



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

City Application Check List

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.

APPLICATION FORM

- Completely fill out DR 8403 (FMB) 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
- 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 \$75 payable to "Department of Revenue" and \$75 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.

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.

Class "A" – Brew Pub; H&R	\$550	Class "F" – Club	\$550
Class "B" – Tavern; L & E	\$670	Class "G-1" – FMB on	\$300
Class "C" – Beer/wine	\$300	Class "G-2" – FMB off	\$550
Class "D" – Retail liquor Store	\$670	Class "H" – Optional premises	\$550
Class "E" – Drug store	\$670		

Applicant should obtain a copy of the Colorado Liquor & Beer Code – print it off the State's Website at www.colorado.gov/revenue/liquor. Click on Laws & Rules. The City's website 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

970-962-2396 or email 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.



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 Clerk@CityOfLoveland.org
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 3rd 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
---	---

Type of License (fee): (check one)

<input type="checkbox"/> FMB/W or FMB On-Premises (circle one) - \$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 <http://www.cityofloveland.org>. 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: _____

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 for more information**

Items submitted, please check all appropriate boxes completed or documents submitted	
I.	<p>Applicant information</p> <p><input type="checkbox"/> A. Applicant/Licensee identified</p> <p><input type="checkbox"/> B. State sales tax license number listed or applied for at time of application</p> <p><input type="checkbox"/> C. License type or other transaction identified</p> <p><input type="checkbox"/> D. Return originals to local authority (additional items may be required by the local licensing authority)</p> <p><input type="checkbox"/> E. All sections of the application need to be completed</p> <p><input type="checkbox"/> F. Master file applicants must include the Application for Master File form DR 8415 and applicable fees to this Retail License Application</p>
II.	<p>Diagram of the premises</p> <p><input type="checkbox"/> A. No larger than 8½" X 11"</p> <p><input type="checkbox"/> B. Dimensions included (does not have to be to scale). Exterior areas should show type of control (fences, walls, entry/exit points, etc.)</p> <p><input type="checkbox"/> C. Separate diagram for each floor (if multiple levels)</p> <p><input type="checkbox"/> D. Kitchen - identified if Hotel and Restaurant</p> <p><input type="checkbox"/> E. Bold/Outlined Licensed Premises</p>
III.	<p>Proof of property possession (One Year Needed)</p> <p><input type="checkbox"/> A. Deed in name of the applicant (or) (matching question #2) date stamped / filed with County Clerk</p> <p><input type="checkbox"/> B. Lease in the name of the applicant (or) (matching question #2)</p> <p><input type="checkbox"/> C. Lease assignment in the name of the applicant with proper consent from the landlord and acceptance by the applicant</p> <p><input type="checkbox"/> D. Other agreement if not deed or lease. (matching question #2)</p>
IV.	<p>Background information (DR 8404-I) and financial documents</p> <p><input type="checkbox"/> A. Complete DR 8404-I for each principal (individuals with more than 10% ownership, officers, directors, partners, members)</p> <p><input type="checkbox"/> B. Fingerprints taken and submitted to the appropriate Local Licensing Authority through an approved State Vendor. Master File applicants submit results to the State using code 25YQHT with Identogo. Do not complete fingerprint cards prior to submitting your application. The Vendors are as follows: Identogo – https://uenroll.identogo.com/ Phone: 844-539-5539 (toll-free) Colorado Fingerprinting – http://www.coloradofingerprinting.com Appointment Scheduling Website: http://www.coloradofingerprinting.com/cabs/ Phone: 720-292-2722 Toll Free: 833-224-2227 Details about the vendors and fingerprinting in Colorado can be found on CBI's website here: https://cbi.colorado.gov/sections/biometric-identification-and-records-unit/employment-and-background-checks</p> <p><input type="checkbox"/> C. Purchase agreement, stock transfer agreement, and/or authorization to transfer license</p> <p><input type="checkbox"/> D. List of all notes and loans (Copies to also be attached)</p>
V.	<p>Sole proprietor/husband and wife partnership (if applicable)</p> <p><input type="checkbox"/> A. Form DR 4679</p> <p><input type="checkbox"/> B. Copy of State issued Driver's License or Colorado Identification Card for each applicant</p>
VI.	<p>Corporate applicant information (if applicable)</p> <p><input type="checkbox"/> A. Certificate of Incorporation</p> <p><input type="checkbox"/> B. Certificate of Good Standing</p> <p><input type="checkbox"/> C. Certificate of Authorization if foreign corporation (out of state applicants only)</p>
VII.	<p>Partnership applicant information (if applicable)</p> <p><input type="checkbox"/> A. Partnership Agreement (general or limited).</p> <p><input type="checkbox"/> B. Certificate of Good Standing</p>
VIII.	<p>Limited Liability Company applicant information (if applicable)</p> <p><input type="checkbox"/> A. Copy of articles of organization</p> <p><input type="checkbox"/> B. Certificate of Good Standing</p> <p><input type="checkbox"/> C. Copy of Operating Agreement (if applicable)</p> <p><input type="checkbox"/> D. Certificate of Authority if foreign LLC (out of state applicants only)</p>
IX.	<p>Manager registration for Hotel and Restaurant, Tavern, Lodging & Entertainment, and Campus Liquor Complex licenses when included with this application</p> <p><input type="checkbox"/> A. \$30.00 fee</p> <p><input type="checkbox"/> B. If owner is managing, no fee required</p>

