DR 8404-I (03/20/19)
COLORADO DEPARTMENT OF REVENUE
Liquor Enforcement Division
(303) 205-2300

Individual History Record

To be completed by the following persons, as applicable: sole proprietors; general partners regardless of percentage ownership, and limited partners owning 10% or more of the partnership; all principal officers of a corporation, all directors of a corporation, and any stockholder of a corporation owning 10% or more of the outstanding stock; managing members or officers of a limited liability company, and members owning 10% or more of the company; and any intended registered manager of Hotel and Restaurant, Tavern and Lodging and Entertainment class of retail license

must be answered in their entirety of so by "N/A". Any deliberate misre separate sheet if necessary to enal	or the lice	cense application tation or mater	on may b rial omis	sion may jeopardize	a question	is not app	olicable, plea	se indicate		
1. Name of Business				Home Phone Number Cellular Number						
2. Your Full Name (last, first, middle)				3. List any other names you have used						
4. Mailing address (if different from residence)			Email Address							
List current residence address. In	Include a	any previous ad	Idresses	 within the last five yea	rs. (Attach	separate	sheet if nece	ssary)		
Street and Number				City, State, Z	From	То				
Current										
Previous										
6. List all employment within the las	st five y	ears. Include a	ny self-er	mployment. (Attach ser	parate shee	t if neces	sary)			
Name of Employer or Busines	Address (Stre	Street, Number, City, State, Zip) Positio			Held	From	То			
7. List the name(s) of relatives world	king in c	or holding a fina	ncial inte	erest in the Colorado al	cohol bever	age indu	stry.			
Name of Relative	R	elationship to	You	Position He	ld	Name of Licensee		nsee		
Have you ever applied for, held, furniture, fixtures, equipment or in the first transfer.					e, or loaned	I money,	□Ye	s 🗆 No		
8. Have you ever applied for, held, furniture, fixtures, equipment or i					e, or loaned	I money,	Ye	s 🗆 No		
					e, or loaned	l money,	□Ye	s 🗆 No		
					e, or loaned	I money,	☐ Ye	s 🗆 No		
	inventor	y to any license	ee? (If ye	s, answer in detail.) ation for a liquor law vic	olation, or h	ave you				
furniture, fixtures, equipment or i 9. Have you ever received a violation	inventor	y to any license	ee? (If ye	s, answer in detail.) ation for a liquor law vic	olation, or h	ave you				
furniture, fixtures, equipment or i 9. Have you ever received a violation	inventor	y to any license	ee? (If ye	s, answer in detail.) ation for a liquor law vic	olation, or h	ave you				

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Have you ever been convicted bail for any offense in crimina						☐ Yes [□No
11. Are you currently under proba deferred sentence? (If yes, ex		r unsupervise	d), parole,	or completing the r	equirements of a	☐ Yes [□No
12 Heye year are had any profes	nional license aus	and ad any	l.a.d. a.u.da	niad2 (If you avalai	n in detail \		
12. Have you ever had any profes				Information	n in detail.)	Yes	□ No
Unless otherwise provided by law	, the personal info	rmation requi	red in que		ated as confidential	. The person	al
information required in question # 13a. Date of Birth b. Social Securit		entification pur c. Place of B					
		C 10/1		(D: /)	d. U.S. Citiz	en LYes	∐ No
e. If Naturalized, state where		f. When		g. Name of District (Jourt		
h. Naturalization Certificate Number	i. Date of Certifica	tion j. If an Alien	, Give Alien's	s Registration Card Nur	nber k. Permanent Re	esidence Card	Numbe
I. Height m. Weight n. Hair Color	o. Eye Color	p. Gender	q. Do you	u have a current Driver	s License/ID? If so, giv	e number and	state.
			Yes	□ No #	State		
b. List the total amount of the notes, loans, cash, service * If corporate investment ** Section b should reflect c. Provide details of the personal in	es or equipment, on the control of t	perating capit to and com tions c and e	al, stock p	urchases or fees pa	aid. \$		
(Attach a separate sheet if need		Jea III 14b. 10	u must act	Count for all of the s	ources or triis irives	unen.	
Type: Cash, Services or Equip	pe: Cash, Services or Equipment		Account Type		Name	Amou	ount
d. Provide details of the corporate separate sheet if needed)	investment descr	ibed in 14 (a).	You must	account for all of th	e sources of this in	vestment. (At	ttach a
Type: Cash, Services or Equip	ment Loans	Loans Account Type		Bank	Name	Amount	
e. Loan Information (Attach copies of all notes or loa Name of Lender		Address		Term	Socurity	Amou	ınt
ivallie of Leffuer		Audiess		Term	Security	Ailiou	111

Oath of Applicant I declare under penalty of perjury that this application and all attachments are true, correct, and complete to the best of my knowledge. Authorized Signature Print Signature Title Date