

Application for Colorado Liquor Temporary Sales Room Regulation 47-428, 1 C.C.R. 203-2

Temporary Sales Room (3 days or less). Please select the one that applies to you. Note only the following license types may apply for a Temporary Sales Room:

Limited Winery

Manufacturer (Vinuous)

Manufacturer (Distillery or Rectifier)

Name of Applicant exactly as it appears on your current Colorado Liquor License

Trade Name of Applicant

State Sales Tax Number

Applicant Liquor License Number

Business Address

Street Address

City

State

ZIP Code

Mailing Address

Street Address

City

State

ZIP Code

Phone Number

Email Address

Sales Room Address

Street Address

City

State

ZIP Code

Date of Events

Name of Event

From Date: _____ Time: _____ AM _____ PM

To Date: _____ Time: _____ AM _____ PM

If the event is occurring on the same day during the events time period reported, select the day(s) below.

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Rights to Premises Granted by: (attach a copy of the Premises Use Authorization letter or lease if not previously submitted)

I affirm that there are no Festival(s) at the Temporary Salesroom's location, date(s), and time(s). Festival(s) on the Temporary Salesroom's premises may result in the denial of the permit application.

Yes No

Renting/Leasing Percent Basis: Yes No

If Yes, List Percent and Interested Party. Use Additional Sheet if Necessary.

Alcohol will be sold (check all 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

Note: If no open containers or samples are served on the temporary license premises, no local approval is needed.

The Sales Room Applicant affirms they have complied with local zoning restrictions?

Yes No

The Applicant affirms that the sales room location is not a residence.

Yes No

Additional Required Documents

Attach a map of the event space and an outlined diagram of the site booth. (This should match the control plan).

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

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.

Local Licensing Authorities can send the approval via mail or email to dor_liqlicensing@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.