



## Office of the City Clerk

500 East Third Street, Suite 230 • Loveland, Colorado 80537  
(970) 962-2396 • FAX (970) 962-2901 • TDD (970) 962-2620  
[www.lovgov.org](http://www.lovgov.org)

### City Application Check List

**Please complete and return Pages 1 and 2 with your application**

**Partial applications will not be accepted.**

**Please schedule a meeting to submit your application- once complete**

Liquor licensing is a dual process; the City reviews the application first and if it is approved then the State reviews the application.

*Incomplete applications submitted by mail will be held for 45 days and will be considered withdrawn after that point. Materials from withdrawn applications must be recovered at the applicants' expense.*

#### APPLICATION FORM

- ☐ Completely fill out or DR 8404 (retail license) form with State fee
- ☐ Complete the City of Loveland Local Application Form with City fee
- ☐ Appropriate signature must be original
- ☐ City Sales Tax, State Sales Tax number and FEIN (Federal Employer Identification Number) must have been applied for prior to submittal of application.

#### PAYMENT FOR STATE AND LOCAL LICENSING

Two checks or money orders must accompany the filing of a license application:

- ☐ A check payable to "City of Loveland"
- ☐ A check payable to "Colorado Department of Revenue" (State)

*\*New licenses only- option for a Concurrent review – The City and the State review the application at the same time, for a quicker approval process. \**

#### PROOF OF POSSESSION OF PROPERTY

- ☐ Attach deed, lease or assignment of lease (with consent and acceptance) in the name of the Applicant (**must** match Line 2 of application) covering entire proposed licensing period.
- ☐ Complete Affidavit of Measurement(s) to Schools or Liquor Licensed Drug Stores/Retail Stores
- ☐ **Certificate of Occupancy in the applicants' name, Temporary Certificate of Occupancy in the applicant's name, OR copies of permit applications for in-progress construction with inspection checklists. Contact the Building Division at 970-962-2505 for additional information.**
- ☐ All documents must be properly executed and signed by all parties involved.

#### FINANCIAL DOCUMENTS

- ☐ Attach Purchase agreement or stock transfer agreement
- ☐ **Hotel/restaurant (H&R) applicants only** –Attach an affidavit signed by applicant(s) stating that at least 25% of gross sales will be from the sale of food; affidavit must be notarized.
- ☐ **Brew Pub or Distillery Pub applicants only** – Attach an affidavit signed by applicant stating that food sales will comprise at least 15% of the gross on-premises income.

## MANAGEMENT

- ☐ H&R, Tavern, Brewpub and L & E applicants: Submit an Individual History form with the required fees of \$30 payable to "Department of Revenue" and \$30 payable to "City of Loveland". The manager's registration form is only completed - if the Manager is someone other than the applicant.
- ☐ Beer & Wine, Club, Arts, Racetrack and fermented Malt Beverage applicants: are only required to report the name (no fees) of the Manager to the Local and State Authorities. This is done by filing an individual history record (DR 8404-1), fingerprints (see below/background information)

## BACKGROUND INFORMATION

- ☐ **Complete Individual History Record – DR 8404-1.** To be completed by each individual applicant; all  
general partners of a partnership; all limited partners of a partnership with a 10% or more interest in the business; all officers and directors of a corporation; all 10% or more stockholders of a corporation; all managing members of a limited liability company; all members with a 10% or more interest in a limited liability company; all managers.
- ☐ Complete required form, "Fingerprint Based Criminal History Background Check-Written Notification."
- ☐ The manager or anyone with ownership of 10% or more is required to complete fingerprints. Refer to attachment 'Fingerprinting Instructions' located in this packet.

## DIAGRAM/FLOOR PLAN

- ☐ Must be on 8 ½ x 11 paper, use separate sheet for each floor; label floor Level
- ☐ Include dimensions of perimeter of the area to be licensed outlined in RED.

Please include dimensions of any patio areas to be licensed.

*If the patio is on a City sidewalk or public right-of-way, an encroachment permit must be obtained from Public Works.*

- ☐ Include **directional orientation (show North arrow) ↑**
- ☐ Show the street closest to main entrance, name and address of establishment
- ☐ Label all staircases, windows, doors, walls, bars, restrooms, entrances/exits & liquor storage areas, type and height of barriers if patio, etc.
- ☐ **Identify Kitchen - if Hotel/Restaurant**
- ☐ Contact the following to determine any additional fire, building or municipal code requirements:
  - Fire Prevention Inspector (970-962-2497)
  - Building Department (970-962-2505)
  - Public Works-*encroachment permit* (970-962-2606)

**Failure to timely schedule necessary inspections may delay consideration of your application.**

**All New License Applicants must provide a Certificate of Occupancy in the applicants' name, Temporary Certificate of Occupancy in the applicant's name, OR copies of permit applications for in-progress construction with inspection checklists.**

**Please complete and return Pages 1 and 2 with your application**

## CORPORATIONS

- ☐ Attach Articles of Incorporation, authorization to do business in Colorado, or Certificate of Good Corporate Standing issued by the Colorado Secretary of State (valid if issued within two years of application date).
- ☐ Attach Minutes of Corporate meeting showing election of officers and directors, stock assignments and documentation showing permission to file an application for a liquor/beer license. The minutes must be certified by a corporate officer. An organization chart may be included for clarity.

## LLC Applicant Information

- ☐ Articles of Organization date stamped by Colorado Secretary of State provided.
- ☐ Operating Agreement provided.
- ☐ Certificate of Authority provided (if foreign company).

## PARTNERSHIP

- ☐ Attach Partnership agreement signed and notarized (general or limited) Partnership agreement is not necessary for a married couple
- ☐ Attach Dissolution of partnership, if applicable.

### IF FILED FOR **TRANSFER OF OWNERSHIP** - OPERATION UNDER PREVIOUS OWNER'S LICENSE

- ☐ If Federal Employer Identification Number (FEIN) is changing: Complete application DR 8404 for transfer of ownership and send out by "Certified Mail with Return Receipts" the DR 8004 Wholesaler Affidavits of Compliance per Section 44-3-303(1)(d), C.R.S.. An application for a transfer of ownership will not be accepted without the proof of mailing of the Wholesaler Affidavits of Compliance.
- ☐ A Temporary Transfer Permit may be granted **only after** the legal transfer of the business has taken place (closing), and only if the applicant meets the following criteria:
  - ☐ A *written* request for the temporary transfer permit with the temporary transfer permit fee of \$100 is submitted. The Authority has five (5) working days to issue the temporary permit.
  - ☐ The premises have been previously licensed by the State and Local Licensing Authorities and such license is valid at the time that the application for transfer of ownership was filed with the Local Licensing Authority.
  - ☐ The current license is not subject to any suspension, revocation or denial action whether awaiting hearing or pending appeal.
  - ☐ The applicant for the temporary transfer permit has submitted a complete application for the transfer of the license, including Bill of Sale, Asset Purchase Agreement or any other document evidencing legal transfer of the business.

The temporary transfer permit may be canceled, revoked, or summarily suspended if the Local or State Licensing Authority determines that there is probable cause to believe that the transferee has violated any provision of the Colorado Liquor/Beer Code or has violated any rule or regulation adopted by the Local or State Licensing Authority or has failed to truthfully disclose those matters required pursuant to the application forms required by the Department of Revenue.

All completed application packets must be filed with the City Clerk for the Local Licensing Authority's consideration **NO LATER THAN 45 DAYS PRIOR TO THE DATE OF THE LOCAL LICENSING AUTHORITY'S MEETING.**

After the completed application packet is filed in the City Clerk's Office, the Assistant City Attorney reviews the file. Any deficiencies in the application are reported to the applicant prior to the public hearing on the application by the Licensing Authority. The Police Department performs a background investigation and applicable City departments perform inspections and report their findings to the Licensing Authority.

