



Office of the City Clerk Manager Registration

500 East Third Street, Suite 230 • Loveland, Colorado 80537
(970) 962-2000 • FAX (970) 962-2901 • TDD (970) 962-2620

Clerk@cityofloveland.org

www.loveland.org

All documents must be submitted as a complete application with payment. Incomplete applications will not be accepted. Applications submitted by mail that are found to be incomplete will be provided with a 10-day revision period, after which point materials will be considered withdrawn and must be recovered at the expense of the applicant. Please enclose a signed copy of this form with the application.

Change of Manager Checklist

Completed Forms:

- ☐ DR8442 Permit Application and Report of Changes Form, Section C: Change of Manager
- ☐ DR8404-I Individual History Record Form completed and signed by the new manager (**DO NOT submit by email**). ***Note*** if new manager is already a **business owner**, this form **IS NOT** required.

New Manager Name _____

New Manager Phone Number: _____

New Manager Email Address: _____

Fees for Hotel & Restaurant, Tavern, Lodging Facility, or Entertainment Facility Licenses:

- ☐ \$30.00 payment to the Colorado Department of Revenue
- ☐ \$30.00 payment to the City of Loveland

For Beer and Wine, FMB and Wine Retailer, Retail Liquor Store, and all other license types::

- ☐ No Fee

***By providing your signature on this form, you consent to a background screening**

OATH OF APPLICANT:

I declare under penalty of law 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 and Beer Codes and all City of Loveland rules, regulations and codes which affect my license.

Signature

Date

Printed Name

Staff Use Only:

Processed By: _____ Date Received: _____

Instruction Sheet for Permit Application and Report of Changes

For All Sections, Complete Questions on Page 2

Section A

To Register or Change Managers, check the appropriate box in section A and complete question 10 on page 6. Proceed to the Oath of Applicant for signature. Submit to State Licensing Authority for approval.

Section B

For a Duplicate license, be sure to include the liquor license number in section B on page 1 and proceed to page 8 for Oath of Applicant signature.

Section C

Check the appropriate box in section C and proceed below.

For a Retail Warehouse Storage Permit, go to page 4 complete questions in the section (be sure to check the appropriate box). Submit the necessary information and proceed to page 8 for Oath of Applicant signature. Submit to the State Licensing Authority for approval.

For a Wholesale Branch House Permit, go to page 4 and complete questions in the section (be sure to check the appropriate box). Submit the necessary information and proceed to page 8 for Oath of Applicant signature. Submit to the State Licensing Authority for approval.

To Change Trade Name or Corporation Name, go to page 4 and complete questions in the section (be sure to check the appropriate box). Submit the necessary information and proceed to page 8 for Oath of Applicant signature. Retail Liquor License submit to the Local Liquor Licensing Authority (City or County). Manufacturer, Wholesaler and Importer's Liquor Licenses submit to the State Liquor Licensing Authority.

To modify Premises, or add Sidewalk Service Area, go to page 7 and complete all questions. Submit the necessary information and proceed to page 8 for Oath of Applicant signature. Retail Liquor License submit to the Local Liquor Licensing Authority (City or County). Manufacturer, Wholesaler and Importer's Liquor Licenses submit to the State Liquor Licensing Authority.

For Optional Premises go to page 7 and complete all questions. Submit the necessary information and proceed to page 8 for Oath of Applicant signature. Retail Liquor License submit to the Local Liquor Licensing Authority (City or County).

To Change Location, go to page 5 and complete questions in the section. Submit the necessary information and proceed to page 8 for Oath of Applicant signature. Retail Liquor License submit permit application or report of change to the Local Liquor Licensing Authority (City or County). Manufacturer, Wholesaler and Importer's Liquor Licenses submit to the State Liquor Licensing Authority.

Noncontiguous or Primary Manufacturing Location Change, go to page 6, and complete questions in the section. Use this section to make a current Noncontiguous Manufacturing Location into a Primary Manufacturing Location, or a Primary Manufacturing Location into a Noncontiguous Manufacturing Location. To be eligible for a Noncontiguous or Primary Manufacturing Location Change, you must be a Colorado state licensed manufacturer pursuant to section 44-3-402 or 44-3-403, C.R.S.

Campus Liquor Complex Designation, go to page 8 and complete questions in the section. Submit the necessary information and proceed to page 8 for Oath of Applicant signature.

To add another Related Facility to an existing Resort or Campus Liquor Complex, go to page 8 and complete questions in the section.

Business Email Address Business Phone Number

Section C

Retail Warehouse Storage Permit (each).....	\$100.00	
Wholesale Branch House Permit (each).....	\$100.00	
Change Corporation or Trade Name Permit (each).....	\$50.00	
Change Location Permit (each).....	\$150.00	
Noncontiguous or Primary Manufacturing Location Change.....	\$150.00	
Change, Alter or Modify Premises.....	\$150.00 x	Total Fee:
Addition of Optional Premises to Existing Hotel/Restaurant	\$100.00 x	Total Fee:
Addition of Related Facility to an Existing Resort or Campus Liquor Complex.....	\$160.00 x	Total Fee:
Campus Liquor Complex Designation.....		No Fee
Sidewalk Service Area.....		\$75.00

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

Date License Issued	License Account Number	Period
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The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

Total Amount Due..... \$

00

Storage Permit

Retail Warehouse Storage Permit or a Wholesalers Branch House Permit

Retail Warehouse Permit for:

On–Premises Licensee (Taverns, Restaurants etc.)

