



**COLORADO**  
Department of Revenue  
Specialized Business Group—  
Liquor & Tobacco

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

**Liquor and Tobacco Enforcement**

**Attention:**

Due to a coordinated relief initiative to assist business owners in their recovery efforts, a waiver of \$200.00 of the fees indicated with an asterisk (\*) below is currently available to licensees/applicants who attest that they grossed \$50,000.00 or less attributable to the sale of cigarettes, tobacco products, or nicotine products in the 2020 calendar year. Should you select to attest that you are eligible for this relief, an invoice will be provided for \$200.00 (rather than the full \$400.00) with instructions for payment upon completion of your application. This relief will expire on May 24, 2022.

<b>Colorado Liquor and Tobacco Enforcement</b>	
<b>License Type and Fee Schedule Checklist and Instructions:</b>	
<b>License Types</b>	<b>Fee</b>
Tobacco Retailer-Off Premises License Fee	<b>\$400.00*</b>
Tobacco Retailer-On Premises License Fee	<b>\$400.00*</b>
Tobacco Cigar Bar License Fee	<b>\$400.00*</b>
Tobacco Large Operator (Ten or more locations) License Fee	<b>\$400.00*</b>
Large Operator License Fee (Per Retail Location)	<b>\$400.00*</b>
Tobacco Temporary License Fee (only applicable to transfer applications)	<b>\$35.00</b>
<b>Permit Types</b>	<b>Fee</b>
Tobacco Delivery Permit Fee	<b>\$250.00</b>
<b>Any retailer offering cigarettes, tobacco products, or nicotine products after July 1, 2021 is required to obtain a license from the Liquor and Tobacco Enforcement Division. You will need the following items to complete your application:</b>	
<input type="checkbox"/> <b>1</b>	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.
<input type="checkbox"/> <b>2</b>	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 and whether or not the applicable store grossed \$50,000.00 or less attributable to the sale of cigarettes, tobacco products, or nicotine products in the 2020 calendar year must accompany this renewal application.
<input type="checkbox"/> <b>3</b>	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.

<b>By email</b>
dor_ledtobacco@state.co.us

OR

<b>By mail</b>
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

<b>Section I</b>			
Business Name			
Business Trade Name (DBA)			
FEIN	State Sales Tax Number		
State Cigarette, Tobacco Product, and Nicotine Product License Number	License Expiration Date		
Business Email Address			Business Phone Number
<b>Address of Premises</b> (specify exact location of premises, include suite/unit number if applicable)			
Street Address			
City	County	State	ZIP
<b>Mailing Address</b> (If different from Above)			
Street Address			
City		State	ZIP
<b>Owner/Store Manager Information</b>			
Last Name	First Name	Middle Initial	Date of Birth
Email Address		Phone Number	
<b>Section II</b>			
<b>1.</b>	Since receiving your license, has the city or county in which you are located began to require cigarette, tobacco product, or nicotine product licensing?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If you answered "Yes" to the above question, have you received a license or permit from the applicable local jurisdiction for cigarette, tobacco product, or nicotine product sales?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Date License Issued		Upcoming Renewal Date
	<b>NOTE</b> - If received, you must provide a copy of your locally issued license with this application.		
<b>2.</b>	Do you have a tobacco vending machine?		<input type="checkbox"/> Yes <input type="checkbox"/> 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.		<input type="checkbox"/> Yes <input type="checkbox"/> 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.		

3.	Are you renewing a Delivery Permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Please confirm your understanding that delivery has to be made by an owner or employee of the applicant.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If you answered yes, please provide an explanation.	

**Online Payment**  
**Please use the following link to pay online for your renewal:**  
<https://secure.colorado.gov/payment/liquor>

<b>Oath of Applicant</b>		
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.		
Last Name	First Name	Middle Initial
Title		Date
Authorized Signature		