

Fermented Malt Beverage/Fermented Malt Beverage and Wine Retailer License Application

This application only applies to Fermented Malt Beverage On-Premises, Fermented Malt Beverage On/Off-Premises, and Fermented Malt Beverage and Wine Retailer.

* Note that the Division will not accept cash Paid by check Paid online **Uploaded to Movelt on** Date

New License **New-Concurrent** **Transfer of Ownership**

- All answers must be printed in black ink or typewritten
- Applicant must check the appropriate box(es)
- Local license fee \$ _____
- Applicant should obtain a copy of the Colorado Liquor, Beer and Wine Code: SBG.Colorado.gov/Liquor

1. Applicant is applying as a/an

Corporation Partnership (includes Limited Liability and Husband and Wife Partnerships)

Individual Limited Liability Company Association or Other

2. Applicant(s) If an LLC, name of LLC; if partnership, at least 2 partners' names; if corporation, name of corporation FEIN

2a. Trade Name of Establishment (DBA) State Sales Tax No. Business Telephone

3. Address of Premises (specify exact location of premises)

| | | | |
|------|--------|-------|----------|
| City | County | State | ZIP Code |
|------|--------|-------|----------|

| | | | |
|--|--------------|-------|----------|
| 4. Mailing Address (Number and Street) | City or Town | State | ZIP Code |
|--|--------------|-------|----------|

| | |
|------------------|-------------------|
| 5. Email Address | Home Phone Number |
|------------------|-------------------|

6. If the premises currently has a liquor or beer license, you MUST answer the following questions

| | | | |
|---|---------------------------|--------------------------|-------------------------|
| Present Trade Name of Establishment (DBA) | Present State License No. | Present Class of License | Present Expiration Date |
|---|---------------------------|--------------------------|-------------------------|

| Section A Nonrefundable Application Fees | Section B Fermented Malt Beverage License Fees |
|--|---|
| <input type="checkbox"/> Application Fee for New License \$1,100.00 | <input type="checkbox"/> Retail Fermented Malt Beverage On-Premises (City) \$96.25 |
| <input type="checkbox"/> Application Fee for New License - w/Concurrent Review \$1,200.00 | <input type="checkbox"/> Retail Fermented Malt Beverage On-Premises (County) \$117.50 |
| <input type="checkbox"/> Application Fee for Transfer \$1,100.00 | <input type="checkbox"/> Retail Fermented Malt Beverage and Wine (City) \$96.25 |
| | <input type="checkbox"/> Retail Fermented Malt Beverage and Wine (County) \$117.50 |
| | <input type="checkbox"/> Retail Fermented Malt Beverage On/Off-Premises (City) \$96.25 |
| | <input type="checkbox"/> Retail Fermented Malt Beverage On/Off-Premises (County) \$117.50 |
| | <input type="checkbox"/> Master File Location Fee \$25.00 x _____ Total _____ |
| | <input type="checkbox"/> Master File Background \$250.00 x _____ Total _____ |

Questions? Visit SBG.Colorado.gov/Liquor for more information
 Do Not Write In This Space - For Department Of Revenue Use Only

Liability Information

| | | | |
|------------------------|-----------------|---|--------------------|
| License Account Number | Liability Date: | License Issued Through: (Expiration Date) | Total \$ |
|------------------------|-----------------|---|--------------------|

Application Documents Checklist and Worksheet

Instructions: This checklist 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 mailed to the local licensing authority. Application fees are nonrefundable.

