

Application Documents Checklist and Worksheet

Instructions: This check list should be utilized to assist applicants with filing all required documents for licensure. **All** documents must be properly signed and correspond with the name of the applicant exactly. **All** documents must be typed or legibly printed. Upon final State approval the license will be mailed to the local licensing authority. Application fees are nonrefundable.

Questions? Visit: www.colorado.gov/enforcement/liquor for more information.

Items Submitted, Please Check all Appropriate Boxes Completed or Documents Submitted	
I.	<p>Applicant Information</p> <p><input type="checkbox"/> A. Applicant/Licensee identified</p> <p><input type="checkbox"/> B. State sales tax license number listed or applied for at time of application</p> <p><input type="checkbox"/> C. License type or other transaction identified</p> <p><input type="checkbox"/> D. Submit originals to local authority</p> <p><input type="checkbox"/> E. Additional information may be required by the local licensing authority</p>
II.	<p>Diagram of the Premises</p> <p><input type="checkbox"/> A. No larger than 8 1/2" X 11"</p> <p><input type="checkbox"/> B. Dimensions included (does not have to be to scale). Exterior areas should show control (fences, walls, etc.)</p> <p><input type="checkbox"/> C. Separate diagram for each floor (if multiple levels)</p> <p><input type="checkbox"/> D. Bold/Outlined licensed premises</p>
III.	<p>Proof of Property Possession (One Year Needed)</p> <p><input type="checkbox"/> A. Deed in name of the applicant ONLY (or) (matching question #2) date stamped/filed with County Clerk</p> <p><input type="checkbox"/> B. Lease in the name of the applicant ONLY (matching question #2)</p> <p><input type="checkbox"/> C. Lease Assignment in the name of the applicant (ONLY) with proper consent from the Landlord and acceptance by the applicant</p> <p><input type="checkbox"/> D. Other agreement if not deed or lease (attach prior lease to show right to assumption)</p>
IV.	<p>Background Information and Financial Documents</p> <p><input type="checkbox"/> A. Individual History Record(s) (Form DR 8404-I)</p> <p><input type="checkbox"/> B. Fingerprints taken and submitted to the appropriate Local Licensing Authority through an approved State Vendor. Master File applicants submit results to the State using code 25YQHT with Identogo. The Vendors are as follows: Identogo - https://uenroll.identogo.com/ Phone: (844)539-5539 (toll-free) Identogo FAQs: https://www.colorado.gov/pacific/cbi/identification-faqs Colorado Fingerprinting by American Bioidentity – Details to be announced</p> <p><input type="checkbox"/> C. Purchase agreement, stock transfer agreement, and/or authorization to transfer license</p> <p><input type="checkbox"/> D. List of all notes and loans.</p>
V.	<p>Sole Proprietor/Husband and Wife Partnership (if applicable)</p> <p><input type="checkbox"/> A. Form DR 4679</p> <p><input type="checkbox"/> B. Copy of State Issued Driver's License or Identification Card for each Applicant</p>
VI.	<p>Corporate Applicant Information (If Applicable)</p> <p><input type="checkbox"/> A. Certificate of Incorporation (date stamped by Colorado Secretary State's Office) and/or</p> <p><input type="checkbox"/> B. Certificate of Good Standing</p> <p><input type="checkbox"/> C. Certificate of Authorization if foreign corporation</p> <p><input type="checkbox"/> D. List of officers, directors and stockholders of parent corporation (designate one person as "principal officer")</p>
VII.	<p>Partnership Applicant Information (If Applicable)</p> <p><input type="checkbox"/> A. Partnership Agreement (general or limited). Not needed if husband and wife</p> <p><input type="checkbox"/> B. Certificate of Good Standing (if formed after 2009)</p>
VIII.	<p>Limited Liability Company Applicant Information (If Applicable)</p> <p><input type="checkbox"/> A. Copy of articles of organization (date stamped by Colorado Secretary of State's Office)</p> <p><input type="checkbox"/> B. Certificate of Good Standing if organized more than two years</p> <p><input type="checkbox"/> C. Copy of operating agreement</p> <p><input type="checkbox"/> D. Certificate of Authority (if foreign company)</p>

