



LIQUOR LICENSING AUTHORITY
DOCUMENT CHECKLIST
for CORP. / LLC / PARTNERSHIP
NEW LICENSE
Italics=Local Authority Requirement

Name of Applicant _____

Date of Application _____

1. ___ Public Hearing Date _____ [must be noticed 30 days prior to hearing date]
2. ___ Posted on Premises on (date) _____ [must be posted 10 days prior to hearing date]
3. ___ **(Form DR8404)** Retail License Application
4. ___ Follow Checklist and Worksheet on page 2 of Form DR8404
5. ___ Diagram of premises (see requirements on page 2, Sec. II of Form DR8404)
6. ___ Proof of Property Possession (see requirements on Page 2, Sec. III of Form DR8404)
7. ___ **(Form DR8404-I)** Individual History Record(s) - For each officer/member/partner and for manager registration
8. ___ Fingerprints for Individual History Applicants [send to C.B.I.]
9. ___ *Fingerprint Affidavits for each Individual History Applicant [Local Authority Requirement]*
10. ___ Purchase Agreement, Stock Transfer Agreement, and/or authorization to transfer license
11. ___ List of all notes and loans
12. ___ *Copy of menu [Local Authority Requirement]*
13. ___ *Affidavit to report future changes [Local Authority Requirement]*
14. ___ *Inspection of Premises Reports: ___ Art Smythe, Police ___ John Mele, Fire ___ Environ Health Dept*
(form to be delivered to health dept. by applicant)
15. ___ *TIPS/Responsible Serving of Alcohol Training [Local Authority Requirement]*
Name _____ Date _____
16. ___ Town of Snowmass Village Business License

CORPORATION APPLICANT:

17. ___ Certificate of Incorporation (and/or) Certificate of Good Standing (if Incorporated more than 2 years ago)
18. ___ List of officers, directors and stockholders of parent corporation (designate 1 person as "principal officer").

PARTNERSHIP APPLICANT:

19. ___ Partnership Agreement (general or limited). Not needed if husband and wife.

LIMITED LIABILITY COMPANY APPLICANT:

20. ___ Copy of Articles of Organization (date stamped by Colorado Secretary of State)
21. ___ Copy of Operating Agreement

22. ___ Fees:	<u>STATE</u>	<u>TOSV</u>
NEW LIC.	900.00 ___	500.00 ___
H&R	500.00 ___	75.00 ___
B&W	351.25 ___	48.75 ___
3.2% (on or off premises)	96.25 ___	3.75 ___
DRUG/RETAIL	227.50 ___	22.50 ___
MGR REG. (H&R/Tavern only)	75.00 ___	75.00 ___
INVESTIGATION		100.00 ___
OTHER	FEE _____	FEE _____
TOTAL \$		

Dept. of Revenue

TOSV

16. ___ COLORADO BUREAU OF INVESTIGATION
(Fingerprint Investigation \$38.00/person)

\$ _____

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APPLICATION DOCUMENTS CHECKLIST AND WORKSHEET

Instructions: This check list 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.

ITEMS SUBMITTED, PLEASE CHECK ALL APPROPRIATE BOXES COMPLETED OR DOCUMENTS SUBMITTED

I. APPLICANT INFORMATION

- A. Applicant/Licensee identified.
- B. State sales tax license number listed or applied for at time of application.
- C. License type or other transaction identified.
- D. Return originals to local authority.
- E. Additional information may be required by the local licensing authority.

II. DIAGRAM OF THE PREMISES

- A. No larger than 8 1/2" X 11".
- B. Dimensions included (doesn't have to be to scale). Exterior areas should show control (fences, walls, etc.).
- C. Separate diagram for each floor (if multiple levels).
- D. Kitchen - identified if Hotel and Restaurant.

III. PROOF OF PROPERTY POSSESSION

- A. Deed in name of the Applicant ONLY (or)
- B. Lease in the name of the Applicant ONLY.
- C. Lease Assignment in the name of the Applicant (ONLY) with proper consent from the Landlord and acceptance by the Applicant.
- D. Other Agreement if not deed or lease.

IV. BACKGROUND INFORMATION AND FINANCIAL DOCUMENTS

- A. Individual History Record(s) (Form DR 8404-I).
- B. Fingerprints taken and submitted to local authority. (State authority for master file applicants.)
- C. Purchase agreement, stock transfer agreement, and or authorization to transfer license.
- D. List of all notes and loans.

