

# Office of the City Clerk

500 East Third Street, Suite 230 • Loveland, Colorado 80537 (970) 962-23**96** • 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. ALL STATE AND LOCAL FEES MUST BE SUBMITTED AT THE TIME OF APPLICATION.

| <u>APPLI</u> | <u>CATION FORM</u>  |
|--------------|---|
| ☐ Comp       | oletely fill out DR 8403 (Retail Fermented Malt Beverage and Wine, FMB on/off premises) form with State fee<br>olete the City of Loveland Local Application Form with City fee<br>opriate signature must be original<br>Gales Tax, State Sales Tax number and FEIN (Federal Employer Identification Number) must have |
| -            | lied for prior to submittal of application.   |
|              | MENT FOR STATE AND LOCAL LICENSING  vo 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)   |
|              | ew licenses only- option for a Concurrent review – The City and the State review the application at the me time, for a quicker approval process.  |
| <u>PROC</u>  | OF OF POSSESSION OF PROPERTY  |
|              | Attach deed, lease or assignment of lease (with consent and acceptance) in the name of the Applicant ( <b>must</b> 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.   |
| FINAI        | NCIAL 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.  |
|              | <b>Brew Pub or Distillery Pub applicants only –</b> Attach an affidavit signed by applicant stating that food sales will comprise at least 15% of the gross on-premises income.   |
|              |   |

| <u>MANAGEMENT</u>   |
|---|
| ☐ 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 Sate Authorities. This is done by filing an                 |
| individual history record (DR 8404-1), fingerprints (see below/backgroundinformation)                                 |
| 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 <u>outlined in RED</u> .                                 |
| 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. |
| $\square$ Include directional orientation (show North arrow) $\uparrow$   |
| ☐ Show the street closest to main entrance, name and address of establishment   |
| ☐ Label all staircases, windows, doors, walls, bars, restrooms, entrances/exits & <u>liquor storage areas</u> ,       |
| 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:                    |
| <ul> <li>Fire Prevention Inspector (970-962-2497)</li> </ul>  |
| <ul> <li>Building Department (970-962-2505)</li> </ul>  |

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

o Public Works-encroachment permit (970-962-2606)

| 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.                 |
| II.C. Applicant Information   |
| 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   |
|   |
| necessary for a married couple  |
| ☐ Attach Dissolution of partnership, if applicable.   |
|   |

# <u>IF FILED FOR TRANSFER OF OWNERSHIP - OPERATION UNDER PREVIOUS OWNER'S LICENSE</u>

| L | $\sqcup$ if Federal Employer Identification Number (FEIN) is changing: Complete application ${\it DR}$ 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 Pe  | ermit may be   | granted <b>only</b> | after the    | legal tra  | ansfer o | of the I | ousiness | has |
|-----------------|--------------|----------------|---------------------|--------------|------------|----------|----------|----------|-----|
| taken place (cl | losing), and | only if the ap | plicant meets       | the followin | g criteria | a:       |          |          |     |

| 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 LIOUOR 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.

3/8/2019 4

### 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 <a href="https://www.colorado.gov/revenue/liquor">www.colorado.gov/revenue/liquor</a>. Click on Laws & Rules. The City's website <a href="https://cityofloveland.org">cityofloveland.org</a> also contains the <a href="https://cityofloveland.org">Local Authority Rules of Procedure</a> 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 <u>electronically sent</u> to the State. You should not receive any paper fingerprint cards.
- Background check <u>results will be sent to City of Loveland</u> (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 <u>25YQ6K</u>
- 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.



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Date

|  | L HISTORY BACKGROUND CHECK – WRITTEN NOTIFICATION  |
|--|--|
| Applicant information  |  |
| Individual   | Date   |
| Applicant's  |  |
| Name:  |  |
| Establishment<br>Name:   |  |
| Address:   | City, State &  |
|  | Zip:   |
| Description of Notification  |  |
| Applicants obtaining fingerprints to Bureau of Investigation and Federal | be submitted to a civil submission agency that will receive Colorado l Bureau of Investigation (CBI/FBI) identification records are hereby used to check the criminal history records of both the CBI and FBI. |
|  | ovide the applicants the opportunity to complete or challenge the ed in the CBI/FBI identification record.   |
| forth in Title 28, C.F.R., Section 16                                    | ning a change, correction or update of an identification record are set 34 and allow a reasonable time to do so before the submission e license or deny employment based on the information in the record.     |
|  | Title 28, C.F.R., Section 50.12(b); Title 5, U.S.C., Section 552a (e)(3)).   |
| Acknowledgement of Receipt of  |  |
| By signing this form, you confirm that you under                         | rstand 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)



