COLORADO
Department of Revenue
Specialized Business Group—
Liquor & Tobacco

Payment Tracking Form

Local Licensing Authority City or County Name:	Contact Name:	Phone Number:	Email Address:

Instructions: Please fill this out and send it with the payments in an envelope. If you already sent the entire application through Move-it, you don't need to send that again. The licenses are being re-designed with new boxes to let us know if the license was already sent via Movit and if the client paid by check or online. Until the re-design is finalized, could you please write paid check or paid online on the application before sending it in move it so that we dont try to collect fees

Upload Date	Doing Business As Name	License type	License #	Online or Check	Check #	Amount
5/23/23	Example Bob's Burgers	New-Concurrent	42-11259-0000	Check	1002	$1,700.00