The public hearing is scheduled not less than 30 days from the date of filing the complete application packet and fees. The Clerk's Office will send the Applicant the date of the public hearing and the Neighborhood Boundaries map. The map will indicate the area to be used to survey the neighborhood.

### **NEIGHBORHOOD SURVEY**

In the time period from the submittal of the application to the Clerk's Office until the actual hearing date, as one way to obtain the evidence of the needs and desires of the neighborhood, the applicant(s) may circulate petitions within the neighborhood boundaries set by the Authority. If the applicant chooses to survey the neighborhood in this way, the City Clerk's Office will inform the applicant by mail of the deadline for filing the petitions. A petitioning company may be hired to perform the survey or the applicant may request a petition/survey packet from the Clerk's Office.

### **PUBLIC HEARING/LICENSE ISSUANCE**

The applicant or appointed representative shall be present at the public hearing. At the time of the hearing, the **applicant or representative is responsible for** presenting sufficient evidence indicating the need for an additional outlet for alcoholic beverages in the respective neighborhood is not currently being met and that the adult inhabitants of the neighborhood established by the Authority desire the issuance of this license.

If the Application is approved, the City will notify the State of Colorado Liquor Enforcement Division of such approval. The Liquor Enforcement Division will investigate and process the application. If approved, the State license is sent to the City. **The State and City licenses will NOT be released to the applicant until the Police Department Liquor Unit has completed its inspection of the premises.**

### **RETAIL TASTINGS PERMIT – RETAIL LIQUOR STORE/DRUGSTORE**

In 2005, City Council adopted Ordinance 5043 authorizing the tasting of alcohol beverages at retail liquor stores and liquor-licensed drugstores within the City subject to certain limitations. The fee for a new license is \$150 and renewal is \$25. A public hearing will be held on the initial application for the permit at the regular meeting of the Local Licensing Authority.

## **OCCUPATIONAL TAX**

The State of Colorado gives the City of Loveland the authority to tax the business of selling alcoholic beverages. This Occupational Tax is assessed and is due yearly with your renewal or new issuance of liquor license (Ord. 6241). The delinquent date is 10 days after the issuance of your liquor license (new application) with an accrue at 1% per month. Occupational tax thereafter shall be collected yearly with the renewal application and renewal fees.

**For a new establishment, the tax is due when you have completed your final inspection and are ready to open. The tax will then be due each year with your renewal thereafter.**

Brew Pub; H&R	<b>\$550</b>	Club	<b>\$550</b>
Tavern; L OR E	<b>\$670</b>	FMB on	<b>\$300</b>
Beer/Wine	<b>\$300</b>	FMB & Wine	<b>\$550</b>
Retail liquor Store	<b>\$670</b>	Optional premises	<b>\$550</b>
Drug store	<b>\$670</b>		

Applicant should obtain a copy of the Colorado Liquor & Beer Code – print it off the State’s Website at [www.colorado.gov/revenue/liquor](http://www.colorado.gov/revenue/liquor). Click on Laws & Rules. The City’s website [cityofloveland.org](http://cityofloveland.org) also contains the Local Authority Rules of Procedure on the Liquor Licensing page as well as forms and instructions.

## **PLEASE MAKE AN APPOINTMENT TO SUBMIT YOUR COMPLETED APPLICATION**

970-962-2000 option 9 or email [Clerk@cityofloveland.org](mailto:Clerk@cityofloveland.org)

## **YEARLY RENEWAL**

After the business is licensed for one year and every year thereafter, application for renewal of the license should be submitted to the City Clerk’s Office **no later than 45 days prior to the expiration date**. A courtesy letter from the City will be sent to arrive approximately the same time as the State renewal application (DR 8400) is mailed by the State. The renewal fee of **\$100 plus the License type fee** from the Authority’s fee schedule is made payable to the “City of Loveland.” The State’s renewal fee is printed on the application and is made payable to “Department of Revenue” upon application for renewal. **BOTH** fees must accompany the renewal application and first be **submitted to the City of Loveland City Clerk’s Office** for approval by the local jurisdiction. After approval by the Local Licensing Authority, the renewal and state fee will be sent to the State for approval and issuance of the license.

<b>Local Licensing Authority Meeting Dates</b>	<b>45 Day Submittal Deadline aka File by Date</b>
Thursday, January 16, 2025	<b>Tuesday, December 3, 2024</b>
Thursday, February 20, 2025	<b>Tuesday, January 7, 2025</b>
Thursday, March 20, 2025	<b>Tuesday, February 4, 2025</b>
Thursday, April 17, 2025	<b>Tuesday, March 4, 2025</b>
Thursday, May 15, 2025	<b>Tuesday, April 1, 2025</b>
Wednesday, June 18, 2025	<b>Monday, May 5, 2025</b>
Thursday, July 31, 2025	<b>Tuesday, June 17, 2025</b>
Thursday, August 21, 2025	<b>Tuesday, July 8, 2025</b>
Thursday, September 18, 2025	<b>Tuesday, August 5, 2025</b>
Friday, October 24, 2025	<b>Wednesday, September 10, 2025</b>
Thursday, November 20, 2025	<b>Tuesday, October 7, 2025</b>
Thursday, December 18, 2025	<b>Tuesday, November 4, 2025</b>
Thursday, January 15, 2026	<b>Tuesday, December 2, 2025</b>
Thursday, February 19, 2026	<b>Tuesday, January 6, 2026</b>
<b>Friday, March 27, 2026</b>	<b>Tuesday, February 10, 2026</b>
Thursday, April 16, 2026	<b>Tuesday, March 3, 2026</b>
Thursday, May 21, 2026	<b>Tuesday, April 7, 2026</b>
Thursday, June 18, 2026	<b>Tuesday, May 5, 2026</b>
Thursday, July 16, 2026	<b>Tuesday, June 2, 2026</b>
Thursday, August 20, 2026	<b>Tuesday, July 7, 2026</b>
Thursday, September 17, 2026	<b>Tuesday, August 4, 2026</b>
Thursday, October 15, 2026	<b>Tuesday, September 1, 2026</b>
Thursday, November 19, 2026	<b>Tuesday, October 6, 2026</b>
Thursday, December 17, 2026	<b>Tuesday, November 3, 2026</b>

## Colorado Liquor Retail License Application

**\* Note that the Division will not accept cash**

**Paid by Check    Date Uploaded to MoveIt**

**Paid Online**

**New License**

**New-Concurrent**

**Transfer of Ownership**

**State Property Only**

**Master file**

- **All answers must be printed in black ink or typewritten**
- **Applicant must check the appropriate box(es)**
- **Applicant should obtain a copy of the Colorado Liquor and Beer Code: [SBG.Colorado.gov/Liquor](https://www.sbg.colorado.gov/Liquor)**

Applicant is applying as a/an

Individual

Limited Liability Company

Association or Other

Corporation

Partnership (includes Limited Liability and Spouse  
or Partner in a Civil Union)

Applicant Name If an LLC, name of LLC; if partnership, at least 2 partner's names; if corporation, name of corporation

FEIN Number

State Sales Tax Number

Trade Name of Establishment (DBA)

Business Telephone

Address of Premises (specify exact location of premises, include suite/unit numbers)

City

County

State    ZIP Code

Mailing Address (Number and Street)

City or Town

State    ZIP Code

Email Address

If the premises currently has a liquor or beer license, you **must** answer the following questions.