V. CORPORATE APPLICANT INFORMATION (If Applicable)

- A. Certificate of Incorporation (and/or)
- B. Certificate of Good Standing if incorporated more than 2 years ago.
- C. Certificate of Authorization if foreign corporation.
- D. List of officers, directors and stockholders of parent corporation (designate 1 person as "principal officer").

VI. PARTNERSHIP APPLICANT INFORMATION (If Applicable)

- A. Partnership Agreement (general or limited). Not needed if husband and wife.

VII. LIMITED LIABILITY COMPANY APPLICANT INFORMATION (If Applicable)

- A. Copy of articles of organization (date stamped by Colorado Secretary of State's Office).
- B. Copy of operating agreement.
- C. Certificate of Authority (if foreign company).

VIII. MANAGER REGISTRATION FOR HOTEL AND RESTAURANT, TAVERN LICENSES WHEN INCLUDED WITH THIS APPLICATION

- A. \$75.00 fee.
- B. Individual History Record (DR 8404-I).

6. Is 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) or manager under the age of twenty-one years?	Yes No <input type="checkbox"/> <input type="checkbox"/>												
7. Has 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) or manager ever (in Colorado or any other state); (a) been denied an alcoholic beverage license? (b) had an alcoholic beverage license suspended or revoked? (c) had interest in another entity that had an alcoholic beverage license suspended or revoked? If you answered yes to 7a, b or c, explain in detail on a separate sheet.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
8a. 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? If "yes," explain in detail.	<input type="checkbox"/> <input type="checkbox"/>												
8b. Has a 3.2 beer license for the premises to be licensed been denied within the preceding one year? If "yes," explain in detail.	<input type="checkbox"/> <input type="checkbox"/>												
9. 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?	<input type="checkbox"/> <input type="checkbox"/>												
10. 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.	<input type="checkbox"/> <input type="checkbox"/>												
11. Does the Applicant, as listed on line 2 of this application, have legal possession of the premises for at least 1 year from the date that this license will be issued by virtue of ownership, lease or other arrangement? <input type="checkbox"/> Ownership <input type="checkbox"/> Lease <input type="checkbox"/> Other (Explain in Detail) _____	<input type="checkbox"/> <input type="checkbox"/>												
a. If leased, list name of landlord and tenant, and date of expiration, EXACTLY as they appear on the lease:													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%; padding: 2px;">Landlord</td> <td style="width:35%; padding: 2px;">Tenant</td> <td style="width:30%; padding: 2px;">Expires</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Landlord	Tenant	Expires										
Landlord	Tenant	Expires											
Attach a diagram and outline the area to be licensed (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 8 1/2" X 11". (Doesn't have to be to scale)													
12. 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.													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">NAME</th> <th style="width:15%;">DATE OF BIRTH</th> <th style="width:20%;">FEIN OR SSN</th> <th style="width:30%;">INTEREST</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	NAME	DATE OF BIRTH	FEIN OR SSN	INTEREST									
NAME	DATE OF BIRTH	FEIN OR SSN	INTEREST										
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.													
13. Optional Premises or Hotel and Restaurant Licenses with Optional Premises A local ordinance or resolution authorizing optional premises has been adopted.	Yes No <input type="checkbox"/> <input type="checkbox"/>												
Number of separate Optional Premises areas requested. _____													
14. Liquor Licensed Drug Store applicants, answer the following: (a) Does the applicant for a Liquor Licensed Drug Store have a license issued by the Colorado Board of Pharmacy? COPY MUST BE ATTACHED.	Yes No <input type="checkbox"/> <input type="checkbox"/>												
15. Club Liquor License applicants answer the following and attach: (a) Is the applicant organization operated solely for a national, social, fraternal, patriotic, political or athletic purpose and not for pecuniary gain? (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? (c) How long has the club been incorporated? _____ (Three years required) (d) How long has applicant occupied the premises to be licensed as a club? (Three years required) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
16. Brew-Pub License Applicants answer the following: (a) Has the applicant received or applied for a Federal Brewers Notice? (Copy of notice or application must be attached)	<input type="checkbox"/> <input type="checkbox"/>												
17a. Name of Manager _____ (If this is an application for a Hotel, Restaurant or Tavern License, the manager must also submit an Individual History Record (DR 8404-I).	Date of Birth <input style="width: 100px; height: 20px;" type="text"/>												
17b. 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 <input type="checkbox"/> <input type="checkbox"/>												
18. Tax Distraint Information. Does the applicant or any other person listed on this application and including its partners, officers, directors, stockholders, members (LLC) or managing members (LLC) and any other persons with a 10% or greater financial interest in the applicant currently have an outstanding tax distraint issued to them by the Colorado Department of Revenue? If yes, provide an explanation and include copies of any payment agreements.	Yes No <input type="checkbox"/> <input type="checkbox"/>												