Name	Type of License	Account Number		
7. 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 <input type="checkbox"/> No <input type="checkbox"/>		
8. 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?		<input type="checkbox"/> <input type="checkbox"/>		
b. Had an alcohol beverage license suspended or revoked?		<input type="checkbox"/> <input type="checkbox"/>		
c. Had interest in another entity that had an alcohol beverage license suspended or revoked?		<input type="checkbox"/> <input type="checkbox"/>		
If you answered yes to 8a, b or c, explain in detail on a separate sheet.				
9. 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"/>		
10. 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"/>		
Waiver by local ordinance? <input type="checkbox"/> <input type="checkbox"/>		or		
Other: _____		<input type="checkbox"/> <input type="checkbox"/>		
11. 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 (>) 10,0000? 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.		<input type="checkbox"/> <input type="checkbox"/>		
12. 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 (<) 10,0000? 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.		<input type="checkbox"/> <input type="checkbox"/>		
13. a. For additional Retail Liquor Store only. Was your Retail Liquor Store License issued on or before January 1, 2016?		<input type="checkbox"/> <input type="checkbox"/>		
b. Are you a Colorado resident?		<input type="checkbox"/> <input type="checkbox"/>		
14. 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 <u>current</u> financial interest in said business including any loans to or from a licensee.		<input type="checkbox"/> <input type="checkbox"/>		
15. Does the applicant, as listed on line 2 of this application, have legal possession of the premises by ownership , lease or other arrangement?		<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> Ownership <input type="checkbox"/> Lease <input type="checkbox"/> 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		
b. Is a percentage of alcohol sales included as compensation to the landlord? If yes, complete question 16.		<input type="checkbox"/> <input type="checkbox"/>		
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".				
16. 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	FEIN or SSN	Interest/Percentage
Last Name	First Name	Date of Birth	FEIN or SSN	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.				
17. Optional Premises or Hotel and Restaurant Licenses with Optional Premises:				<input type="checkbox"/> <input type="checkbox"/>
Has a local ordinance or resolution authorizing optional premises been adopted?				<input type="checkbox"/> <input type="checkbox"/>
Number of additional Optional Premise areas requested. (See license fee chart)				
18. 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.				

Name	Type of License	Account Number		
19. 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 LLDS premise? <input type="checkbox"/> <input type="checkbox"/> If "yes" a copy of license must be attached.				
20. Club Liquor License applicants answer the following: Attach a copy of applicable documentation Yes No a. Is the applicant organization operated solely for a national, social, fraternal, patriotic, political or athletic purpose and not for pecuniary gain? <input type="checkbox"/> <input type="checkbox"/> 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? <input type="checkbox"/> <input type="checkbox"/> c. How long has the club been incorporated? d. Has applicant occupied an establishment for three years (three years required) that was operated solely for the reasons stated above? <input type="checkbox"/> <input type="checkbox"/>				
21. Brew-Pub, Distillery Pub or Vintner's Restaurant applicants answer the following: a. Has the applicant received or applied for a Federal Permit? (Copy of permit or application must be attached) <input type="checkbox"/> <input type="checkbox"/>				
22. Campus Liquor Complex applicants answer the following: a. Is the applicant an institution of higher education? <input type="checkbox"/> <input type="checkbox"/> b. Is the applicant a person who contracts with the institution of higher education to provide food services? <input type="checkbox"/> <input type="checkbox"/> If "yes" please provide a copy of the contract with the institution of higher education to provide food services.				
23. 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		
24. 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. <input type="checkbox"/> <input type="checkbox"/> Yes No				
25. Related Facility - Campus Liquor Complex applicants answer the following: <input type="checkbox"/> <input type="checkbox"/> a. Is the related facility located within the boundaries of the Campus Liquor Complex? 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		
26. Tax Information. Yes No 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? <input type="checkbox"/> <input type="checkbox"/> 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.? <input type="checkbox"/> <input type="checkbox"/>				
27. 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	Home Address, City & State	DOB	Position	%Owned
Name	Home Address, City & State	DOB	Position	%Owned
Name	Home Address, City & State	DOB	Position	%Owned
Name	Home Address, City & State	DOB	Position	%Owned
Name	Home Address, City & State	DOB	Position	%Owned