Present Trade Name of Establishment (DBA)

Present State License Number

Present Class of License

Present Expiration Date

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**Section A Nonrefundable application fees\***

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Application Fee for New License.....	\$1,100.00
Application Fee for New License with Concurrent Review.....	\$1,200.00
Application Fee for Transfer.....	\$1,100.00

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**Section B Liquor License Fees\***

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Add Optional Premises to H & R.....	\$100.00 X	Total
Add Sidewalk Service Area.....		\$75.00
Arts License (City).....		\$308.75
Arts License (County).....		\$308.75
Beer and Wine License (City).....		\$351.25
Beer and Wine License (County).....		\$436.25
Brew Pub License (City).....		\$750.00
Brew Pub License (County).....		\$750.00
Campus Liquor Complex (City).....		\$500.00
Campus Liquor Complex (County).....		\$500.00
Campus Liquor Complex (State).....		\$500.00
Club License (City).....		\$308.75
Club License (County).....		\$308.75
Distillery Pub License (City).....		\$750.00
Distillery Pub License (County).....		\$750.00
Entertainment Facility License (City).....		\$500.00
Entertainment Facility License (County).....		\$500.00
Hotel and Restaurant License (City).....		\$500.00
Hotel and Restaurant License (County).....		\$500.00
Hotel and Restaurant License with one optional premises (City).....		\$600.00
Hotel and Restaurant License with one optional premises (County).....		\$600.00
Liquor–Licensed Drugstore (City).....		\$227.50
Liquor–Licensed Drugstore (County).....		\$312.50
Lodging Facility License (City).....		\$500.00
Lodging Facility License (County).....		\$500.00



## Section B Liquor License Fees\* (Continued)

Manager Registration - H & R.....	\$30.00
Manager Registration - Tavern.....	\$30.00
Manager Registration - Lodging & Entertainment.....	\$30.00
Manager Registration - Campus Liquor Complex.....	\$30.00
Optional Premises License (City).....	\$500.00
Optional Premises License (County).....	\$500.00
Racetrack License (City).....	\$500.00
Racetrack License (County).....	\$500.00
Resort Complex License (City).....	\$500.00
Resort Complex License (County).....	\$500.00
Related Facility - Campus Liquor Complex (City).....	\$160.00
Related Facility - Campus Liquor Complex (County).....	\$160.00
Related Facility - Campus Liquor Complex (State).....	\$160.00
Retail Gaming Tavern License (City).....	\$500.00
Retail Gaming Tavern License (County).....	\$500.00
Retail Liquor Store License - Additional (City).....	\$227.50
Retail Liquor Store License - Additional (County).....	\$312.50
Retail Liquor Store (City).....	\$227.50
Retail Liquor Store (County).....	\$312.50
Tavern License (City).....	\$500.00
Tavern License (County).....	\$500.00
Vintners Restaurant License (City).....	\$750.00
Vintners Restaurant License (County).....	\$750.00

Questions? Visit: [SBG.Colorado.gov/Liquor](http://SBG.Colorado.gov/Liquor) for more information

Do not write in this space - For Department of Revenue use only

### Liability Information

License Account Number

Liability Date

License Issued Through (Expiration Date)

Total

\$

# Application Documents Checklist and Worksheet

**Instructions:** This checklist 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:** [SBG.Colorado.gov/Liquor](http://SBG.Colorado.gov/Liquor) for more information

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**Items submitted, please check all appropriate boxes completed or documents submitted**

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## I. Applicant information

Applicant/Licensee identified

State sales tax license number listed or applied for at time of application

License type or other transaction identified

Return originals to local authority (additional items may be required by the local licensing authority)

All sections of the application need to be completed

Master file applicants must include the Application for Master File form DR 8415 and applicable fees to this Retail License Application

## II. Diagram of the premises

No larger than 8½" X 11"

Dimensions included (does not have to be to scale). Exterior areas should show type of control (fences, walls, entry/exit points, etc.)

Separate diagram for each floor (if multiple levels)

Return originals to local authority (additional items may be required by the local licensing authority)

Kitchen - identified if Hotel and Restaurant

Bold/Outlined Licensed Premises

## III. Proof of property possession (One Year Needed)

Deed in name of the applicant (or) (matching Applicant Name provided on page 1) date stamped / filed with County Clerk

Lease in the name of the applicant (or) (matching Applicant Name provided on page 1)

Lease assignment in the name of the applicant with proper consent from the landlord and acceptance by the applicant

Other agreement if not deed or lease. (matching Applicant Name provided on page 1)

#### **IV. Background information (DR 8404-I) and financial documents**

Complete DR 8404-I for each principal (individuals with more than 10% ownership, officers, directors, partners, members)

Fingerprints taken and submitted to the appropriate Local Licensing Authority through an approved State Vendor. Master File applicants submit results to the State

**Do not complete fingerprint cards prior to submitting your application.**

The Vendors are as follows:

**IdentoGO**

Appointment Scheduling Website: <https://uenroll.identogo.com/workflows/25YQHT>

Phone: 844-539-5539 (toll-free)

IdentoGO FAQs: <https://cbi.colorado.gov/sections/biometric-identification-and-records-unit/biometric-identification-and-records-unit-faqs>

State Liquor Code for IdentoGO: 25YQHT

**Colorado Fingerprinting**

Appointment Scheduling Website: <http://www.coloradofingerprinting.com/cabs/>

Phone: 720-292-2722 833-224-2227 (toll free)

State Liquor Code for Colorado Fingerprinting: C030LIQI

Purchase agreement, stock transfer agreement, and/or authorization to transfer license

List of all notes and loans (Copies to also be attached)

#### **V. Sole proprietor/Spouse or partners in a civil union (if applicable)**

Form DR 4679 Lawful Presence Affidavit

Copy of State issued Driver's License or Colorado Identification Card for each applicant

#### **VI. Corporate applicant information (if applicable)**

Certificate of Incorporation

Certificate of Good Standing

Certificate of Authorization if foreign corporation (out of state applicants only)

#### **VII. Partnership applicant information (if applicable)**

Partnership Agreement (general or limited).

Certificate of Good Standing

#### **VIII. Limited Liability Company applicant information (if applicable)**

Copy of articles of organization

Certificate of Good Standing

Copy of Operating Agreement (if applicable)

Certificate of Authority if foreign LLC (out of state applicants only)

#### **IX. Manager registration for Hotel and Restaurant, Tavern, Lodging & Entertainment, and Campus Liquor Complex licenses when included with this application**

\$30.00 fee

If owner is managing, no fee required

1. 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
2. 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?..... Yes No
- b. Had an alcohol beverage license suspended or revoked?..... Yes No
- c. Had interest in another entity that had an alcohol beverage license suspended or revoked?..... Yes No
- If you answered yes to a, b or c above, explain in detail on a separate sheet.
3. Has a liquor license application (same license class), that was located within 500 feet of the proposed premises, been denied within the preceding two years?..... Yes No
- If "yes", explain in detail.

4. Are the premises to be licensed within 500 feet, of any public or private school that meets compulsory education requirements of Colorado law, or the principal campus of any college, university or seminary?..... Yes No
- or**
- Waiver by local ordinance? Yes No
- Other

5. Is your Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 1500 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of greater than (>) 10,000? **NOTE:** The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS..... Yes No

6. Is your Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 3000 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of less than (<) 10,000? **NOTE:** The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS..... Yes No

For additional Retail Liquor Store only.