Off–Premises Licensee (Liquor stores)

Wholesalers Branch House Permit

Address of Storage Premises

City

County

ZIP Code

Attach a deed/lease or rental agreement for the storage premises.

Attach a detailed diagram of the storage premises.

Change Trade Name or Corporate Name

Change of Trade Name/DBA only

Corporate Name Change (Attach the following supporting documents)

1. Certificate of Amendment filed with the Secretary of State, or
2. Statement of Change filed with the Secretary of State, and
3. Minutes of Corporate meeting, Limited Liability Members meeting, Partnership agreement.

Old Trade Name

New Trade Name

Old Corporate Name

New Corporate Name

Change of Location

Note to Retail Licensees: An application to change location has a local application fee of \$750 payable to your local licensing authority. You may only change location within the same jurisdiction as the original license that was issued. Pursuant to 44-3-311(1) C.R.S. Your application must be on file with the local authority thirty (30) days before a public hearing can be held.

Date filed with Local Authority

Date of Hearing

Address of current premises.

Address

City

County

ZIP Code

Address of proposed New Premises

(Attach copy of the deed or lease that establishes possession of the premises by the licensee)

Address

City

County

ZIP Code

New mailing address if applicable.

Address

City

County

State ZIP Code

Attach detailed diagram of the premises showing where the alcohol beverages will be stored, served, possessed or consumed. Include kitchen area(s) for hotel and restaurants.

Noncontiguous or Primary Manufacturing Location Change

Select the option that applies to your situation:

Make a current Primary Manufacturing Location (Location 1) into a Noncontiguous Location (Location 2); **or**

Make a current Noncontiguous Manufacturing Location (Location 1) into a Primary Manufacturing Location (Location 2).

Address of Location 1:

Address

City

County

ZIP Code

Address of Location 2:

Address

City

County

ZIP Code

Change of Manager

Change of Manager or to **Register the Manager** of a Tavern, Hotel and Restaurant, Lodging Facility and Entertainment Facility liquor license or licenses pursuant to section 44-3-301(8), C.R.S.

Change of Manager

Former Manager's Name

New Manager's Name

Date of Employment

Has manager ever managed a liquor licensed establishment?..... Yes No

Does manager have a financial interest in any other liquor
licensed establishment?..... Yes No

If yes, give name and location of establishment

Modify Premises or Addition of Optional Premises, Related Facility, or Sidewalk Service Area

Note: Licensees may not modify or add to their licensed premises until approved by state and local authorities.

(a) Describe change proposed

(b) If the modification is temporary, when will the proposed change:

Start (month/day/year)

End (month/day/year)

Note: The total state fee for temporary modification is \$300.00

(c) Will the proposed change result in the licensed premises now being located 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

(If yes, explain in detail and describe any exemptions that apply)

(d) Is the proposed change in compliance with local building and zoning laws?..... Yes No

(e) If this modification is for an additional Hotel and Restaurant Optional Premises has the local authority authorized by resolution or ordinance the issuance of optional premises?..... Yes No

(f) Attach a diagram of the current licensed premises and a diagram of the proposed changes for the licensed premises.

(g) Attach any existing lease that is revised due to the modification.

(h) For the addition of a Sidewalk Service Area per Regulation 47-302(A)(4), 1 C.C.R. 203-2, include 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.

Campus Liquor Complex Designation

An institution of higher education or a person who contracts with the institution to provide food services
I wish to designate my existing:

Liquor License Type

Liquor License Number

to a Campus Liquor Complex..... Yes No

Additional Related Facility

To add a Related Facility to an existing Resort or Campus Liquor Complex, include the name of the
Related Facility and include the address and an outlined drawing of the Related Facility Premises.

Address of Related Facility

Address

City

State ZIP Code

Outlined diagram provided..... Yes No

Oath of Applicant

I declare under penalty of perjury in the second degree that I have read the foregoing application and all
attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.

Print Name

Title

Electronic signature is not accepted, physical signature is required.

Date (MM/DD/YY)

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

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

Local Licensing Authority (City or County)

Date filed with Local Authority

Electronic signature is not accepted, physical signature is required. Title

Date (MM/DD/YY)

Report of State Licensing Authority

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

Electronic signature is not accepted, physical signature is required. Title

Date (MM/DD/YY)



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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
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Agency Signature	Date
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Witness Signature (if applicant understands notification but refuses to sign)	Date
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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.

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

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

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

Type: Cash, Services or Equipment	Account Type
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Bank Name	Amount
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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
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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
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Term	Security	Amount
------	----------	--------

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
------	----------	--------

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.

Electronic signature is not accepted, physical signature is required.

Print Signature

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