7. Is the applicant (including any of the partners if a partnership; members or managers if a limited liability company; or officers, stockholders or directors if a corporation) or managers under the age of twenty-one years?	Yes	No		
	<input type="checkbox"/>	<input type="checkbox"/>		
8. Has the applicant (including any of the partners if a partnership; members or managers if a limited liability company; or officers, stockholders or directors if a corporation) or managers ever (in Colorado or any other state):				
(a) been denied an alcohol beverage license?	<input type="checkbox"/>	<input type="checkbox"/>		
(b) had an alcohol beverage license suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>		
(c) had interest in another entity that had an alcohol beverage license suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>		
If you answered yes to 8a, b or c, explain in detail on a separate sheet				
9. Has a Fermented Malt Beverage license for the premises to be licensed been denied within the preceding one year? If "yes," explain in detail.	<input type="checkbox"/>	<input type="checkbox"/>		
10. Is the proposed Retail Fermented Malt Beverage Off Premises license within 500 feet of any public or parochial school, the principal campus of any college, university, or seminary? NOTE: The distances are to be computed using the methods outlined under C.R.S. 44-3-313(1)(d)(II). Some limited exceptions apply under C.R.S. 44-3-313.	<input type="checkbox"/>	<input type="checkbox"/>		
11. Has a liquor or beer license ever been issued to the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation)? If yes, identify the name of the business and list any current or former financial interest in said business including any loans to or from a licensee.	<input type="checkbox"/>	<input type="checkbox"/>		
12. Does the applicant, as listed on line 2 of this application, have legal possession of the premises by virtue of ownership, lease or other arrangement?	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Ownership <input type="checkbox"/> Lease <input type="checkbox"/> Other (Explain in Detail) _____				
a. If leased, list name of landlord and tenant, and date of expiration, EXACTLY as they appear on the lease:				
Landlord	Tenant	Expires		
b. Is a percentage of alcohol sales included as compensation to the landlord? If yes complete question 12.				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
c. Attach a diagram or designate the area to be licensed in black bold outline (including dimensions) which shows the bars, brewery, walls, partitions, entrances, exits and what each room shall be utilized for in this business. This diagram should be no larger than 8 1/2" X 11".				
13. Who, besides the owners listed in this application (including persons, firms, partnerships, corporations, limited liability companies) will loan or give money, inventory, furniture or equipment to or for use in this business; or who will receive money from this business? Attach a separate sheet if necessary.				
Last Name	First Name	Date of Birth	FEIN or SSN	Interest
Last Name	First Name	Date of Birth	FEIN or SSN	Interest
Attach copies of all notes and security instruments and any written agreement or details of any oral agreement, by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment, and any agreement relating to the business which is contingent or conditional in any way by volume, profit, sales, giving of advice or consultation.				
14. Name of Manager(s) for all on premises applicants.				
Last Name	First Name	Date of Birth		Date of Birth
15. Does this manager act as the manager of, or have a financial interest in, any other liquor licensed establishment in the State of Colorado? If yes, provide name, type of license and account number.				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
16. Tax Distraint Information. Does the applicant or any other person listed on this application including its partners, officers, directors, stockholders, members (LLC) or managing members (LLC) and any other persons with a 10% or greater financial interest in the applicant currently have an outstanding tax distraint issued to them by the Colorado Department of Revenue?				
If yes, provide an explanation and include copies of any payment agreements.				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

17. If applicant is a corporation, partnership, association or limited liability company, applicant must list all Officers, Directors, General Partners, and Managing Members. In addition, applicant must list any stockholders, partners, or members with ownership of 10% or more in the Applicant. All persons listed below must also attach form DR 8404-I (Individual History Record), and make an appointment to be fingerprinted by an approved State Vendor through the Vendor's website. See application checklist, Section IV, for details.

Name	Home Address, City & State	Date of Birth	Position	% Owned
Name	Home Address, City & State	Date of Birth	Position	% Owned
Name	Home Address, City & State	Date of Birth	Position	% Owned
Name	Home Address, City & State	Date of Birth	Position	% Owned

** Limited Liability Companies and Partnerships - 100% of ownership must be accounted for on question #16
 ** Corporations - The President, Vice-President, Secretary and Treasurer must be accounted for on question #16
 (Include ownership percentage if applicable)

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 the provisions of the Colorado Liquor or Beer Code which affect my license.

Authorized Signature	Printed Name and Title	Date
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Report and Approval of Local Licensing Authority (City/County)

Date application filed with local authority	Date of local authority hearing – for new license applicants cannot be less than 30 days from date of application 44-3-311(1) C.R.S.
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Each person required to file DR 8404-I has been:

Fingerprinted

Subject to background investigation, including NCIC/CCIC check for outstanding warrants

That the local authority has conducted, or intends to conduct, an inspection of the proposed premises to ensure that the applicant is in compliance with and aware of, liquor code provisions affecting their class of license.