- a. Was your Retail Liquor Store License issued on or before January 1, 2016?.... Yes No

- b. Are you a Colorado resident?..... Yes No

7. 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 financial interest in said business including any loans to or from a licensee..... Yes No

8. Does the applicant, as listed on line 2 of this application, **have legal possession of the premises by ownership**, lease or other arrangement?..... Yes No

Ownership      Lease      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
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- b. Is a percentage of alcohol sales included as compensation to the landlord? If yes, complete question on page 9..... Yes No

- c. Attach a diagram that designates 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 8½" X 11".

**9.** 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 (MM/DD/YY)	FEIN or SSN Number	Interest/Percentage
Last Name	First Name	
Date of Birth (MM/DD/YY)	FEIN or SSN Number	Interest/Percentage
Last Name	First Name	
Date of Birth (MM/DD/YY)	FEIN or SSN Number	Interest/Percentage

**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.**

**10.** Optional Premises or Hotel and Restaurant Licenses with Optional Premises: Has a local ordinance or resolution authorizing optional premises been adopted?..... Yes No

Number of additional Optional Premise areas requested. (See license fee chart)

For the addition of a Sidewalk Service Area per Regulation 47-302(A)(4), include a diagram of the service area and documentation received from the local governing body authorizing use of the sidewalk. Documentation may include but is not limited to a statement of use, permit, easement, or other legal permissions.

**11.** Liquor Licensed Drugstore (LLDS) applicants, answer the following:

**a.** Is there a pharmacy, licensed by the Colorado Board of Pharmacy, located within the applicant's L L D S premise?..... Yes No

**If "yes" a copy of license must be attached.**

**12. Club Liquor License applicants answer the following: Attach a copy of applicable documentation**

- |   |     |    |
|---|-----|----|
| <b>a.</b> Is the applicant organization operated solely for a national, social, fraternal, patriotic, political or athletic purpose and not for pecuniary gain?.....  | Yes | No |
| <b>b.</b> Is the applicant organization a regularly chartered branch, lodge or chapter of a national organization which is operated solely for the object of a patriotic or fraternal organization or society, but not for pecuniary gain?..... | Yes | No |
| <b>c.</b> How long has the club been incorporated?.....   |     |    |
| <b>d.</b> Has applicant occupied an establishment for three years (three years required) that was operated solely for the reasons stated above?.....  | Yes | No |

**13. Brew-Pub, Distillery Pub or Vintner's Restaurant applicants answer the following:**

- |   |     |    |
|---|-----|----|
| <b>a.</b> Has the applicant received or applied for a Federal Permit? (Copy of permit or application must be attached)..... | Yes | No |
|---|-----|----|

**14. Campus Liquor Complex applicants answer the following:**

- |   |     |    |
|---|-----|----|
| <b>a.</b> Is the applicant an institution of higher education?.....   | Yes | No |
| <b>b.</b> Is the applicant a person who contracts with the institution of higher education to provide food services?..... | Yes | No |

**If "yes" please provide a copy of the contract with the institution of higher education to provide food services.**

**15. For all on-premises applicants.**

- a.** For all Liquor Licensed Drugstores (LLDS) the Permitted Manager must also submit an Manager Permit Application - DR 8000 and fingerprints.

Last Name of Manager

First Name of Manager

**16. 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.....**

Yes      No

Name

Type of License

Account Number

**17. Related Facility - Campus Liquor Complex applicants answer the following:**

- a.** Is the related facility located within the boundaries of the Campus Liquor Complex?..... Yes No

If yes, please provide a map of the geographical location within the Campus Liquor Complex.

If no, this license type is not available for issues outside the geographical location of the Campus Liquor Complex.

- b.** Designated Manager for Related Facility - Campus Liquor Complex

Last Name of Manager

First Name of Manager

**18. Entertainment Facility License**

If Applicant is applying for an Entertainment Facility License, you affirm that your business model and aligns with the statutory privileges and requirements:..... Yes No

Pursuant to 44-3-103(15.5) C.R.S., an Entertainment Facility means an establishment in which the primary business is to provide the public with sports or entertainment activities within its licensed premises; and that, incidental to its primary business, sells and serves alcohol beverages at retail for consumption on the licensed premises; and has sandwiches and light snacks available for consumption on the licensed premises.

If Applicant is applying for a Lodging Facility License, you affirm that your business model and aligns with the statutory privileges and requirements:..... Yes No

Pursuant to 44-3-103(29) C.R.S., a Lodging Facility means an establishment in which the primary business is to provide the public with sleeping rooms and meeting facilities; and that sells and serves alcohol beverages at retail for consumption on the licensed premises; and has sandwiches and light snacks available for consumption on the licensed premises.

**19. Tax Information.**

- a.** Has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or any other person with a 10% or greater financial interest in the applicant, been found in final order of a tax agency to be delinquent in the payment of any state or local taxes, penalties, or interest related to a business?..... Yes No

- b.** Has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or any other person with a 10% or greater financial interest in the applicant failed to pay any fees or surcharges imposed pursuant to section 44-3-503, C.R.S.?..... Yes No



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 with an approved State Vendor through their website. See application checklist, Section IV, for details.

Name			Date of Birth (MM/DD/YY)	
Street Address				
City	State	ZIP Code	Position	% Owned
Name			Date of Birth (MM/DD/YY)	
Street Address				
City	State	ZIP Code	Position	% Owned
Name			Date of Birth (MM/DD/YY)	
Street Address				
City	State	ZIP Code	Position	% Owned
Name			Date of Birth (MM/DD/YY)	
Street Address				
City	State	ZIP Code	Position	% Owned
Name			Date of Birth (MM/DD/YY)	
Street Address				
City	State	ZIP Code	Position	% Owned
Name			Date of Birth (MM/DD/YY)	
Street Address				
City	State	ZIP Code	Position	% Owned

- \*\* If applicant is owned 100% by a parent company, please list the designated principal officer on above.
- \*\* Corporations - the President, Vice-President, Secretary and Treasurer must be accounted for above (Include ownership percentage if applicable)
- \*\* If total ownership percentage disclosed here does not total 100%, applicant must check this box:

Applicant affirms that no individual other than these disclosed herein owns 10% or more of the applicant and does not have financial interest in a prohibited liquor license pursuant to Article 3 or 5, C.R.S.

I would like to apply for a Two-Year Renewal..... Yes No

**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 and Wine Code which affect my license.

Printed Name	Title
Authorized Signature	Date (MM/DD/YY)
<div></div>	

## 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)

For Transfer Applications Only - Is the license being transferred valid?..... Yes      No

The Local Licensing Authority Hereby Affirms that each person required to file DR 8404-I (Individual History Record) or a DR 8000 (Manager Permit) 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

Will conduct inspection upon approval of state licensing authority

Is the Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 1,500 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of > 10,000?..... Yes      No

Is the Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 3,000 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of < 10,000?..... Yes      No

**NOTE:** The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.

Does the Liquor-Licensed Drugstore (LLDS) have at least twenty percent (20%) of the applicant's gross annual income derived from the sale of food, during the prior twelve (12) month period?..... Yes      No

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.**

## Report and Approval of Local Licensing Authority (Continued)

Local Licensing Authority approves the Temporary Permit..... Yes No

Approval Date of the Temporary Permit

Expiration Date of the Temporary Permit

\*If the temporary permit expires or an extension is required, the state liquor licensing authority should be notified of the status of the temporary permit.

\*\*If the temporary permit information is not filled out for the transfer of ownership, the Transfer Application will not be accepted and processed.

Local Licensing Authority Approves this license for a two-year renewal..... Yes No

If "No", please cite the law, regulation, local ordinance or resolution that gives the local licensing authority the ability to deny the applicant and grounds for denial. Also, please provide any and all investigative reports, and administrative or criminal action that relate or justify this denial.

