

Retail Liquor Store Inventory Purchase

Use this form to notify the Liquor and Tobacco Enforcement Division/State Licensing Authority of a sale or transfer of alcoholic beverage inventory to another licensed retail liquor store no less than fifteen (15) days before the sale occurs.

Sale or Transfer Information

Select the option that applies:

Sale of Alcoholic Beverage Inventory Only

Sale of Alcoholic Beverage Inventory and Transfer of the Liquor License - Note that Transfer of Licenses need to be submitted using form DR 8404 which is available on the Division's website here: <https://SBG.Colorado.gov/liquor>.

Indicate the Sale or Transfer of the alcoholic Beverage Inventory Date and Time

Date (MM/DD/YY)

Time

Selling Licensee's Information

"Selling Licensee" means a licensed retail liquor store surrendering its license.

Legal Business Name

Trade Name / DBA Name

License Number

License Type

Sales Tax Number

Business Phone Number

Business Email Address

Premises Address

City

State ZIP Code

Mailing Address

City

State ZIP Code

Acquiring Licensee's Information

“Acquiring Licensee” means a licensed retail liquor store that acquired its license.

Legal Business Name

Trade Name / DBA Name

License Number

License Type

Sales Tax Number

Business Phone Number

Business Email Address

Address of Premises (specify exact location of premises)

City

State ZIP Code

Mailing Address

City

State ZIP Code

Selling Licensee's Questions and Attestations

- 1.** I affirm that I have notified all wholesalers from which my business purchases alcoholic beverages within four (4) months, but no less than thirty (30) days before the date of the sale or transfer to inform the wholesaler(s) of the impending sale or transfer of alcoholic beverages.

Selling Licensee's Authorized Agent Signature

Date (MM/DD/YY)

- 2.** I affirm that I have been informed by the wholesaler(s) of any outstanding debts owed under my license for the products being sold or transferred.

Not Applicable (No outstanding Debt)

Yes

No

Selling Licensee's Authorized Agent Signature

Date (MM/DD/YY)

If you selected “No”, please explain in further detail in the space provided below or attach a separate sheet to this notification form.

3. If applicable, I affirm that any and all debt owed to the wholesaler(s) for the products being sold or transferred has been paid in full.

Not Applicable Yes No

Selling Licensee's Authorized Agent Signature

Date (MM/DD/YY)

If you selected "No", please explain in further detail in the space provided below or attach a separate sheet to this notification form.

4. I affirm that I have given notice to all licensed wholesalers of the offer and ceased to purchase any further products from a licensed wholesaler.

Selling Licensee's Authorized Agent Signature

Date (MM/DD/YY)

5. I understand that after selling the alcoholic beverage inventory, my (the selling licensee) license is canceled, invalid, and considered to have been surrendered with both the state and local licensing authorities.

Selling Licensee's Authorized Agent Signature

Date (MM/DD/YY)

Acquiring Licensee's Questions and Attestations

6. Does the selling licensee's licensed premises exceed ten thousand (10,000) square feet at the date of sale?

Yes No

a) If yes, does the Acquiring Licensee attest that it will not expand the licensed premises in the following five (5) years after the transfer of the license?

Yes No Not Applicable

7. Is the alcoholic beverage inventory to be sold/transferred being distributed to other licensed premises?

Yes No

If you selected "Yes", please provide details below regarding the distribution to other licensed premises. If additional space is needed, please submit the information listed below on a separate sheet to attach to this notice.

Legal Business Name

Trade Name / DBA Name)

License Number

License Type

Sales Tax Number

Business Phone Number

Business Email Address

Address of Premises (specify exact location of premises)

City

State ZIP Code

Mailing Address

City

State ZIP Code

Detailed Inventory and Count distributed to this licensed premises.

Oath Of Applicants

Note that both parties must sign the form for it to be accepted by the LTED.

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 all applicable laws and regulations that affect my license.

Title

Selling Licensee's Signature

Date (MM/DD/YY)

Title

Acquiring Licensee's Signature

Date (MM/DD/YY)