

## Entertainment District Reporting

(Regulation 47-328, 1 C.C.R. 203-2)

<input type="checkbox"/> New <input type="checkbox"/> Modification	Date
Name of Person Submitting Form	Contact Phone Number
Name of Entertainment District (if applicable)	
Name of Person Submitting Form	
<b>List of attached premises:</b>	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
List additional premises on a separate page	
Time/hours of operation	
Time/hours of consumption	
Attach a map of the Entertainment District, outlining the common consumption areas and all attached Premises.	

Return completed form to: dor\_led@state.co.us