Proof of Violation

Local Licensing Authority for

Telephone Number

Town, City

County

Printed Name

Title

Signature

Date (MM/DD/YY)

Printed Name

Title

Signature

Date (MM/DD/YY)

## Tax Check Authorization, Waiver, and Request to Release Information

I,

am signing this Tax Check Authorization, Waiver and Request to Release Information (hereinafter

“Waiver”) on behalf of

(the “Applicant/Licensee”)

to permit the Colorado Department of Revenue and any other state or local taxing authority to release information and documentation that may otherwise be confidential, as provided below. If I am signing this Waiver for someone other than myself, including on behalf of a business entity, I certify that I have the authority to execute this Waiver on behalf of the Applicant/Licensee.

The Executive Director of the Colorado Department of Revenue is the State Licensing Authority, and oversees the Colorado Liquor Enforcement Division as his or her agents, clerks, and employees. The information and documentation obtained pursuant to this Waiver may be used in connection with the Applicant/Licensee’s liquor license application and ongoing licensure by the state and local licensing authorities. The Colorado Liquor Code, section 44-3-101. et seq. (“Liquor Code”), and the Colorado Liquor Rules, 1 CCR 203-2 (“Liquor Rules”), require compliance with certain tax obligations, and set forth the investigative, disciplinary and licensure actions the state and local licensing authorities may take for violations of the Liquor Code and Liquor Rules, including failure to meet tax reporting and payment obligations.

The Waiver is made pursuant to section 39-21-113(4), C.R.S., and any other law, regulation, resolution or ordinance concerning the confidentiality of tax information, or any document, report or return filed in connection with state or local taxes. This Waiver shall be valid until the expiration or revocation of a license, or until both the state and local licensing authorities take final action to approve or deny any application(s) for the renewal of the license, whichever is later. Applicant/Licensee agrees to execute a new waiver for each subsequent licensing period in connection with the renewal of any license, if requested.

By signing below, Applicant/Licensee requests that the Colorado Department of Revenue and any other state or local taxing authority or agency in the possession of tax documents or information, release information and documentation to the Colorado Liquor Enforcement Division, and is duly authorized employees, to act as the Applicant’s/Licensee’s duly authorized representative under section 39-21-113(4), C.R.S., solely to allow the state and local licensing authorities, and their duly authorized employees, to investigate compliance with the Liquor Code and Liquor Rules. Applicant/Licensee authorizes the state and local licensing authorities, their duly authorized employees, and their legal representatives, to use the information and documentation obtained using this Waiver in any administrative or judicial action regarding the application or license.

Name (Individual/Business)

Social Security Number/Tax Identification Number

Home Phone Number

Business/Work Phone Number

Street Address

City

State ZIP Code

Printed name of person signing on behalf of the Applicant/Licensee

Applicant/Licensee's Signature (Signature authorizing the disclosure of confidential tax information) Date Signed

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### Privacy Act Statement

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Providing your Social Security Number is voluntary and no right, benefit or privilege provided by law will be denied as a result of refusal to disclose it. § 7 of Privacy Act, 5 USCS § 552a (note).



## Office of the City Clerk

500 East Third Street, Suite 230 • Loveland, Colorado  
80537 (970) 962-2396 • FAX (970) 962-2901 • TDD (970)  
962-2620 [Clerk@CityOfLoveland.org](mailto:Clerk@CityOfLoveland.org)  
[www.lovgov.org](http://www.lovgov.org)

### LOCAL APPLICATION FOR LIQUOR LICENSE

This application must be filed in the Office of the City Clerk, City of Loveland, 500 East 3<sup>rd</sup> Street, Suite 230, Loveland, CO 80537. *Partial applications will not be accepted.*

Name of Entity (Must match Certificate of Good Standing): \_\_\_\_\_  
Trade Name (DBA/match Certificate of Trade Name): \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact Phone No: \_\_\_\_\_  
Registered Liquor manager: \_\_\_\_\_ Phone no. \_\_\_\_\_  
Business address: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing address, City, State & Zip (if different from location): \_\_\_\_\_

The applicant(s) hereby applies to the City of Loveland Local Licensing Authority for the following type of City license and tenders the following fees payable to the **City of Loveland**:

#### Application Fee: (check one)

<input type="checkbox"/> New License application \$1,000.00	<input type="checkbox"/> Transfer of Ownership \$750.00; add \$100.00 if Requesting Temporary Transfer Permit
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#### Type of License (fee): (check one)

<input type="checkbox"/> FMB/W or FMB On-Premises <b>(circle one)</b> - \$3.75	<input type="checkbox"/> Hotel & Restaurant - \$75.00
<input type="checkbox"/> Optional Premises - \$75.00	<input type="checkbox"/> Hotel & Restaurant with Optional Premises - \$75.00
<input type="checkbox"/> Lodging & Entertainment - \$75.00	<input type="checkbox"/> Brew Pub - \$75.00
<input type="checkbox"/> Tavern - \$75.00	<input type="checkbox"/> Retail Liquor Store - \$22.50; if Tasting Permit, add \$150
<input type="checkbox"/> Beer & Wine - \$48.75	<input type="checkbox"/> Distillery Pub - \$75.00
<input type="checkbox"/> Liquor License Drug Store - \$22.50	<input type="checkbox"/> Club - \$41.25
<input type="checkbox"/> Arts - \$41.25	<input type="checkbox"/> Bed & Breakfast - \$25.00

**TOTAL CITY FEES:** \$ \_\_\_\_\_

In addition to this local application, an applicant must submit the appropriate State application and license fees, DR Form 8404, DR Form(s) 8404-I, fingerprints and other required documentation to the City Clerk's Office. Attach additional pages as necessary to fully explain your answers.

1. **ANTICIPATED OPENING DATE:** \_\_\_\_\_

2. **HOURS OF OPERATION:** Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

3. **FOOD SERVED:** If my license requires food service, I have submitted a Notarized Affidavit as required below:  
\_\_\_\_\_ *Hotel and Restaurant License:* Full meals are served and at least 25% of gross income is from food sales.  
\_\_\_\_\_ *Brew Pub License:* Food sales comprise at least 15% of the gross on-premises income.  
\_\_\_\_\_ *Tavern; L & E OR Beer and Wine Licenses:* Sandwiches and light snacks for consumption on the premises during business hours but need not have meals available for consumption. Affidavit not required.  
\_\_\_\_\_ *FMB off premises,* must have at least 20% of total sales from the sale of food items for consumption off premises.