# Office of the City Clerk

# LOCAL APPLICATION FOR LIQUOR LICENSE TO ACCOMPANY FORM DR8403 APPLICATIONS

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

| ollowing type of City license and   |
|---|
|   |
| if Requesting Temporary Transfer (KNOWLEDGEMENT)                                      |
|   |
|   |
| cation and licensefees,   |
| City Clerk's Office. Attach additional  |
|   |
|   |
|   |
|   |
|   |
| esday<br>ny   |
| .,  |
| ed Affidavit as required below:<br>oss income is from food sales.<br>ises income.     |
| or consumption on the premises avit not required.  The food items for consumption off |
|   |
|   |

| 4.  | <u>ALCOHOL SERVER TRAINING:</u> List history of training and current training certificates that are held by the applicant and employees:  |
|-----|---|
| 5.  | <b>EXPERIENCE IN ALCOHOL SALES AND SERVICE:</b> 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.  | <b>NEIGHBORHOOD NEEDS &amp; DESIRES EVIDENCE</b> . 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 <a href="http://www.cityofloveland.org">http://www.cityofloveland.org</a> . 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.  | <b>RETAIL/DRUG STORE TASTINGS PERMIT:</b> 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. | <b>ADDITIONAL ACTIONS FOR THE LICENSED PREMISES:</b> 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 <u>Loveland Municipal Code (L.M.C.) Chapter 3.20</u> .   |
| 12. | <b>GAMES OF SKILL:</b> 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 <u>L.M.C.</u> <u>Chapter 5.24</u> . Application available at the City Clerk's Office or website.   |
| Sig | ned:Date:   |

# **Colorado Beer and Wine License Application**

This application only applies to Fermented Malt Beverage On-Premises, Fermented Malt Beverage On/Off-Premises, and Fermented Malt Beverage and Wine Retailer.

| * Note that the Division  | will not accept cas           | sh 🗌 P          | aid by check      | ☐ Paid onli     | ne Upl              | loaded to liberal Date         |
|---|-------------------------------|-----------------|-------------------|-----------------|---------------------|--------------------------------|
| ☐ New   | License                       | ☐ New-          | Concurrent        |                 | Transfe             | r of Ownership                 |
| All answers must be pr     Applicant must check t     Local license fee \$     Applicant should obtain                                | (es)                          |                 | Wine Code         | : <u>SBG.</u> ( | Colorado.gov/Liquor |                                |
| 1. Applicant is applying as a/a   | n                             |                 |                   |                 |                     | ,                              |
| Corporation   | ☐ Partne                      | ership (includ  | des Limited Lia   | bility and Hus  | band and            | Wife Partnerships)             |
| ☐ Individual  | Limite                        | d Liability Co  | ompany            |                 | Associatio          | n or Other                     |
| 2. Applicant(s) If an LLC, name   | of LLC; if partnership, at le | east 2 partners | ' names; if corpo | ration, name of | corporation         | FEIN                           |
| 2a. Trade Name of Establishme   | nt (DBA)                      |                 |                   | State Sales Ta  | ax No.              | Business Telephone             |
| 3. Address of Premises (speci   | fy exact location of premis   | ses)            |                   |                 |                     |                                |
| City  |                               | County          |                   |                 | State               | ZIP Code                       |
| 4. Mailing Address (Number a  | nd Street)                    | City or Town    |                   |                 | State               | ZIP Code                       |
| 5. Email Address  |                               | •               |                   |                 | ,                   | Home Phone Number              |
| 6. If the premises currently has  |                               |                 |                   |                 |                     |                                |
| Present Trade Name of Establish   | ment (DBA)                    | Present Stat    | e License No.     | Present Class   | of License          | Present Expiration Date        |
| Section A Nonrefundable   | Application Fees              |                 | Section B         | Fermented Ma    | alt Beverag         | ge License Fees                |
| Application Fee for New Lice  | nse                           | \$1,100.00      | Retail Ferm       | nented Malt Bev | erage On-F          | Premises (City) \$96.25        |
| Application Fee for New Lice  | nse - w/Concurrent Revie      | w \$1,200.00    | Retail Ferm       | nented Malt Bev | erage On-F          | Premises (County) \$117.50     |
| Application Fee for Transfer  |                               | \$1,100.00      | l                 | nented Malt Bev | _                   |                                |
|   |                               |                 |                   | nented Malt Bev | •                   |                                |
|   |                               |                 |                   |                 | -                   | Off-Premises (City) \$96.25    |
|   |                               |                 |                   |                 | Ū                   | Off-Premises (County) \$117.50 |
|   |                               |                 |                   |                 |                     | .00 x Total                    |
|   | Master File Background        |                 |                   |                 |                     |                                |
| Questions? Visit <u>SBG.Colorado.gov/Liquor</u> for more information  Do Not Write In This Space - For Department Of Revenue Use Only |                               |                 |                   |                 |                     |                                |
|   | ı                             |                 | / Information     |                 |                     |                                |
| License Account Number  | Liability Date:               | License Iss     | ued Through: (E   | xpiration Date) |                     | Total                          |
| 1   |                               |                 |                   |                 |                     | \$                             |