Name	Type of License	Account Number	
<p>** 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: <input type="checkbox"/> 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.</p>			
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	Printed Name and Title	Date	
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)		
<p>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:</p> <input type="checkbox"/> Fingerprinted <input type="checkbox"/> 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) <input type="checkbox"/> Date of inspection or anticipated date _____ <input type="checkbox"/> Will conduct inspection upon approval of state licensing authority			
<input type="checkbox"/> 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 > 10,00000?	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 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 < 10,00000?	<input type="checkbox"/>	<input type="checkbox"/>	
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.			
<input type="checkbox"/> 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?	<input type="checkbox"/>	<input type="checkbox"/>	
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.			
Local Licensing Authority for	Telephone Number	<input type="checkbox"/> Town, City <input type="checkbox"/> County	
Signature	Print	Title	Date
Signature	Print	Title	Date

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 its 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	
Address			
City		State	Zip
Home Phone Number		Business/Work Phone Number	
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

Privacy Act Statement

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
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*

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.

Signature of Applicant

STATE OF COLORADO)
) ss
COUNTY OF LARIMER)

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

My commission expires:

Notary Public



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
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.

PART A - Registrant Information	1) Legal/True Name of Business (Last, First if Individual)				CITY USE ONLY	
	2) Trade Name (Doing Business As) (If Applicable)				Acct	
	3) Location Street Address with Suite Number (No PO Boxes)				GEO	NAICS
	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: _____		
	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 Licensing Correspondence Care Of			13) Licensing Phone Number		14) Licensing E-mail Address
	15) Mailing Address for Licensing Correspondence					
16) City		17) State	18) Zip Code			
Tax Compliance Information						
19) Send Tax Correspondence Care Of			20) Tax Compliance Phone Number		21) Tax Compliance E-mail Address	
22) Mailing Address for Tax 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			
PART B - Address & Contact Information						

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

Sales Tax License Application

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

Local Licensing Authority Meeting Dates	45 Day Submittal Deadline aka File by Date
Thursday, January 19, 2023	Tuesday, December 6, 2022
Thursday, February 16, 2023	Tuesday, January 3, 2023
Thursday, March 16, 2023	Tuesday, January 31, 2023
Thursday, April 20, 2023	Tuesday, March 7, 2023
Thursday, May 18, 2023	Tuesday, April 4, 2023
Thursday, June 15, 2023	Tuesday, May 2, 2023
Thursday, July 20, 2023	Tuesday, June 6, 2023
Thursday, August 17, 2023	Tuesday, July 4, 2023
Thursday, September 21, 2023	Tuesday, August 8, 2023
Thursday, October 19, 2023	Tuesday, September 5, 2023
Thursday, November 16, 2023	Tuesday, October 3, 2023
Thursday, December 21, 2023	Tuesday, November 7, 2023
Thursday, January 18, 2024	Tuesday, December 5, 2023
Thursday, February 15, 2024	Tuesday, January 2, 2024
Thursday, March 21, 2024	Tuesday, February 6, 2024
Thursday, April 18, 2024	Tuesday, March 5, 2024
Thursday, May 16, 2024	Tuesday, April 2, 2024
Thursday, June 20, 2024	Tuesday, May 7, 2024
Thursday, July 18, 2024	Tuesday, June 4, 2024
Thursday, August 15, 2024	Tuesday, July 2, 2024
Thursday, September 19, 2024	Tuesday, August 6, 2024
Thursday, October 17, 2024	Tuesday, September 3, 2024
Thursday, November 21, 2024	Tuesday, October 8, 2024
Thursday, December 19, 2024	Tuesday, November 5, 2024