4. **ALCOHOL SERVER TRAINING:** List history of training and current training certificates that are held by the applicant and employees:
- 
- 
- 
- 
- 
- 
- 
- 
5. **EXPERIENCE IN ALCOHOL SALES AND SERVICE:** Describe the applicant/owner/manager experience in the sale and service related to alcohol beverages.
- 
- 
- 
- 
- 
- 
- 
- 
6. **PATIO SERVICE:** If the premises includes a patio, the plan to control and monitor alcohol service in that area is:
- 
- 
- 
- 
- 
- 
- 
- 
7. **COLORADO LIQUOR CODE:** I affirm that a copy of the Colorado Liquor Code has been, or will be, printed from the Department of Revenue or accessed online at <https://sbg.colorado.gov/liquor-enforcement-laws-rules-regulations> for use in operating my business.
8. **NEIGHBORHOOD NEEDS & DESIRES EVIDENCE.** I acknowledge that NEW License applicants (except for Club licenses) have the burden of proving (1) that the reasonable requirements of the neighborhood are not being met by existing outlets, (2) that the inhabitants of the neighborhood desire that the license be issued, and (3) that the Applicant is qualified to conduct the type of business proposed. The "Neighborhood" is defined by the Authority. Evidence may be in the form of testimony, petitions, or other means. Sample petitions are available from the City Clerk's Office or online at <https://www.lovgov.org/city-government/city-clerk>. Applicants will receive a mailing which will include the defined neighborhood boundaries, map, and evidence submittal deadline. See C.R.S. 44-3-301.
9. **RETAIL/DRUG STORE TASTINGS PERMIT:** I understand I need a separate tastings permit if I intend to conduct tastings. Application available at the City Clerk's Office or website.
10. **ADDITIONAL ACTIONS FOR THE LICENSED PREMISES:** I understand that timely filing of an application is required, for any modification of premises, manager changes, change of trade name, or change of location.
11. **OCCUPATIONAL TAX:** I acknowledge that there is levied and invoiced upon each liquor license held, an occupation tax in the amount provided by resolution of City Council. See Loveland Municipal Code (L.M.C.) Chapter 3.20.
12. **GAMES OF SKILL:** I have been informed that operation of electronic games, pinball machines, billiards, or pool tables on my premises require an annual City of Loveland license obtained from the City Clerk's Office. See L.M.C. Chapter 5.24. Application available at the City Clerk's Office or website.

Signed: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_



## Affidavit of Measurement(s)

DATE: \_\_\_\_\_

Applicant: \_\_\_\_\_ dba \_\_\_\_\_

Liquor License Type and Address: \_\_\_\_\_

### Distance To “School” Measurements For All License Types

The distance to the school should be measured per 1 C.C.R. 203-2, Regulation 47-326, and determined to be greater than 500 feet computed by direct measurement from the nearest property line of the land used for school purposes to the nearest portion of the building in which malt, vinous, or spirituous liquors are 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 regulation and traffic signals.

☐ No public or private schools meeting compulsory education requirements of Colorado law, or the principal campus of any college, university or seminary are located within 500 feet of the proposed property.

### Liquor Licensed Drug Store (LLDS) or Retail Liquor Store (RLS) applications (if applicable)

The distance between the principal doorway of the LLDS/RLS may not be located within 1500 feet of another retail liquor license for off-premises sales as determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.

☐ The proposed LLDS/RLS is not located within 1500 feet of another retail liquor license.

STATE OF COLORADO       )  
  ) ss  
COUNTY OF LARIMER     )

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires:

\_\_\_\_\_  
Notary Public



## Fingerprinting Instructions for Liquor Licenses

- › Complete fingerprints as soon as possible, waiting for the background results will delay your application
- › Payment is due, at the location, payable by business check, money order, or credit card in the name of the person being fingerprinted
- › Fingerprinting at the location – Fingerprints are electronically sent to the State. You should not receive any paper fingerprint cards.
- › Background check results will be sent to City of Loveland (the “requesting agency”)

You MUST schedule an appointment with one of the below agencies:

### IdentoGO (aka Idemia)

- 844-539-5539 (toll free)
- <https://uenroll.identogo.com/>
- Service Code for liquor licenses is 25YQ6K
- The City’s CBI account number is CONCJ5431

### Colorado Fingerprinting

- 720-292-2722 or 833-224-2227 (toll free)
- <http://www.coloradofingerprinting.com/>
- Service Code for liquor licenses is 5431LLQH
- The City’s CBI account number is CONCJ5431

On 9/24/2018, the State of Colorado Bureau of Investigation (CBI) implemented a new fingerprinting system called CABS (Colorado Applicant Background Services), for noncriminal fingerprinting. Effective 11/1/2018, paper fingerprint cards for liquor licensing are no longer accepted and must be completed electronically.



## Office of the City Clerk

500 East Third Street, Suite 230 • Loveland, Colorado 80537  
(970) 962-2396 • FAX (970) 962-2901 • TDD (970) 962-2620  
[www.lovgov.org](http://www.lovgov.org)

### FINGERPRINT BASED CRIMINAL HISTORY BACKGROUND CHECK – WRITTEN NOTIFICATION

#### Applicant information

Individual Applicant's Name:	Date
Establishment Name:	
Address:	City, State & Zip:

#### Description of Notification

Applicants obtaining fingerprints to be submitted to a civil submission agency that will receive Colorado Bureau of Investigation and Federal Bureau of Investigation (CBI/FBI) identification records are hereby notified that the fingerprints will be used to check the criminal history records of both the CBI and FBI.

The civil submission agency will provide the applicants the opportunity to complete or challenge the accuracy of the information contained in the CBI/FBI identification record.

The procedures for making or declining a change, correction or update of an identification record are set forth in *Title 28, C.F.R., Section 16.34* and allow a reasonable time to do so before the submission agency makes a decision to deny the license or deny employment based on the information in the record. (Title 42, U.S.C., Section 14616, Article IV(c); Title 28, C.F.R., Section 50.12(b); Title 5, U.S.C., Section 552a (e)(3)).

#### Acknowledgement of Receipt of Notice

*By signing this form, you confirm that you understand the information in this written notification and its purpose.*

Applicant's Signature	Date
-----------------------	------

Agency Signature	Date
------------------	------

Witness Signature (if applicant understands notification but refuses to sign)	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, Lodging Facility, and Entertainment Facility 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)

Name of Business

Home Phone Number

Cellular Number

Your Full Name (last, first, middle)

List any other names you have used

Mailing address (if different from residence)

Email Address

**1. List current residence address. Include any previous addresses within the last five years. (Attach separate sheet if necessary)**

Current Street and Number

Current City, State, ZIP

From:

To:

Previous Street and Number

Previous City, State, ZIP

From:

To:

## Individual History Record (Continued)

---

- 2.** 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:

Name of Employer or Business

Address (Street, Number, City, State, ZIP)

Position Held

From:

To:

Name of Employer or Business

Address (Street, Number, City, State, ZIP)

Position Held

From:

To:

- 3.** 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

Name of Relative

Relationship to You:

Position Held

Name of Licensee

## Individual History Record (Continued)

Name of Relative

Relationship to You:

Position Held

Name of Licensee

Name of Relative

Relationship to You:

Position Held

Name of Licensee

4. 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? ..... Yes No  
(If yes, answer in detail.)
5. 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?..... Yes No  
(If yes, answer in detail.)
6. 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?..... Yes No  
(If yes, answer in detail.)
7. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence?..... Yes No  
(If yes, answer in detail.)

## Individual History Record (Continued)

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

### Personal and Financial Information

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

Date of Birth	Social Security Number		Place of Birth	
U.S. Citizen	Yes	No	If Naturalized, state where	When
Name of District Court	Naturalization Certificate Number		Date of Certification	
If an Alien, Give Alien's Registration Card Number		Permanent Residence Card Number		
Height	Weight	Hair Color	Eye Color	Gender
Do you have a current Driver's License/ID? If so, give number and state. ....				Yes No
Driver's License Number		Driver's License State		

### Financial Information

9. Total purchase price or investment being made by the applying entity, corporation, partnership, limited liability company, other.....
10. List the total amount of the **personal** investment, made by the person listed on page 1 in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases or fees paid.....

