

Application for a Master File

For additional information and details on Master files, please refer to the Colorado Revised Statutes 44-3-304(1)(b)-(d), and Colorado Liquor Rules 47-307, 1 CCR 203-2.

Section I – Master File and Applicant Information			
<ul style="list-style-type: none"> All answers must be printed in black ink or typewritten Applicant must check the appropriate box(es) Applicant should obtain a copy of the Colorado Liquor and Beer Code: <i>SBG.Colorado.gov/Liquor/Tobacco-Enforcement-Division</i> 			
1. Applicant is a: <input type="checkbox"/> Individual <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Association or Other <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership (includes Limited Liability and Husband and Wife Partnership)			
2. Legal Entity Name (Must Match Certificate of Good Standing)			FEIN
2a. Trade Name of Establishment (DBA) (Must Match Certificate of Trade Name)		State Sales Tax Number	Master file Number (If Known)
3. Address of Premises			Suite/Unit Number
City or Town	County	State	ZIP
Section II – Responsible Party/Main Contact Information			
4. Last Name		First Name	Phone Number
5. Mailing Address (Number and Street)		City or Town	State ZIP
County		6. Email Address	
Section III – Locations			
7. Locations to be included in the master file. 7.1. Are you adding a location to an existing master file? <input type="checkbox"/> Yes <input type="checkbox"/> No Note – Per Regulation 47-307, a minimum of five (5) total licenses approved is required for a master file to be issued or maintained. Any change in the validity of a license status needs to be immediately reported to the Division. List locations below or, if more than 5 locations, attach the Master File Additional Locations form DR 8416 to this application.			
Trade Name of Establishment (DBA)	Street Address, City, State, & ZIP Code		License Number
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Section IV – Report Of Change			
8. To report any changes to an existing master file, or if any item, individual, or location needs to be added, removed or corrected, please follow the instruction that relates to your situation best. A. Location Change. To report any change in a location, or to add or remove a location from a master file, attach a letter listing the locations (trade name, address, and license number) to be added or removed from the master file. B. Structural Change. To report a transfer of ownership, a corporation, LLC, and/or a partnership change in the structure of the master file, or to report a change in the business trade name, submit form DR 8177.			

Section V – Master File Review Checklist		
Trade Name of Establishment (DBA)	Master file Number (If Known)	Date
DOCUMENT CHECKLIST		
A. Completed application for Master File	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Letter from the Applicant Requesting a Master File	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Sales Tax License	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Individual History Records (DR 8404-I)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. Supporting Documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F. List of Locations (5 Approved or Pending Locations, and Master File Additional Locations Form DR 8416 if more than 5 locations)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G. Partnership Agreement (General or Limited)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H. Completed and signed the attached Tax form, DR 8495.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FINGERPRINTS INFORMATION		
I. Fingerprints taken and submitted to the appropriate Local Licensing Authority through an approved State Vendor. Do not complete fingerprint cards prior to submitting your application.		
The Vendors are as follows:		
IdentoGO – www.uenroll.identogo.com		
Phone: 844-539-5539 (toll-free) IdentoGO FAQs: www.colorado.gov/pacific/cbi/identification-faqs		
Colorado Fingerprinting – www.coloradofingerprinting.com		
Appointment Scheduling Website: www.coloradofingerprinting.com/cabs		
Phone: 720-292-2722 Toll Free: 833-224-2227		
CORPORATE INFORMATION		
J. Certificate of Incorporation date stamped by the Colorado Secretary of State's Office	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K. Certificate of Good Standing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
LIMITED LIABILITY/PARTNERSHIP INFORMATION		
L. Article of Organization date stamped by the Colorado Secretary of State's Office	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M. Certificate of Good Standing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N. Operating Agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FEES		
Location and background fees can be paid by check or money order to <i>The Department of Revenue, Liquor Enforcement Division (LED)</i> . Note that the Division will not accept cash.		
Location Fee		
Number of Locations (5 locations or more with an approved or pending application status)	_____ x \$25.00 Total	_____
Master File Background Fee		
_____ x \$250.00 Total _____		
Section VI – Oath of Applicant		
I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.		
Printed Name	Authorized Signature	
Title	Date	
Section VII – Division's Contact Information		
Please return this completed form to: dor_liqlicensing@state.co.us, by fax at (303)-866-2428, or by mailing the form and your payment to the following address:		
Liquor and Tobacco Enforcement Division		
Re: Licensing		
1707 Cole Blvd, Suite 300		
Lakewood, CO 80401		

Tax Check Authorization, Waiver, and Request to Release Information

I, _____ am signing this Tax Check Authorization, Waiver and Request to Release Information (hereinafter "Waiver") on behalf of _____ (the "Applicant/Licensee") to permit the Colorado Department of Revenue and any other state or local taxing authority to release information and documentation that may otherwise be confidential, as provided below. If I am signing this Waiver for someone other than myself, including on behalf of a business entity, I certify that I have the authority to execute this Waiver on behalf of the Applicant/Licensee.

The Executive Director of the Colorado Department of Revenue is the State Licensing Authority, and oversees the Colorado Liquor Enforcement Division as his or her agents, clerks, and employees. The information and documentation obtained pursuant to this Waiver may be used in connection with the Applicant/Licensee's liquor license application and ongoing licensure by the state and local licensing authorities. The Colorado Liquor Code, section 44-3-101. et seq. ("Liquor Code"), and the Colorado Liquor Rules, 1 CCR 203-2 ("Liquor Rules"), require compliance with certain tax obligations, and set forth the investigative, disciplinary and licensure actions the state and local licensing authorities may take for violations of the Liquor Code and Liquor Rules, including failure to meet tax reporting and payment obligations.

The Waiver is made pursuant to section 39-21-113(4), C.R.S., and any other law, regulation, resolution or ordinance concerning the confidentiality of tax information, or any document, report or return filed in connection with state or local taxes. This Waiver shall be valid until the expiration or revocation of a license, or until both the state and local licensing authorities take final action to approve or deny any application(s) for the renewal of the license, whichever is later. Applicant/Licensee agrees to execute a new waiver for each subsequent licensing period in connection with the renewal of any license, if requested.

By signing below, Applicant/Licensee requests that the Colorado Department of Revenue and any other state or local taxing authority or agency in the possession of tax documents or information, release information and documentation to the Colorado Liquor Enforcement Division, and its duly authorized employees, to act as the Applicant's/Licensee's duly authorized representative under section 39-21-113(4), C.R.S., solely to allow the state and local licensing authorities, and their duly authorized employees, to investigate compliance with the Liquor Code and Liquor Rules. Applicant/Licensee authorizes the state and local licensing authorities, their duly authorized employees, and their legal representatives, to use the information and documentation obtained using this Waiver in any administrative or judicial action regarding the application or license.

Name (Individual/Business)		Social Security Number/Tax Identification Number	
Address			
City		State	Zip
Home Phone Number		Business/Work Phone Number	
Printed name of person signing on behalf of the Applicant/Licensee			
Applicant/Licensee's Signature (Signature authorizing the disclosure of confidential tax information)			Date signed

Privacy Act Statement

Providing your Social Security Number is voluntary and no right, benefit or privilege provided by law will be denied as a result of refusal to disclose it. § 7 of Privacy Act, 5 USCS § 552a (note).