19. If applicant is a corporation, partnership, association or a limited liability company, it is required to list **by position** all officers and directors, general partners, managing members, all stockholders, partners (including limited partners) and members who have a 10% or greater financial interest in the applicant. All persons listed here or by attachment must submit and attach a DR 8404-I (Individual History Record) and provide fingerprint cards to their local licensing authority.

NAME	HOME ADDRESS, CITY & STATE	DATE OF BIRTH	POSITION	% OWNED

20. Has the Applicant provided, or does the applicant intend to provide their staff with server training. Yes No

Additional Documents to be submitted by type of entity

- CORPORATION** Cert. of Incorp. Cert. of Good Standing (if more than 2 yrs. old) Cert. of Auth. (if a foreign corp.)
 PARTNERSHIP Partnership Agreement (General or Limited) Husband and Wife partnership (no written agreement)
 LIMITED LIABILITY COMPANY Articles of Organization Cert. of Authority (if foreign company) Operating Agrmt.
 ASSOCIATION OR OTHER Attach copy of agreements creating association or relationship between the parties

Registered Agent (if applicable)	Address for Service
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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 Code which affect my license.

Authorized Signature	Title	Date
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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 12-47-311 (1)) C.R.S.
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- Each person required to file DR 8404-I: Yes No
- a. Has been fingerprinted
- b. Background investigation and NCIC and CCIC check for outstanding warrants conducted
- c. The local authority has already conducted, or intends to conduct, a premise inspection to insure that the applicant is in compliance with, and aware of, liquor code provisions affecting their class of license. _____ (date of inspection)
- If not, does the authority want the state to conduct such an inspection.

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 12, Article 46 or 47, C.R.S. **THEREFORE, THIS APPLICATION IS APPROVED.**

Local Licensing Authority for	Telephone Number	<input type="checkbox"/> TOWN, CITY <input type="checkbox"/> COUNTY
Signature	Title	Date
Signature (attest)	Title	Date

If premises are located within a town or city, the above approval should be signed by the mayor and clerk, if in a county, then by the chairman of the board of county commissioners and the clerk to the board. If, by ordinance or otherwise, the local licensing authority is some other official, then such approval should be given by such official.

INDIVIDUAL HISTORY RECORD

To be completed by each individual applicant, all general partners of a partnership, all limited partners owning 10% (or more) of a partnership; all officers and directors of a corporation, all stockholders of a corporation owning 10% (or more) of the stock of such corporation; all limited liability company **MANAGING** members, Officers or other limited liability company members with a 10% (or more) ownership interest in such company and all managers of a Hotel and Restaurant or a Tavern License.

NOTICE: This individual history record provides basic information which is necessary for the licensing authority investigation. **All** questions must be answered in their entirety or your application may be delayed or not processed. **EVERY** answer you give will be checked for its truthfulness. **A deliberate falsehood or omission will jeopardize the application as such falsehood within itself constitutes evidence regarding the character of the applicant.**

1. Name of Business

2. Your Full Name (last, first, middle)	3. List any other names you have used.
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4. Mailing address (if different from residence)	Home Telephone
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5. List all residence addresses below. Include current and previous addresses for the past five years.			
STREET AND NUMBER	CITY, STATE, ZIP	FROM	TO
Current			
Previous			

6. Date of Birth	Social Security Number (SSN)	Place of Birth	7. U. S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If Naturalized, state where	When	Name of District Court
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Naturalization Certificate Number	Date of Certification	If an Alien, Give Alien's Registration Card Number	Permanent Residence Card Number
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8. Height	Weight	Hair Color	Eye Color	Sex	Race	9. Do you have a current Driver's License? If so, give number & state <input type="checkbox"/> Yes <input type="checkbox"/> No
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10. 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 EMPLOYER

