



JEFFERSON

COUNTY COLORADO

CLERK & RECORDER

LIQUOR LICENSING OFFICE

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

INSTRUCTIONS FOR BED & BREAKFAST PERMIT APPLICATION

Applicants are strongly encouraged to obtain their own Legal Counsel to assist with the application process. We do not provide legal advice.

Pursuant to 12-47-410, C.R.S., Applicant hereby states that it qualifies for a Bed and Breakfast Permit to serve complimentary alcoholic beverages, and does certify to the State Licensing Authority:

- That it has no more than 20 sleeping rooms, and
- That it provides at least 1 meal per day at no charge other than for overnight lodging; and
- That it does not sell alcoholic beverages for more than 4 hours in any one day

APPLICATION FEE- There is an application fee of \$71.25 made payable to the Department of Revenue and \$53.75 made payable to Jefferson County. Both checks should be submitted at the time of application.

FINGERPRINTING- Must be done after you submit everything for the PERMIT APPLICATION, and received a signed and stamped fingerprint application from us. All applicants must complete the FINGERPRINT APPLICATION and bring it to the Sheriff's Department for fingerprinting and photo.

Applicants will be referred to the Jefferson County Sheriff's Office for fingerprinting and photographing only during specified times below:

\$38.50 Fee for Fingerprints

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

Check must be made out to Colorado Bureau investigations via certified check, cashiers check, or money order (**No Personal Checks**).

Application Checklist:

Permit Application (DR8447)

School Affidavit

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

Fund Source Information Form

Fingerprint Application

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

Lease/Deed or Proof of Possession of the Property

Diagram (8.5X11) of floor plan outlining where the area where alcoholic beverages will be stored, served, possessed and consumed and displays, all exits and entrances and parking areas. The premises shall be outlined in red and all storage space outlined in yellow.

An area map showing the proposed outlet outlined in a contrasting color (i.e. Google Maps)

Corporate Documents (If Applicable)

Articles of Incorporation (Date stamped by the State) or Certificate of Good Standing

Minutes of meeting electing current officers certified by the Secretary of the corporation (If Corporation or LLC)

By-Laws and Corporate Seal (if applicable)

Stock certificates (100% of stock issued-copies of front and back)

If a hearing is required, you will be notified.

Bed and Breakfast Permit Application

Applicant is a:
 Corporation Partnership
 Individual Limited Liability Company

1. Name of Applicant		State Sales Tax Number	
2. Trade Name of Establishment (DBA)		Email Address	
3. Address			Phone Number
City	County	State	Zip Code
4. Mailing Address (Number and Street)		City or Town	State
		State	Zip Code

- Attach a copy of a deed or lease in the exact name of the applicant only, reflecting possession of the permitted area for at least the minimum duration of this permit (1 year from date of issuance).
- Attach a diagram of the premises which accurately reflects the area where alcohol beverages will be stored, served, possessed or consumed.

Pursuant to 44-3-412, C.R.S., Applicant hereby states that it qualifies for a Bed and Breakfast Permit, in order to serve complimentary alcohol beverages, and certifies to the State Licensing Authority:

_____ That it has no more than 20 sleeping rooms, and
 _____ That it provides at least 1 meal per day at no charge other than for overnight lodging, and
 _____ That it does not sell alcohol beverages by the drink or in sealed containers, and
 _____ That it will not serve alcohol beverages for more than 4 hours in any one day, as follows:

Monday Hours		Tuesday Hours		Wednesday Hours		Thursday Hours		Friday Hours		Saturday Hours		Sunday Hours	
From:	m.	From:	m.	From:	m.	From:	m.	From:	m.	From:	m.	From:	m.
To:	m.	To:	m.	To:	m.	To:	m.	To:	m.	To:	m.	To:	m.

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.

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

The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the applicable provisions of Title 44, Articles 4 and 3, C.R.S., as amended.

THEREFORE, THIS APPLICATION IS APPROVED.

Local Licensing Authority (City or County)	Date filed With Local Authority
Signature	Title
	Date

Report of State Licensing Authority

The foregoing has been examined and complies with the filing requirements of Title 44, Article 3, C.R.S., as amended.

Signature	Title	Date
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DO NOT WRITE IN THIS SPACE - FOR DEPARTMENT OF REVENUE USE ONLY

Date License Issued	License Account Number	Period

\$50.00 (Cash Fund)	\$21.75 (OAP Fund)	TOTAL
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SCHOOL AFFIDAVIT

(I) (WE) the undersigned do solemnly swear that to the best of (MY) (OUR) knowledge and belief there are no public or parochial schools, or principal campus of any college, university or seminary within 500 feet of the proposed liquor application at:

(address of place to be licensed)

said distance being computed by direct measurement from nearest property line of the land used for school purposes to the nearest portion of the building in which liquor is to be sold, using a route of direct pedestrian access, measured as a person would walk safely and properly, without trespassing, with right angles at crossings and with the observance of traffic regulations and lights.

STATE OF COLORADO)
)SS
COUNTY OF JEFFERSON)

_____ being by me first duly sworn, deposes and says: that they are the above-named person; that they know the contents thereof, and that all matters and things therein set forth are true of their own knowledge and they agree to conform to all rules and regulations promulgated by the State Licensing Authority in connection therewith.

SIGNATURE OF APPLICANT

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

My Commission Expires:

Notary Public



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. _____

The Clerk to the Board/Liquor Licensing Office has received the completed Liquor Licensing application packet from the applicant above and is cleared to begin the fingerprinting process for the background investigation.

 Clerk/Licensing Specialist Signature Date

(Stamp/Seal)



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: _____

City _____ State _____ Zip _____

Notary Public _____
(Seal)

JEFF SHRADER, SHERIFF

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
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 Yes 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.
 Yes 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

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:	