Takeout and Delivery Permit Application & Renewal (On-Premises Applicants Only)

	Initial Ap	plication	Renewal	I		
Fe	e Dues					
	ial Application Fee newal Fee					
Со	porate Business Name					
Trade Name (DBA) Liquor Lic			ense Number			
Ph	Physical Address of Premises Suite/Ur		Suite/Unit	t Number		
Cit	1	County			State ZIP	Code
Mailing Address (If different than Physical Address) Suite/Uni			Number			
Cit	/				State ZIP	Code
Business Phone		Email Address				
1.	Are you applying/renewing:		Delivery	Takeout	Delivery	& Takeout
2.	. You certify that the delivery of alcohol beverages shall only be made to a person twenty-one (21) years of age or older at the address specified in the order			Yes	No	
3.	You certify that the delivery must be made by the licensee or the licensee's employee who is at least twenty-one (21) years of age and is using a vehicle owned or leased by the licensee to make the delivery		Yes	No		
4.	You certify that the licensee's employee who delivers the alcohol beverages shall note and log at the time of delivery, the name and date of birth of the person the alcohol beverages are delivered to. Under no circumstances shall a					
	person under twenty-one (21) years of age be permitted to receive a delivery of alcohol beverages.					No
5.	You understand that a licensee must its gross annual revenues from sales delivers.	of alcohol bevera	ges that the l	icensee	Yes	No

6. Are you using a third party's ordering software to take orders?
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If you answered "Yes" to question number six (6) above, upload all documents concerning the agreement between the ordering service and the licensee.

Note - While a third party's ordering software may be used, physical delivery can only be accomplished by the licensee or the licensee's employee using a vehicle owned or leased by the licensee.

 Have you verified with your local licensing authority that no local permits are required for takeout and delivery? 	Yes	No
8. Are you the applicant or an authorized agent of the business?	Yes	No
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 Code which affect my license.	Yes	No

Name of the applicant or an authorized agent of the business Title of the applicant or an authorized agent of the business

Signature		Date

Payment (Please submit Payment in one of the following ways):

Via mail with your application

P.O. Box 17087 Denver, CO 80217-0087

Via email to:

DOR_liqlicensing@state.co.us

An email will be sent to you with directions on how to make a payment via our online payment portal.