# **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 <u>exactly</u>. **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.   | Appli  | cant Information   |
|      | □ A.   | Applicant/Licensee identified  |
|      | □ в.   | State sales tax license number listed or applied for at time of application  |
|      | □ C.   | License type or other transaction identified   |
|      | □ D.   | Submit originals to local authority  |
|      | □ E.   | Additional information required by the local licensing authority   |
| II.  | Diagr  | am of the Premises   |
|      | _      | No larger than 8 1/2" X 11"  |
|      |        | Dimensions included (does not have to be to scale). Exterior areas should show control (fences, walls, etc.)   |
|      |        | Separate diagram for each floor (if multiple levels)   |
|      |        | Bold/Outlined licensed premises  |
| III. |        | of Property Possession (One Year Needed)   |
|      | _      | Deed in name of the applicant ONLY (or) (matching question #2) date stamped/filed with County Clerk  |
|      |        | Lease in the name of the applicant ONLY (matching question #2)   |
|      |        | Lease Assignment in the name of the applicant (ONLY) with proper consent from the Landlord and acceptance by the applicant   |
|      |        | Other agreement if not deed or lease   |
| 11/  |        |  |
| IV.  |        | ground Information (DR 8404-I) and Financial Documents   |
|      |        | Individual History Record(s) (Form DR 8404-I) Complete DR 8404-I for each principal (individuals with more than 10% ownership, officers, directors, partners, members) |
|      | ⊔ B.   | Fingerprints taken and submitted to the appropriate Local Licensing Authority through an approved state vendor.  Master File applicants submit results to the State.   |
|      |        | Do not complete fingerprint cards prior to submitting your application.  |
|      |        | The Vendors are as follows:  |
|      |        | IdentoGO – <u>https://uenroll.identogo.com/</u>  |
|      |        | Phone: (844) 539-5539 (toll-free)  |
|      |        | Colorado Fingerprinting – <a href="http://www.coloradofingerprinting.com">http://www.coloradofingerprinting.com</a>  |
|      |        | Appointment Scheduling Website: <a href="http://www.coloradofingerprinting.com/cabs/">http://www.coloradofingerprinting.com/cabs/</a> 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   |
|      | □ C.   | Purchase agreement, stock transfer agreement, and/or authorization to transfer license   |
|      |        | List of all notes and loans.   |
| V.   | Sole I | Proprietor/Husband and Wife Partnership (if applicable)  |
|      | _      | Form DR 4679   |
|      | □ в.   | Copy of State Issued Driver's License or Identification Card for each Applicant  |
| VI.  | Corpo  | prate Applicant Information (If Applicable)  |
|      | ☐ A.   | Certificate of Incorporation   |
|      |        | Certificate of Good Standing   |
|      |        | Certificate of Authorization if foreign corporation (out of state applicants only)   |
| VII. |        | ership Applicant Information (If Applicable)   |
|      |        | Partnership Agreement (general or limited).  |
|      |        | Certificate of Good Standing   |
| VIII |        | ed Liability Company Applicant Information (If Applicable)   |
| V    |        | Copy of Articles of Organization   |
|      |        | Certificate of Good Standing   |
|      |        | Copy of Operating Agreement (if applicable)  |
|      |        |  |
| l    | ∟ υ.   | Certificate of Authorization if foreign LLC (out of state applicants only)   |