(Check One)

Date of Inspection or Anticipated Date _____

Upon approval of state licensing authority

For new Retail Fermented Malt Beverage Off Premises licenses, distance requirements of Senate Bill 18-243 are satisfied

The foregoing application has been examined; and the premises, business to be conducted, and character of the applicant are satisfactory. We do report that such license, if granted, will meet the reasonable requirements of the neighborhood and the desires of the adult inhabitants, and will comply with the provisions of Title 44, Article 4 or 3, C.R.S. and Liquor Rules. **Therefore, this application is approved.**

Local Licensing Authority for	Telephone Number	<input type="checkbox"/> Town, City <input type="checkbox"/> County
Signature	Printed Name	Title
Signature (attest)	Printed Name	Title
		Date

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

Notice: This individual history record requires information that is necessary for the licensing investigation or inquiry. All questions must be answered in their entirety or the license application may be delayed or denied. If a question is not applicable, please indicate so by "N/A". Any deliberate misrepresentation or material omission may jeopardize the license application. (Please attach a separate sheet if necessary to enable you to answer questions completely)				
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			
5. List current residence address. Include any previous addresses within the last five years. (Attach separate sheet if necessary)				
Street and Number	City, State, Zip	From	To	
Current				
Previous				
6. List all employment within the last five years. Include any self-employment. (Attach separate sheet if necessary)				
Name of Employer or Business	Address (Street, Number, City, State, Zip)	Position Held	From	To
7. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry.				
Name of Relative	Relationship to You	Position Held	Name of Licensee	
8. Have you ever applied for, held, or had an interest in a Colorado Liquor or Beer License, or loaned money, furniture, fixtures, equipment or inventory to any licensee? (If yes, answer in detail.)				<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you ever received a violation notice, suspension, or revocation for a liquor law violation, or have you applied for or been denied a liquor or beer license anywhere in the United States? (If yes, explain in detail.)				<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? (If yes, explain in detail.) Yes No

11. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? (If yes, explain in detail.) Yes No

12. Have you ever had any professional license suspended, revoked, or denied? (If yes, explain in detail.) Yes No

Personal and Financial Information

Unless otherwise provided by law, the personal information required in question #13 will be treated as confidential. The personal information required in question #13 is solely for identification purposes.

13a. Date of Birth		b. Social Security Number		c. Place of Birth		d. U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
e. If Naturalized, state where			f. When		g. Name of District Court		
h. Naturalization Certificate Number		i. Date of Certification		j. If an Alien, Give Alien's Registration Card Number		k. Permanent Residence Card Number	
l. Height	m. Weight	n. Hair Color	o. Eye Color	p. Gender	q. Do you have a current Driver's License/ID? If so, give number and state. <input type="checkbox"/> Yes <input type="checkbox"/> No # _____ State _____		

14. Financial Information.

a. Total purchase price or investment being made by the applying entity, corporation, partnership, limited liability company, other.
\$ _____

b. List the total amount of the **personal** investment, made by the person listed on question #2, in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases or fees paid. \$ _____

*** If corporate investment only please skip to and complete section (d)**
**** Section b should reflect the total of sections c and e**

c. Provide details of the personal investment described in 14b. You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment	Account Type	Bank Name	Amount

d. Provide details of the corporate investment described in 14 (a). You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment	Loans	Account Type	Bank Name	Amount

e. Loan Information (Attach copies of all notes or loans)

Name of Lender	Address	Term	Security	Amount

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
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JEFFERSON

COUNTY COLORADO

CLERK & RECORDER

LIQUOR LICENSING OFFICE

Phone: (303) 271-8191 Email: clerktotheboard@jeffco.us

Liquor Licensing Fingerprinting

We recommend using the Jefferson County Sheriff's Office for fingerprinting and photo needs, using these other vendor options can cause delay in access to the records if any error is made by the applicant or vendor. Jefferson County is not responsible for any refunds related to fingerprinting done through CB due to using the wrong ORI code.

Please contact the **Jefferson County Sheriff's Office Records Department** at **303-271-5542** to set up an appointment. Or sign up for an appointment online at:

<https://bookeo.com/jcso-records>



Jefferson County Sheriff's Office

200 Jefferson County Parkway, Golden, Colorado 80401

Phone: (303) 271-5541 Fax: (303) 271-5552

<https://www.jeffco.us/650/sheriff>

Check must be made out to Colorado Bureau Investigations via certified check, cashier's check, or money order (**No Personal Checks**).

