

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

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 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



LIQUOR OR BEER LICENSE APPLICANT INTERVIEW AND RELEASE

(Separate form required for each officer, owner, and manager of the business)

CONFIDENTIAL

Pursuant to C.R.S. §44-3-307(3)

1. TRADE NAME OF LIQUOR OR BEER LICENSE APPLICATION		LOCATION ADDRESS	

2. Full Individual Owner/Officer/Manager Name (first, middle, last):		Any other name(s) by which you are known:	
Date of birth:	Place of birth:	SSN:	Driver License State and No. U. S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No

State where Naturalized	Date of Naturalization	Name of District Court
Naturalization Certificate Number	Date of Certification	If an alien, give Alien Registration Card Number

<input type="checkbox"/> Male	Phone Number	Email	Race	Height	Weight	Eyes	Hair
<input type="checkbox"/> Female							

3. RESIDENCE ADDRESS FOR THE PAST TEN (10) YEARS (INCLUDE CITY, STATE, AND ZIP; ATTACH SUPPLEMENT IF NEEDED)	
Current Full Address:	Dates:
Previous Address(es):	Dates:

4. PERSONAL - FINANCIAL/BANK ACCOUNTS (INCLUDE NAME AND ADDRESS)	
Name and Address of Institution:	Account No.

5. BUSINESS - BANK NAME AND ACCOUNT NUMBER (AS APPLICABLE)	
Name and Address of Institution::	Account No.

6. PREVIOUS LIQUOR LICENSE(S) HELD BY APPLICANT (AS APPLICABLE)		
NAME OF BUSINESS	ADDRESS	DATES

7. Has the individual applicant ever received a violation notice, suspension, or revocation for any privileged license (i.e., Liquor, Gaming, Racing and Medical Marijuana) law violation, have charges pending, or has the applicant applied for or been denied a privileged license anywhere in the United States?
 Yes No If yes, attach explanation, date(s) and location(s).

8. Has the individual applicant **ever been convicted of a crime**, received a suspended sentence, a deferred sentence, or have charges pending?
 Yes No If yes, attach explanation, date(s) and location(s).

By signing this document, I authorize the City of Colorado Springs to now and annually check for any pertinent criminal history which may include, but is not limited to, CBI and FBI investigations.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Fingerprinted: _____ Date: _____ Time: _____ Police Dept. / ID Tech. _____

BACKGROUND INVESTIGATION – VNI ONLY

- The Police Department **has** objections to the issuance of this liquor or beer license.
- The Police Department **has no** objections to the issuance of this liquor or beer license at this time.

	PENDING	COMPLETED	Date: _____	Detective/VNI : _____
NCIC			Date: _____	City Clerk's Office: _____
CCIC				
CBI				

ALCOHOL BEVERAGE LICENSE OR PERMIT APPLICATION

AFFIRMATION AND CONSENT (submit one for each officer, owner, and manager of location)

I, _____, as the individual applicant or as an authorized agent or manager for the business applicant (Business Trade Name – DBA:) _____, declare under the penalty of perjury and under penalty for offering a false instrument for recording that this entire application, statements, and attachments are true, correct, and complete to the best of my knowledge. I further declare and consent that:

1. This statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue an Alcohol Beverage License or Permit by the City of Colorado Springs (initial here) _____;
2. I am aware that later discovery of an omission or misrepresentation made may be grounds for the denial of an Alcohol Beverage License application or revocation of the license, or jeopardize any future business license, as such falsehood or omission constitutes evidence regarding that character of the applicant (initial here) _____;
3. I consent to any background and financial investigation and the release of any documentation or other information that is necessary to determine my present and continuing suitability pursuant to City Liquor Code which may include, but is not limited to, CBI and FBI investigations, credit standing, business reputation, and financial status, and that this consent to release any and all information continues as long as I hold an Alcohol Beverage License or Permit. I agree to cooperate fully and execute any releases or other documentation necessary to obtain by background or financial information (initial here) _____;
4. I remit applicable sales taxes in a timely manner on permitted retail sales of the operation as required pursuant to Article 26 of Title 39, C.R.S. and City Code §2.7.101 *et seq.* (initial here) _____;
5. I will apply with the City Clerk for any proposed changes to the information provided in this application as required pursuant to State and City Liquor Code (initial here) _____;
6. I understand that the Alcohol Beverage licensed establishment must be in and maintain compliance with all applicable regulations by other governmental agencies including, but not limited to, Health, Sales Tax, Zoning, Land Use, Building, and Fire Codes (initial here) _____;
7. I understand that the entire location premises shall be subject to inspection by relevant authorities during all operational hours and other times of apparent activity (initial here) _____;
8. I understand that by providing an email address with this application, I agree that the City may provide any required or permitted process, notice, order, or correspondence relating to this application or any license issued to the Applicant in connection with this application, including any renewals, by email to the email address provided (initial here) _____;
9. I hereby state that I have read Articles 3, 4, and 5 of Title 44, C.R.S., as amended, and the regulations promulgated thereunder, and the Ordinances and Local Rules of Procedure of the City of Colorado Springs regarding alcohol beverages and understand the contents thereof (initial here) _____;
10. I understand and acknowledge that the City Clerk's Office may request other relevant information from me in connection with this application. Failure to provide the requested information may result in denial of this application. I also acknowledge and understand that the City Clerk's Office cannot accept an application unless it is accompanied by the required fees. The failure to pay the required fees or provide other required information may result in denial of this application (initial here) _____; and
11. I understand that any Alcohol Beverage License or Permit issued is conditional, and must be annually renewed no less than forty five (45) days prior to the expiration date, unless earlier revoked or surrendered (initial here)_____.

I have read all of the above information and understand my responsibilities as an applicant, licensee, permittee, or manager. I further understand that failure to comply with any law, regulations, or the provisions of this affirmation may be grounds for disciplinary action including, but not limited to, the suspension or revocation of the license or other criminal or administrative penalties.

Applicant Signature

Title

Date