

Cigarette, Tobacco Product, and Nicotine Product Retail License and Permit Renewal Application

Liquor and Tobacco Enforcement

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	License Typ	oes		Fee		
Tobacco Retailer-Off Premises License Fee						
Tobacco Retailer Indoor Age Restricted License Fee				\$400.00		
Cigar-Tobacco Bar License Fee				\$400.00		
Tobacco Large Operator (Ten or more locations) License Fee						
Large Operator License Fee (Per Retail Location)						
Tobacco Temporary License Fee (only applicable to transfer applications)				\$35.00		
	Permit Typ	es		Fee		
Tobacco D	Delivery Permit Fee			\$250.00		
	If the applicant has been issued a local cigarettes, tobacco products, or nicotine products license issued by a city or county government since the date of their last renewal or application, a copy of the license must accompany this renewal application.					
□ 2	For Large Operator Licenses, an attachment listing each retail location requiring renewal, including each retail location's physical address and owner/manager contact information, as well as any and all required local licenses issued since the date of the last renewal for retail locations located within a local jurisdiction that requires cigarettes, tobacco products, or nicotine products licensure.					
□ 3	All information in Sections I and II must be completely filled out and all supporting documentation provided before renewal your application will be processed. Submit your completed renewal application to the Liquor and Tobacco Enforcement Division.					
		1				
	By email		By mail			
dor_ledtobacco@state.co.us		OR	P.O. Box 17087 Denver, CO 80217-0087			

Questions?

Please contact us at dor_ledtobacco@state.co.us or by calling (303) 205-2300.

Tobacco License and Permit Renewal Form

Section I						
Busin	ess Name	,			'	
Busin	ess Trade Name (DBA)				,	
FEIN			State Sales Tax Number			
State Cigarette, Tobacco Product, and Nicotine Product License Number License Expiration Date						
				ID:	Di	Niverban
Business Email Address Business Email Address				Busine	ss Phone	Number
Add	ress of Premises (specify exact location	of premises, in	nclude suite/unit number if appl	licable))	
Street	Address					
City		County			State	ZIP
	ing Address (If different from Above)	,				
Street	Address					
City					State	ZIP
	(0)					
Last N	er/Store Manager Information	irst Name		Middle	Initial	Date of Birth
Email	Address			Phone	Number	
		Sect	ion II			
1.	1. Since receiving your license, has the city or county in which you are located began to require cigarette, tobacco product, or nicotine product licensing?					
	a. If you answered "Yes" to the above question, have you received a license or permit from					
	the applicable local jurisdiction for cig Date License Issued	jarette, tobacc	Upcoming Renewal Date	saies?		Yes No
	NOTE - If received, you must provide the	most recent c	opy of your locally issued licer	nse wit	h this ap	plication.
2.	Please indicate what business type applied				,	
	Cigar-Tobacco Bar (cigar and/or tobacco use allowed on premises)					
	☐ Tobacco Retailer Age Restricted ☐ Not Applicable	License (tobac	cco use and/or vaping allowed	on pre	emises)	
3.		stion 2 please :	answer the guestions below by	checkir	ng the ar	onronriate box.
0.	If you selected "Cigar-Tobacco Bar" in question 2, please answer the questions below by checking the appropriate box: 3.1 Does your establishment allow smoking/vaping on its premises?					
	3.2 Do you prohibit any person under twenty-one years of age to enter your premises?					Yes No
	3.3 Does your business allow the rental of on-site humidors (not including vending machines)?					Yes No
	3.4 Have your current premises expanded its size or changed its location from the size and location in which it existed as of December 31, 2005?					
	3.5 Do you display signage in at least one conspicuous place and at least four inches by six inches in size stating: "Smoking allowed. Persons under twenty-one years of age may not enter."?					Yes No
3.6 Does your business generate at least five percent or more of total gross annual income OR \$50,000 in annual sales from on-site sale of tobacco products and rental of on-site humidors (excluding vending machines)?						Yes No

4.	If you selected "Tobacco Retailer Age Restricted License" in question 2, please answer the questions below by checking the appropriate box:					
	4.1 Does your establishment allow smoking/vaping on its premises?	☐ Yes ☐ No				
	4.2 Do you prohibit any person under twenty-one years of age to enter your premises?	Yes No				
	4.3 Do you display signage in at least one conspicuous place and at least four inches by six inches in size stating: "Smoking allowed. Persons under twenty-one years of age may not enter."?	☐Yes ☐No				
	4.4 If you sell electronic smoking devices (ESD), do you display signage in at least one conspicuous place and at least four inches by six inches in size stating: "Vaping allowed. Persons under twenty-one years of age may not enter."?	Yes No Not Applicable (does not sell ESD)				
5.	Do you have a tobacco vending machine?	☐Yes ☐No				
	Please confirm your understanding that the tobacco vending machine must be placed in the age-restricted area of a licensed gaming establishment, as defined in 44-30-103(18), C.R.S.	☐Yes ☐No				
	Vending Machine(s) Serial Number(s)?					
	Describe the location of all vending machines within your licensed premises. Please provide a diagram of the location of all vending machines within your premises.					
	location of all vertuing machines within your premises.					
6	Are you renewing a Delivery Permit?	□Ves □No				
6.	Are you renewing a Delivery Permit? Please confirm your understanding that delivery has to be made by an owner or employee	Yes No				
6.	Are you renewing a Delivery Permit? Please confirm your understanding that delivery has to be made by an owner or employee of the applicant.	Yes No				
6.	Please confirm your understanding that delivery has to be made by an owner or employee					
7.	Please confirm your understanding that delivery has to be made by an owner or employee of the applicant. Please confirm your understanding that delivery can only be made to persons that are twenty-one (21) years of age and the consumer's age will be verified by the licensee's employee examining a valid government issued form of identification. Since the date of issuance of your license, has the applicant, or its authorized representative had a cigarette, tobacco products, or nicotine products license suspended, revoked, or otherwise had disciplinary action taken against a cigarette, tobacco products, or nicotine products license for violations of tobacco statutes?	Yes No				
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Online Payment Please use the following link to pay online for your renewal:

https://secure.colorado.gov/payment/liquor

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 all applicable laws and regulations which affect my license.					
ast Name	First Name	Middle Initial			
itle		Date			
uthorized Signature					

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