**NOTE: If corporate investment only, please skip to and complete question 12**

**NOTE: Question 10 should reflect the total of questions 11 and 13**

---

**Personal and Financial Information (Continued)**

---

**11.** Provide details of the personal investment described in question 10. 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
-----------	--------

Type: Cash, Services or Equipment	Account Type
-----------------------------------	--------------

Bank Name	Amount
-----------	--------

Type: Cash, Services or Equipment	Account Type
-----------------------------------	--------------

Bank Name	Amount
-----------	--------

Type: Cash, Services or Equipment	Account Type
-----------------------------------	--------------

Bank Name	Amount
-----------	--------

**12.** Provide details of the corporate investment described in question 9. 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
-----------	--------

Type: Cash, Services or Equipment	Loans	Account Type
-----------------------------------	-------	--------------

Bank Name	Amount
-----------	--------

Type: Cash, Services or Equipment	Loans	Account Type
-----------------------------------	-------	--------------

Bank Name	Amount
-----------	--------

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

Name of Lender	Address
----------------	---------

Term	Security	Amount
------	----------	--------



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**Personal and Financial Information (Continued)**

---

Name of Lender	Address
----------------	---------

Term	Security	Amount
------	----------	--------

Name of Lender	Address
----------------	---------

Term	Security	Amount
------	----------	--------

Name of Lender	Address
----------------	---------

Term	Security	Amount
------	----------	--------

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**Oath of Applicant**

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I declare under penalty of perjury that this application and all attachments are true, correct, and complete to the best of my knowledge.

Electronic signature is not accepted, physical signature is required.

Print Signature

Title	Date (MM/DD/YY)
-------	-----------------



# Sales Tax License Application

Revenue Division  
500 East Third St., STE 110  
Loveland, CO 80537

(970) 962-2708  
FAX (970) 962-2927  
[salestax@cityofloveland.org](mailto:salestax@cityofloveland.org)  
[www.lovgov.org/services/finance/sales-tax](http://www.lovgov.org/services/finance/sales-tax)

**Loveland does not have a Business License. This application is for a sales tax license. \$20 application fee.**

		CITY USE ONLY			
		Acct			
PART A - Registrant Information	1) Legal/True Name of Business (Last, First if Individual)		GEO		NAICS
	2) Trade Name (Doing Business As) (If Applicable)				
	3) Location Street Address with Suite Number (No PO Boxes)				
	4) City	5) State	6) Zip Code	7) Federal Employer ID	8) Colorado Sales Tax Account
	9) Reason for Filing (check only one) <input type="checkbox"/> New Registration (Including registration of new location) <input type="checkbox"/> Update Information for License: _____ <input type="checkbox"/> Business Purchased or Merged (Complete Section D)		10) Legal Form (check only one): <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership (General or Limited) <input type="checkbox"/> Limited Liability Partnership (LLP or LLLP) <input type="checkbox"/> Non-Profit <input type="checkbox"/> Trust <input type="checkbox"/> Government <input type="checkbox"/> Other Entity Type: _____		
PART B - Address & Contact Information	11) Location/Account Type (check only one): <input type="checkbox"/> Commercial (Including retail, office, and industrial locations) <input type="checkbox"/> Out of City Location(s) (proceed to line 17) <input type="checkbox"/> Catalogue or Internet Sales Account (proceed to line 17)				
	Licensing Information				
	12) Send <b>Licensing</b> Correspondence Care Of		13) Licensing Phone Number	14) Licensing E-mail Address	
	15) Mailing Address for <b>Licensing</b> Correspondence				
	16) City	17) State	18) Zip Code		
	Tax Compliance Information				
	19) Send <b>Tax</b> Correspondence Care Of		20) Tax Compliance Phone Number	21) Tax Compliance E-mail Address	
	22) Mailing Address for <b>Tax</b> Correspondence				
	23) City	24) State	25) Zip Code		
	Third Party Preparer Information				
26) Preparer Name		27) Preparer Phone Number	28) Preparer E-mail Address		
29) Mailing Address for Third Party Preparer					
30) City	31) State	32) Zip Code			
33) Address where Tax Records may be Inspected (No PO Boxes)					
34) City	35) State	36) Zip Code			

**This form has 2 pages. Both pages must be completed. Incomplete applications will be returned.**

# Sales Tax License Application

Page 2

37) Legal/True Name of Business (From Part A, Line 1)

PART C - Officers	38) Name of principal officer, owner, partner, member, or manager		39) Telephone		40) Title	
	41) Address of principal residence		42) City		43) State	44) Zip Code
	45) Name of other officer, owner, partner, member, or manager		46) Telephone		47) Title	
	48) Address of principal residence		49) City		50) State	51) Zip Code
Additional officers, owners, partners, members, or managers may be included on attachments.						

PART D - Business Inception & Operations	52) Legal Name of Prior Registrant (if purchased or merged)		53) Prior FEIN (if available)		54) Purchase/Merge Date	
	55) Start Date in Loveland	56) First Retail Date in Loveland				
	57) Internet Address http://		Number of Employees at this Location			
			58) FT	59) PT		
	60) Primary Business Type (check only one)					
	<input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing or Processing <input type="checkbox"/> Financial Institution <input type="checkbox"/> Wholesale <input type="checkbox"/> Professional or Service <input type="checkbox"/> Leasing <input type="checkbox"/> Hospitality or Entertainment <input type="checkbox"/> Construction <input type="checkbox"/> Government/Non-Profit					
61) Description of Goods Sold						
62) Requested Reporting Frequency						
<input type="checkbox"/> Monthly (Sales \$10,000/month) <input type="checkbox"/> Quarterly (Sales \$1,667-\$9,999/month) <input type="checkbox"/> Annually (Sales \$1,666/month)						

**Note: Issuance of the sales tax license does not supersede other City ordinances which may prohibit this type of business operation within the city limits of Loveland.**

Under penalties of perjury, I declare that I have examined this sales tax license application and it is true and correct to the best of my knowledge & belief.

**Signature of Registrant or Authorized Agent**



Signature

Date

Printed Name

Title



## Neighborhood Needs and Desires Guidelines

Colorado Revised Statutes 44-3-301(2)(a) states that before issuing a license all licensing authorities shall consider the reasonable requirements of the neighborhood, the desires of the adult inhabitants as evidenced by petitions, remonstrance, or otherwise, and all other reasonable restrictions that are or may be placed upon the neighborhood by the local licensing authority.

Should the applicant choose to submit petitions, as described above, the following process should be used:

An applicant may conduct a petition survey itself, or may hire a professional survey firm.

After submittal of the application the Secretary of the Authority will provide a map of the defined boundaries. All signature addresses must be located within the defined boundaries to be considered valid (please do not circulate petitions at your establishment, as your customers may not live in the defined boundaries). Furthermore, the printed name and address must be legible and verifiable, otherwise the signatures will not be considered valid.

**You must obtain a minimum of 100 signatures (business and residential combined) on a petition.** The burden to show that the existing licenses in the area: 1) establish a need for the issuance of the requested license; and 2) that the desires of the inhabitants dictate the issuance of the license, rests with the applicant. The applicant will have to provide justification with evidence if turning in petitions with less than 100 signatures. The Authority will also be looking to assure that a good and true sampling of the designated neighborhood was taken.

Prior to circulation, the petition must be fully completed to ensure the signers fully comprehend the petition and can clearly indicate if they are in support or opposition of the application. The Affidavit of Circulation must be attached as well as the map provided by the Secretary of the Authority, prior to circulation. Multiple pages can be placed together if the circulator witnesses each signature. For multiple circulators, multiple petitions may be created.

After the petitions have been circulated, the applicant should confirm that the signatures and addresses qualify and complete the summary.

Petitions must be submitted to the City Clerk's office, 500 E. 3<sup>rd</sup> St, no later than 5:00 p.m. on the 10<sup>th</sup> day before the licensing hearing per LLA Rules of Procedure 7.2.

Sample forms are attached to these guidelines. It is the Applicant's sole responsibility to make sure the petitioning is done properly. The City Clerk's Office is not qualified to issue legal advice. For questions regarding this process, consultation with an attorney is advised.

