



# JEFFERSON

COUNTY COLORADO

CLERK & RECORDER

LIQUOR LICENSING OFFICE

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

## INSTRUCTIONS FOR CHANGE OF CORPORATE STRUCTURE

**APPLICATION FEE**- There is an application fee of \$100.00 per person payable to Jefferson County for a Change of Corporate Officers. Please submit one original and two copies of these forms

**FINGERPRINTING**- Must be done at the time you submit the REPORT OF CHANGES. All parties listed as applicants, directors and/or stockholders and any manager of the Hotel and Restaurant license employed as a separate and distinct manager, must complete the enclosed FINGERPRINT APPLICATION and bring it to the Sheriff's Department for fingerprinting and photo. Other arrangements can be made for persons outside the metro area.

### **Application Checklist:**

Limited Liability Company and Corporate Report of Changes (DR8177)

Individual History Record (DR8404-I) (Copy as needed)

Fund Source Information Form (Needs to be filled out only if you own 10% or more of stock)

Fingerprint Application

Authority to Release Information (Must sign the ORIGINAL, DO NOT COPY)

Minutes of meeting reflecting electing of current officers, directors and stockholders certified by the Secretary of the Organization that there are no other stockholders of record

Certificate of Good Standing from the Secretary of State's Office

Copies of stock certificates certified by the Secretary of the Organization that there are no other stockholders of record (100% of stock issued-copies of front and back)

If a hearing is required, you will be notified

DR 8177 (06/10/19)  
**COLORADO DEPARTMENT OF REVENUE**  
 Liquor Enforcement Division  
 (303) 205-2300

## Report of Changes Corporation, Limited Liability Company and Partnership Liquor and Fermented Malt Beverage Licenses

**LLC/Partnership**  
 **Corporation**     **See Instructions and Fee Schedule on Page 2**

1. Corporate/LLC Partnership Name		2. State Tax Account Number		3. State Liquor License Number	
4. Trade Name				5. Telephone Number	
6. Address of Licensed Premises			City	State	ZIP
7. Mailing Address if different than above			City	State	ZIP

**8. LIST ALL officers, directors (corporation) or Managing Members (LLC) or General Partner(s). Each officer, Director, Managing Member or Partner MUST FILL OUT a DR 8404-I (Individual History Record).**

Position Held	Names	Home Address	DOB	Replaces

**9. LIST ALL 10% (or more) Stockholders or 10% (or more) Members or 10% (or more) Limited Partners. Each person listed Must Fill out a DR 8404-I (Individual History Record)**

Stockholders/Members/Partners owning 10% (or more) of business	% Owned	Home Address	DOB	Replaces

10. Registered Agent	Address For Service
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**Oath of Application**  
 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.

11. Authorized Signature	Title	Date
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**Report of Local Licensing Authority**  
 The foregoing changes have been received and examined by the Local Licensing Authority.

12. Local Licensing Authority For		<input type="checkbox"/> County
		<input type="checkbox"/> Town/City
Signature	Title	Date
Attest		Date

**Do Not Write In This Space – For Department of Revenue Use Only**

Liability Information			
License Account Number	Period	Cash Fund	Total

## Instructions

### Corporation, Limited Liability Company or Partnership Report of Changes

**NOTE: ENCLOSE A CHECK PAYABLE TO THE AUTHORITY WHERE THIS APPLICATION WILL BE FILED FOR \$100.00 FOR EACH PERSON LISTED IN SECTIONS 8 AND 9 ON THE APPLICATION. MASTERFILE APPLICANTS MUST INCLUDE A FEE OF \$250.00 FOR EACH PERSON LISTED PAYABLE TO THE COLORADO DEPARTMENT OF REVENUE.** (Application filed directly to the state)

NOTE: Check the appropriate box at the top to indicate whether you are Limited Liability Company (LLC), Partnership or Corporation.

Attach the following supporting documents to the Report of Changes Application:

- Certificate of Incorporation (or) Date stamped Articles or, Partnership Agreement (Limited and General Partnerships)
- Certificate of Good Standing dated within the last two years
- Certificate of Authority (only if a foreign corporation)
- Copies of minutes of meetings by the Corporation, Limited Liability Company or Partnership supporting the changes reflected on the front of this application. This includes letters of resignation, or appointment of any officers, or directors of a Corporation, or any managing member or members of a Limited Liability Company, or any general or limited partner in a Partnership (including husband and wife partnerships).
- NOTE: If the Licensee as listed on Line 1 has a sole stockholder that is a Corporation, or LLC, or Partnership, attach a letter designating one officer, or managing member or the general partner to be the "principal person" for the applicant. This person MUST ALSO fill out a DR8404-I (Individual History Record) and submit fingerprints by making an appointment with an approved State Vendor through the Vendor's website:

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** – <http://www.coloradofingerprinting.com>

Appointment Scheduling Website:

<http://www.coloradofingerprinting.com/cabs/>

Phone: 720-292-2722

Toll Free: 833-224-2227

This application and all supporting documents must FIRST BE FILED WITH, AND APPROVED BY, THE LOCAL LICENSING AUTHORITY (CITY, TOWN, COUNTY). Applications will not be accepted unless all applicable questions are fully answered, all supporting documents correspond exactly with the name of the applicant.

1. List the name of the Corporation or Limited Liability Company or Partnership
2. List the State Sales Tax Number.
3. List the Applicant's State Liquor License Number.
4. List the Trade name of the business.
5. List the area code and telephone number of the business.
6. List the complete address, City, State and Zip Code, of the licensed premises.
7. List your mailing address if different than number 6 above.
8. List all officers, directors of a corporation, or all managing members of the LLC, or General Partners of Limited or General Partnerships. List the person's Position, Home Address, Date of Birth and the name of the person being replaced (if applicable).
9. List all 10% (or more) stockholders or members or Partners, and indicate ownership percentage, Home Address, Date of Birth, and the name of the person they purchased ownership interest from (if applicable).
10. List the name and address for service of the Registered Agent.
11. A person authorized to sign on behalf of the Applicant must sign the application, list their title, and the date the application was signed.
12. **To be filled out by the local licensing authority only. List the name of the authority and indicate if the authority is a county, town/city. Then sign the application, list your title and attest the city/county officials signature and date the application.**

## 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

<b>Notice:</b> 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". <b>Any deliberate misrepresentation or material omission may jeopardize the license application.</b> (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 <b>five</b> years. (Attach separate sheet if necessary)				
<b>Street and Number</b>		<b>City, State, Zip</b>		<b>From</b>
Current				
Previous				
6. List all employment within the last <b>five</b> years. Include any self-employment. (Attach separate sheet if necessary)				
<b>Name of Employer or Business</b>		<b>Address (Street, Number, City, State, Zip)</b>		<b>Position Held</b>
				<b>From</b>
				<b>To</b>
7. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry.				
<b>Name of Relative</b>		<b>Relationship to You</b>		<b>Position Held</b>
				<b>Name of Licensee</b>
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.) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
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.) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				

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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Phone: (303) 271-8191 Email: [clerktotheboard@jeffco.us](mailto: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 \_\_\_\_\_

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**- FOR SHERIFF'S DEPARTMENT ONLY -**

MUG NO. \_\_\_\_\_ FPC \_\_\_\_\_ FBI NO. \_\_\_\_\_

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**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**