11. Have you ever applied for, held, or had an interest in a State of Colorado Liquor or Beer License, or loaned money, furniture or fixtures, equipment or inventory, to any liquor or beer licensee? If yes, answer in detail. <input type="checkbox"/> Yes <input type="checkbox"/> No

12. Have you ever been convicted of a crime, or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? (If yes, explain in detail.) Yes No

13. 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 U.S.? If yes, explain in detail. Yes No

14. List all current and former employers or businesses engaged in within the last five years (Attach separate sheet if necessary)

NAME OF EMPLOYER	ADDRESS (STREET, NUMBER, CITY, STATE, ZIP)	POSITION HELD	FROM	TO

15. Financial Information.
 Total purchase price \$ _____ (if buying an existing business) OR list the total amount of your investment in the new business, including notes, loans, cash, services or equipment, and operating capital \$ _____

Provide details of Investment. You must account for the sources of ALL cash (how acquired). Attach a separate sheet if needed.

Type: Cash, Services or Equipment	Where Obtained (Savings, Checking, Account, etc.)	Amount

Loan Information (attach copies of all notes or loans)

Name of Lender	Address	Term	Security	Amount

16. Give name of bank where business account will be maintained; name the account will be maintained under; and the name or names of persons authorized to draw thereon.

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.

Authorized Signature	Title	Date
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AFFIDAVIT

REGARDING NOTIFICATION OF ANY CHANGE IN STATUS OF LICENSE OWNERSHIP OR FINANCIAL INTEREST

I, _____, depose and say, this _____ day of _____, 20____, that I have been advised that any information changes to the application for a liquor license involving ownership or financial interest in the licensed or sought to be licensed premises must be reported, within 10 days, in writing to the Local Liquor Licensing Authority of the Town of Snowmass Village, Box 5010, Snowmass Village, CO 81615 and the Department of Revenue, Liquor Enforcement Division, 1375 Sherman St., Denver, CO 80261 and further say that I will abide by this provision.

(signed) _____
(President, Partner, Owner)

Address: _____

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

(SEAL)

Notary Public

My commission expires: _____



**SNOWMASS VILLAGE LIQUOR LICENSING AUTHORITY
INSPECTION REPORT**

An application for a **New Liquor License** has been submitted for:

Name of Organization

Physical Address of Organization

This application will be heard at a Regular Meeting of the Snowmass Village Liquor Licensing Authority at 4:00 p.m. on _____, 20____, in the Town Council Chambers.

If you know of any reason why this license should not be issued, please contact this office immediately; otherwise, please sign off and return this form.

Environmental Health Department

Date

Jennifer Worth, Deputy Town Clerk

Date

Town of Snowmass Village
Box 5010
Snowmass Village, CO 81615

TEL: 923-3777
FAX: 923-6083

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AFFIDAVIT

I, _____, being first duly sworn, state that I am an applicant for a liquor license for _____, Snowmass Village, Colorado; and that in connection with said application, I hereby state that I have not ever been convicted of a crime, fined, imprisoned, placed on probation, received a suspended sentence or forfeited bail for my offense in criminal or military court other than what has been reported within my application for said liquor license, except traffic violations which did not result in suspension or revocation of my driver's license or conviction of driving under the influence of alcoholic beverages.

This Affidavit is made for purpose of including the Local Liquor Licensing Authority of the Town of Snowmass Village, Colorado to approve the aforementioned liquor license application without the benefit of investigative reports from the Federal Bureau of Investigation and the Colorado Bureau of Investigation concerning any record that I may have with said agencies. This Affidavit is made with the knowledge and consent by me; and if this Affidavit for any reason proves to be false, the Snowmass Village Liquor Licensing Authority may revoke the license previously issued to me in reliance upon this Affidavit and said revocation may be accomplished without the necessity of any hearing.

Signature of Applicant

State of Colorado }
 } ss.
County of Pitkin }

The foregoing Affidavit was subscribed and sworn to before me this _____ day of _____, 20____, by _____

Witness my hand and official seal.

My commission expires _____.

Notary Public