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

| Items Submitted, Please Check all Appropriate Boxes Completed or Documents Submitted | |
|---|---|
| I. | <p>Applicant Information</p> <p><input type="checkbox"/> A. Applicant/Licensee identified</p> <p><input type="checkbox"/> B. State sales tax license number listed or applied for at time of application</p> <p><input type="checkbox"/> C. License type or other transaction identified</p> <p><input type="checkbox"/> D. Submit originals to local authority</p> <p><input type="checkbox"/> E. Additional information required by the local licensing authority</p> |
| II. | <p>Diagram of the Premises</p> <p><input type="checkbox"/> A. No larger than 8 1/2" X 11"</p> <p><input type="checkbox"/> B. Dimensions included (does not have to be to scale). Exterior areas should show control (fences, walls, etc.)</p> <p><input type="checkbox"/> C. Separate diagram for each floor (if multiple levels)</p> <p><input type="checkbox"/> D. Bold/Outlined licensed premises</p> |
| III. | <p>Proof of Property Possession (One Year Needed)</p> <p><input type="checkbox"/> A. Deed in name of the applicant ONLY (or) (matching question #2) date stamped/filed with County Clerk</p> <p><input type="checkbox"/> B. Lease in the name of the applicant ONLY (matching question #2)</p> <p><input type="checkbox"/> C. Lease Assignment in the name of the applicant (ONLY) with proper consent from the Landlord and acceptance by the applicant</p> <p><input type="checkbox"/> D. Other agreement if not deed or lease</p> |
| IV. | <p>Background Information (DR 8404-I) and Financial Documents</p> <p><input type="checkbox"/> A. Individual History Record(s) (Form DR 8404-I) Complete DR 8404-I for each principal (individuals with more than 10% ownership, officers, directors, partners, members)</p> <p><input type="checkbox"/> B. Fingerprints taken and submitted to the appropriate Local Licensing Authority through an approved state vendor. Master File applicants submit results to the State.</p> <p style="margin-left: 20px;">Do not complete fingerprint cards prior to submitting your application.</p> <p style="margin-left: 20px;">The Vendors are as follows:</p> <p style="margin-left: 20px;">IdentoGO – https://uenroll.identogo.com/ Phone: (844) 539-5539 (toll-free)</p> <p style="margin-left: 20px;">Colorado Fingerprinting – http://www.coloradofingerprinting.com Appointment Scheduling Website: http://www.coloradofingerprinting.com/cabs/ Phone: (720) 292-2722 Toll Free: (833) 224-2227</p> <p style="margin-left: 20px;">Details about the vendors and fingerprinting in Colorado can be found on CBI's website here: https://cbi.colorado.gov/sections/biometric-identification-and-records-unit/employment-and-background-checks</p> <p><input type="checkbox"/> C. Purchase agreement, stock transfer agreement, and/or authorization to transfer license</p> <p><input type="checkbox"/> D. List of all notes and loans.</p> |
| V. | <p>Sole Proprietor/Husband and Wife Partnership (if applicable)</p> <p><input type="checkbox"/> A. Form DR 4679</p> <p><input type="checkbox"/> B. Copy of State Issued Driver's License or Identification Card for each Applicant</p> |
| VI. | <p>Corporate Applicant Information (If Applicable)</p> <p><input type="checkbox"/> A. Certificate of Incorporation</p> <p><input type="checkbox"/> B. Certificate of Good Standing</p> <p><input type="checkbox"/> C. Certificate of Authorization if foreign corporation (out of state applicants only)</p> |
| VII. | <p>Partnership Applicant Information (If Applicable)</p> <p><input type="checkbox"/> A. Partnership Agreement (general or limited).</p> <p><input type="checkbox"/> B. Certificate of Good Standing</p> |
| VIII. | <p>Limited Liability Company Applicant Information (If Applicable)</p> <p><input type="checkbox"/> A. Copy of Articles of Organization</p> <p><input type="checkbox"/> B. Certificate of Good Standing</p> <p><input type="checkbox"/> C. Copy of Operating Agreement (if applicable)</p> <p><input type="checkbox"/> D. Certificate of Authorization if foreign LLC (out of state applicants only)</p> |