CBI Approved Vendor for Fingerprinting

Applicants can also use one of the approved vendors however, applicants must use the code for Jefferson County Sheriff's Office ORI: **CO0300000**.

For more information on the CBI approved vendors, visit:

<https://www.colorado.gov/pacific/cbi/identification-unit>

If you use the vendors IdentiGO or Colorado Fingerprinting for fingerprinting, you still need to schedule an appointment with the Sheriff's Office to get photographs taken.

Do not use other city codes or we cannot retrieve the fingerprint records and you may be required to submit and pay additional fees to correct.

Please Note: Fingerprint access expire after 60 days, please submit your application after you submit fingerprinting as soon as possible to prevent any delays in processing.

**FINGERPRINT APPLICATION
Sheriff's Office
200 Jefferson County Parkway
Golden, CO**

\$38.50 Fee for Fingerprints

Please contact the **Jefferson County Sheriff's Office Records Department** at **303-271-5542** to set up an appointment.

Check must be made out to Colorado Bureau Investigations via certified check, cashier's check, or money order **(No Personal Checks)**.

Monday through Friday from 8:00 a.m. to 4:30 p.m.

NAME _____ DATE _____
 Last First Middle

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ - _____ SOCIAL SECURITY NO. _____ - _____ - _____

AGE _____ DATE OF BIRTH _____ PLACE OF BIRTH _____

SEX _____ HEIGHT _____ ' _____ " WEIGHT _____ HAIR _____ EYES _____ RACE _____

LIQUOR OUTLET _____

APPLICANT'S SIGNATURE _____

- FOR SHERIFF'S DEPARTMENT ONLY -

MUG NO. _____ FPC _____ FBI NO. _____



AUTHORITY TO RELEASE INFORMATION

NAME (LAST) _____ **(FIRST)** _____ **(MIDDLE)** _____
GENDER _____ **RACE** _____ **DATE OF BIRTH** _____
PLACE OF BIRTH (CITY) _____ **(STATE)** _____ **(COUNTRY)** _____

I, _____, do hereby authorize a review of and full disclosure of records, or any part thereof, by and to any duly authorized agent of the Jefferson County Sheriff's Office, whether the said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of the records of financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings account, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings), public utility companies; employment and pre-employment records, including background reports, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Jefferson County Sheriff's Office to consider in determining my suitability for liquor licensing purposes. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for liquor licensing by the Jefferson County Sheriff's Office and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Subscribed and sworn before me this _____ day of _____, 20____

Signature _____
Street Address _____

My Commission Expires: _____
Notary Public _____
(Seal)

City _____ State _____ Zip _____

JEFF SHRADER, SHERIFF

Funds Source Information

Name of Business: _____

Name of Applicant: _____

Funds Source Information

Use this form to aid in completion of the Colorado State Form DR 8404-1, Individual History Record for liquor license application, and the JCSO financial forms. As a reminder, the Sheriff's Office will do a complete background investigation, to include financial areas. Failure to provide complete documentation may result in a delayed process or non-recommendation for approval by the Sheriff's Office.

Applicants are reminded that all those having a 10% or greater interest in the license are required to complete an Individual History Record, and **all sources of funding for the business must be disclosed.**

<u>Incl</u> ✓	<u>N/A</u> ✓	<u>Funds Source</u>	<u>Required Documents</u>
		Signature Cards	Copies of ALL signature cards for ALL accounts on which funds may be drawn for the business
		Bank Loan	All copies of signed bank loan agreements, including loan guaranties, notes, or other agreements.
		Savings/Checking/Other Personal Source	Last 6 months of institution-issued statements for each account listed
		Loans from Individuals:	Copy of promissory note along with affidavit stating that lender has no financial interest in the liquor license. MUST BE SIGNED AND NOTARIZED!
		Gifts from Individuals:	Copy of letter stating that funds are a gift and that gift giver has no continuing financial interest in the liquor license. MUST BE SIGNED AND NOTARIZED!
		Owner Carry:	Copies of note or agreement regarding terms of loan used in whole or part to purchase the existing business, along with an affidavit stating that the owner has no financial interest in the liquor license. MUST BE SIGNED AND NOTARIZED BY ALL PARTIES!
		Stock Certificates:	Attach signed copies (front AND back) of stock certificates issued and a certification by the Secretary of the corporation that there are no other stockholders of record.
		Other:	