DR 8404-I (03/06/24)
COLORADO DEPARTMENT OF REVENUE
Liquor Enforcement Division
PO Box 17087
Denver CO 80217-0087
(303) 205-2300

Name of Business

Individual History Record

To be completed by the following persons, as applicable: sole proprietors; general partners regardless of percentage ownership, and limited partners owning 10% or more of the partnership; all principal officers of a corporation, all directors of a corporation, and any stockholder of a corporation owning 10% or more of the outstanding stock; managing members or officers of a limited liability company, and members owning 10% or more of the company; and any intended registered manager of Hotel and Restaurant, Tavern and Lodging and Entertainment class of retail license

Notice: This individual history record requires information that is necessary for the licensing investigation or inquiry. All questions must be answered in their entirety or the license application may be delayed or denied. If a question is not applicable, please indicate so by "N/A". **Any deliberate misrepresentation or material omission may jeopardize the license application.** (Please attach a separate sheet if necessary to enable you to answer questions completely)

Home Phone Number	Cellular Number				
Your Full Name (last, first, middle)					
List any other names you have used					
Mailing address (if different from residence)					
Email Address					
List current residence address. Include any prev separate sheet if necessary)	vious addresses within the last five years. (Attach				
Current Street and Number	Current City, State, ZIP				
From:	То:				
Previous Street and Number	Previous City, State, ZIP				
From:	To:				

Individual History Record (Continued)

2. List all employment within the last five years. Include any self-employment. (Attach separate sheet

if necessary) Name of Employer or Business Address (Street, Number, City, State, ZIP) Position Held From: To: Name of Employer or Business Address (Street, Number, City, State, ZIP) Position Held To: From: Name of Employer or Business Address (Street, Number, City, State, ZIP) Position Held From: To: 3. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry. Name of Relative Relationship to You: Position Held Name of Licensee Name of Relative Relationship to You: Position Held Name of Licensee

DR 8404-I (03/06/24) Page 2 of 6

Individual History Record (Continued)

Na	me of Relative	Relationship to You:		
Ро	sition Held	Name of Licensee		
Na	me of Relative	Relationship to You:		
Ро	sition Held	Name of Licensee		
4.	Have you ever applied for, held, or had an integrated Beer License, or loaned money, furniture, fixtuany licensee?	ures, equipment or inventory to	Yes	No
5.	Have you ever received a violation notice, suspliquor law violation, or have you applied for or license anywhere in the United States?(If yes, answer in detail.)	peen denied a liquor or beer	Yes	No
6.	Have you ever been convicted of a crime or re deferred sentence, or forfeited bail for any offe or do you have any charges pending?(If yes, answer in detail.)	nse in criminal or military court	Yes	No
7.	Are you currently under probation (supervised completing the requirements of a deferred sen (If yes, answer in detail.)		Yes	No

DR 8404-I (03/06/24) Page 3 of 6

Individual History Record (Continued)

Yes

No

8. Have you ever had any professional license suspended, revoked, or denied?.....

(If yes, answer in detail.)							
		Po	ersonal and Financial Inf	ormation			
	•	•	the personal information retion required in this section	•			as
Date of Birth			Social Security Number	Place	of Birth		
U.S. Citizen	Yes	No	If Naturalized, state where	Wher	ı		
Name of District (Court		Naturalization Certificate Num	ber Date	of Certification		
If an Alien, Give A	Alien's Registra	tion Card	d Number Permanen	t Residence Car	d Number		
Height	Weight		Hair Color	Eye Color	Gender		
Do you have a cu	ırrent Driver's L	_icense/II	D? If so, give number and state.			Yes	No
Driver's License Number Driver's License State							
Financial Info	rmation						
•	•		nent being made by the ap d liability company, other				
listed on pa services or	age 1 in this equipment,	busines operati	rsonal investment, made best including any notes, loaring capital, stock purchases	ns, cash, s or fees			
paiu							

NOTE: If corporate investment only, please skip to and complete question 12 NOTE: Question 10 should reflect the total of questions 11 and 13

DR 8404-I (03/06/24) Page 4 of 6

Personal and Financial Information (Continued)

11. Provide details of the personal investment described in question 10. You must account for all of the sources of this investment. (Attach a separate sheet if needed)						
Type: Cash, Services or Eq	uipment	Account Type				
Bank Name		Amount				
Type: Cash, Services or Eq	uipment	Account Type				
Bank Name		Amount				
Type: Cash, Services or Eq	uipment	Account Type				
Bank Name		Amount				
Type: Cash, Services or Eq	uipment	Account Type				
Bank Name		Amount				
12. Provide details of the corporate investment described in question 9. You must account for all of the sources of this investment. (Attach a separate sheet if needed)						
Type: Cash, Services or Eq	uipment	Loans	Account Type			
Bank Name		Amount				
Type: Cash, Services or Equipment		Loans	Account Type			
Bank Name		Amount				
Type: Cash, Services or Eq	uipment	Loans	Account Type			
Bank Name		Amount				
13. Loan Information (Attach copies of all notes or loans)						
Name of Lender		Address				
Term	Security	Amount				

DR 8404-I (03/06/24) Page 5 of 6

Personal and Financial Information (Continued) Name of Lender Address Term Security Amount Name of Lender Address Security Term **Amount** Name of Lender Address Term Security **Amount Oath of Applicant** I declare under penalty of perjury that this application and all attachments are true, correct, and complete to the best of my knowledge. **Authorized Signature**

Date (MM/DD/YY)

Print Signature

Title

DR 8404-I (03/06/24) Page 6 of 6