| | | | | |
|--|--------------------------|--------------------------|-------------|----------|
| 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 | No | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8. 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 | | | | |
| 9. Has the premises to be licensed been denied within the preceding one year? If "yes," explain in detail. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10. Is the proposed Fermented Malt Beverage and Wine Retailer license within 500 feet of any public or parochial school, the principal campus of any college, university, or seminary? NOTE: The distances are to be computed using the methods outlined under C.R.S. 44-3-313(1)(d)(II). Some limited exceptions apply under C.R.S. 44-3-313. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11. Is the proposed Fermented Malt Beverage and Wine Retailer license, or On/Off premises license, within 500 feet of a Retail Liquor Store licensed under section 44-3-409 C.R.S.? Distance should be determined using guidelines outlined in 44-3-301(12)(c) C.R.S. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12. Are you applying for a Fermented Malt Beverage On and Off Premises License? If yes, answer subparts a and b. If No, go to question 13. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| (a) The FMB On/Off is located in a county with a population of > 35,000. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| (b) The FMB On/Off is located in an "underserved area" within a county with population of < 35,000 but lies outside of a municipal boundaries or is a city or town with population of > 75,500. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Note - The population is determined from the recently available United States Census Bureau. | | | | |
| 13. 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 or former financial interest in said business including any loans to or from a licensee. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 14. Does the applicant, as listed on line 2 of this application, have legal possession of the premises by virtue of ownership, lease or other arrangement? | <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 and tenant, and date of expiration, EXACTLY 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 13. | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | | | | |
| c. Attach a diagram or designate the area to be licensed in black bold outline (including dimensions) which shows the bars, brewery, walls, partitions, entrances, exits and what each room shall be utilized for in this business. This diagram should be no larger than 8 1/2" X 11". | | | | |
| 15. Who, besides 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; or who will receive money from this business? Attach a separate sheet if necessary. | | | | |
| Last Name | First Name | Date of Birth | FEIN or SSN | Interest |
| Last Name | First Name | Date of Birth | FEIN or SSN | Interest |
| 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. | | | | |
| 16. Name of Manager(s) for all on premises applicants. | | | | |
| Last Name | First Name | Date of Birth | | |
| 17. Does this manager act as the manager of, or have a financial interest in, any other liquor licensed establishment in the State of Colorado? If yes, provide name, type of license and account number. | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | | | | |

| | | |
|--|--------------------------|--------------------------|
| 18. Tax Information. | Yes | No |
| 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"/> |

19. If applicant is a corporation, partnership, association or limited liability company, applicant must list all Officers, Directors, General Partners, and Managing Members. In addition, applicant must list any stockholders, partners, or members with ownership of 10% or more in the Applicant. All persons listed below 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.

| | | | | |
|------|----------------------------|---------------|----------|---------|
| 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 on above.
 ** 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 or 5, C.R.S.

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 or Beer and Wine Code which affect my license.

| | | |
|----------------------|------------------------|------|
| Authorized Signature | Printed Name and Title | Date |
| | | |

Report and Approval of Local Licensing Authority (City/County)

| | |
|---|--|
| Date application filed with local authority | Date of local authority hearing – for new license applicants cannot be less than 30 days from date of application 44-3-311(1) C.R.S. |
| | |

| | | |
|--|--------------------------|--------------------------|
| For Transfer Applications Only - Is the license being transferred valid? | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Each person required to file DR 8404-I has been:

Fingerprinted

Subject to background investigation, including NCIC/CCIC check for outstanding warrants

That the local authority has conducted, or intends to conduct, an inspection of the proposed premises to ensure that the applicant is in compliance with and aware of, liquor code provisions affecting their class of license.

(Check One)

Date of Inspection or Anticipated Date _____

Upon approval of state licensing authority

New Fermented Malt Beverage Off Premises licenses, and On/Off Premises licenses, distance requirements of 44-3-301 C.R.S. are satisfied
 New Fermented Malt Beverage On/Off premises licenses must meet the qualifications of 44-4-104 C.R.S.

The foregoing application has been examined; and the premises, business to be conducted, and character of the applicant are satisfactory. We do report that such license, if granted, will meet the reasonable requirements of the neighborhood and the desires of the adult inhabitants, and will comply with the provisions of Title 44, Article 4 or 3, C.R.S. and Liquor Rules. **Therefore, this application is approved.**

| | | | |
|-------------------------------|------------------|-------------------------------------|---------------------------------|
| Local Licensing Authority for | Telephone Number | <input type="checkbox"/> Town, City | <input type="checkbox"/> County |
| | | | |
| Signature | Printed Name | Title | Date |
| | | | |
| Signature (attest) | Printed Name | 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 its 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 Number

Street Address

City

State

ZIP Code

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).