# Affidavit of Circulator

I, \_\_\_\_\_, print name of Circulator, circulated the attached petition pertaining to the application of \_\_\_\_\_, print name of applicant dba for a new \_\_\_\_\_ License, from \_\_\_\_\_ to \_\_\_\_\_, and only within the defined neighborhood boundaries established by the Local Licensing Authority on the map provided here. I hereby certify that the persons whose signatures and addresses appear, signed this petition in my presence after indicating they were at least twenty-one (21) years of age and after having read the petition. I further certify that, to the best of my knowledge, each signature appearing on the petition is who it purports to be and that the address given with each name indicated is the true business or residence of the person signing the petition.

\_\_\_\_\_  
Signature of Circulator

STATE OF COLORADO        )  
  ) ss  
COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me this     day of           , 20\_\_\_\_. By the person known to me to be \_\_\_\_\_.

My commission expires:  
\_\_\_\_\_

\_\_\_\_\_  
Notary Public

## **New liquor License Petitioning Requirement Petition Companies**

If you decide to hire a Petitioning company, below are the most commonly used in our area. You are not limited in using any of the below companies and the City of Loveland does not endorse or favor one over the other.

### **LiquorPros**

(719) 390-8844

[www.Liquorpros.com](http://www.Liquorpros.com)

[Liquorpros@msn.com](mailto:Liquorpros@msn.com)

### **Oedipus Petitioning, LLC**

(720) 663-8635

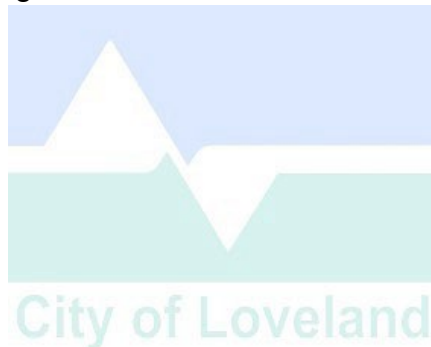
[oedipuspetitioning@gmail.com](mailto:oedipuspetitioning@gmail.com)

[oedipuspetitioning.com](http://oedipuspetitioning.com)

### **Cheryl Aragon Consulting**

[cheryl@cherylaragonconsulting.com](mailto:cheryl@cherylaragonconsulting.com)

(970) 302-2510



PETITION TO THE LOCAL LICENSING AUTHORITY OF THE CITY OF LOVELAND



Applicant/DBA Name: [example]

Location:

Type of License applied:

Public Hearing Date before the Authority:

Defined Neighborhood: (Attached map) .

*Due no later than:* <Month> <day>th, 2022 by 4:00 p.m.

Instructions/Qualifications (a minimum of 100 signatures must be collected, commercial and residential combined)

1. Signers must be at least 21 years of age AND:
  - A resident of the defined neighborhood, *or*
  - A Owner or Manager of business located within the defined neighborhood (See map)
2. Must sign, include address of residence or business, and other information on petition form, in the presence of the petition circulator and may only sign the petition once.
3. Write legibly for your signature to count.

\* If you favor and support this application for a License it is because you feel:  
the reasonable requirements of the adult Inhabits of the defined neighborhood are NOT now being adequately served by  
existing businesses that hold the same or similar type of liquor license in the defined neighborhood, AND it is your desire  
this license be issued.

\*\*If you oppose and do not support this application for a License, please write your reason why you  
oppose this license application.

*This petition/opinion survey is being conducted to determine the reasonable requirements, needs and desires of the adult inhabitants of the defined neighborhood per the Colorado Liquor Code, Article 3, Title 44 C.R.S. and per the Local Licensing Authority rules/procedures. If you think you have been unduly influenced by the petition circulator or have questions or comments concerning the proposed application or survey method, please call: the City Clerk's Office at (970) 962-2324.*

PETITION TO THE LOCAL LICENSING AUTHORITY OF THE CITY OF LOVELAND

Applicant:

Sig#	Instructions: <b>SIGN your name on line A;</b> <b>Print your name on line B;</b> <b>Provide residential or business address on Line C.</b>	BO-Bsns Ownr BM-Bsns Mngr R-Resident	Age:	Today's Date (00/00/2020)	*In Favor: <u>YES</u>	**Opposed: <u>NO</u>	Reason (optional):
1	A. Signature						
	B. Print Name						
	C. Address of Residential or Business						
2	A. Signature						
	B. Print Name						
	C. Address of Residential or Business						
3	A. Signature						
	B. Print Name						
	C. Address of Residential or Business						
4	A. Signature						
	B. Print Name						
	C. Address of Residential or Business						
5	A. Signature						
	B. Print Name						
	C. Address of Residential or Business						
6	A. Signature						
	B. Print Name						
	C. Address of Residential or Business						
7	A. Signature						
	B. Print Name						
	C. Address of Residential or Business						
8	A. Signature						
	B. Print Name						
	C. Address of Residential or Business						
9	A. Signature						
	B. Print Name						
	C. Address of Residential or Business						
10	A. Signature						
	B. Print Name						
	C. Address of Residential or Business						



## Wholesaler Affidavit of Compliance

### Section 44-3-303(1)(d), C.R.S.

Wholesaler Licensee Name (If an LLC; partnership; corporation or name of corporation)		License Number	
Trade Name of Establishment/Doing Business As (DBA)		Phone Number	
Physical Address	City	State	ZIP
Email Address			
Transferor Retailer Licensee Name		License Number	
Trade Name of Establishment/Doing Business As (DBA)		Phone Number	
Physical Address	City	State	ZIP
<p>The above wholesaler affirms that all alcohol beverages delivered to the above transferor retailer are:</p> <p><input type="checkbox"/> Paid in Full (only for the purposes of complying with section 44-3-303(1)(d), C.R.S.)</p> <p><b>Note:</b> If Paid in full is selected, the wholesaler may no longer extend credit to the transferee or transferor until the local and state licensing authorities have approved the transfer of the liquor license.</p> <p><input type="checkbox"/> Not Paid in Full</p>			
Wholesaler:			
Signature	Print	Title	Date



## AFFIDAVIT OF HOTEL/RESTAURANT LICENSEES

Colorado Revised Statute § 44-3-413(2)(a) requires at least 25% of gross income of a liquor outlet with a Hotel and Restaurant Liquor License be derived from the sale of food.

The establishment listed below certifies that 25% of the gross income of this business is derived from the sale of food.

\_\_\_\_\_  
Name of Establishment

\_\_\_\_\_  
Address of Establishment

\_\_\_\_\_  
Licensee Signature

\_\_\_\_\_  
Date

State of Colorado    )  
                                  ) SS.  
County of \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

Return this completed form to the Licensing Clerk, City of Loveland, 500 E 3rd Street, Suite 230, Loveland, CO 80537; with the New License Application.



## AFFIDAVIT OF BREW PUB LICENSEES

Colorado Revised Statute § 44-3-417(4) requires at least 15% of gross income of a liquor outlet with a Brew Pub Liquor License be derived from the sale of food.

The establishment listed below certifies that 15% of the gross income of this business is derived from the sale of food.

\_\_\_\_\_  
Name of Establishment

\_\_\_\_\_  
Address of Establishment

\_\_\_\_\_  
Licensee Signature

\_\_\_\_\_  
Date

State of Colorado    )  
                                  ) SS.  
County of \_\_\_\_\_)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

Return this completed form to the Licensing Clerk, City of Loveland, 500 E 3rd Street, Suite 230, Loveland, CO 80537; with the New License Application.