DR 8403 (07/07/23)

| 7.   | Is the applicant (including any of the pa<br>or officers, stockholders or directors if a  |  |  |                  |   | Y         | es   | No    |
|--|---|--|--|------------------|---|-----------|------|-------|
| 8.   | Has the applicant (including any of the officers, stockholders or directors if a c  |  |  |                  |   | or        |      |       |
|  | (a) been denied an alcohol beverage   | e license?                                   |  |                  |   |           |      |       |
|  | (b) had an alcohol beverage license   | suspended or rev                             | oked?                                    |                  |   | Ĺ         | _    |       |
|  | (c) had interest in another entity tha  | t had an alcohol be                          | everage license                          | e suspended c    | or revoked?   | L         |      |       |
| If yo  | ou answered yes to 8a, b or c, explain ir   | n detail on a separ                          | ate sheet                                |                  |   |           |      |       |
| 9.   | Has the premises to be licensed been  | denied within the p                          | oreceding one y                          | ear? If "yes,"   | explain in detail.  |           |      |       |
| 10.  | Is the proposed Fermented Malt Bever<br>the principal campus of any college, un<br>methods outlined under C.R.S. 44-3-3                             | niversity, or semina                         | ary? NOTE: Th                            | e distances ar   | e to be computed using the  | ,         |      |       |
| 11.  | Is the proposed Fermented Malt Bever<br>Retail Liquor Store licensed under sect<br>Distance should be determined using g                            | ion 44-3-409 C.R.                            | S.?                                      |                  | ses license, within 500 feet of a                                 | [         |      |       |
| 12.  | Are you applying for a Fermented Malt go to question 13.  | Beverage On and                              | Off Premises I                           | _icense? If yes  | s, answer subparts a and b. If N                                  | Ο, [      |      |       |
|  | (a) The FMB On/Off is located in a c  | county with a popu                           | lation of > 35.0                         | 00.              |   |           |      |       |
|  | (b) The FMB On/Off is located in an a municipal boundaries or is a city of  | "underserved area                            | a" within a cour                         | nty with popula  | ation of < 35,000 but lies outside                                | e of      |      |       |
|  | Note - The population is determined   |  |  |                  | sus Bureau  |           |      |       |
|  | Has a liquor or beer license ever been manager if a limited liability company; of the business and list any current or for                          | or officers, stockho<br>mer financial intere | olders or directors<br>est in said busin | ors if a corpora | ation)? If yes, identify the name any loans to or from a licensee | of<br>. [ |      |       |
| <ul> <li>14. Does the applicant, as listed on line 2 of this application, have legal possession of the premises by virtue of ownership, lease or other arrangement?</li> <li>☐ Ownership</li> <li>☐ Lease</li> <li>☐ Other (Explain in Detail)</li> </ul>  |   |  |  |                  | ρ, [  |           |      |       |
|  | a. If leased, list name of landlord and tenan   |  |  | s they appear o  | n the lease:  |           |      |       |
| Lan  | dlord   |  |  | Tenant           |   | Expire    | S    |       |
|  | b. Is a percentage of alcohol sales inclu   | ded as compensat                             | ion to the landlo                        | ord? If yes, co  | mplete question 13.   |           |      |       |
|  | c. Attach a diagram or designate the area partitions, entrances, exits and what ea  |  |  |                  |   |           |      |       |
| 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  15. 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   | Int       | eres | st    |
| Last   | Name  | First Name                                   |  | Date of Birth    | FEIN or SSN   | Int       | eres | st    |
| per<br>esta<br>givi  | nch copies of all notes and security instance (including partnerships, corporationablishment, and any agreement relating of advice or consultation. | ns, limited liability<br>g to the business v | companies, etc                           | c.) will share i | n the profit or gross proceeds o                                  | of this   | es,  |       |
| _  | Name of Manager(s) for all on premi   | ses applicants.                              | Eine A. A. I.                            |                  |   |           |      |       |
|  | Name  |  | First Name                               |                  |   | Date      | of B | Sirth |
| 17.  | Does this manager act as the manager State of Colorado? If yes, provide name  |  |  |                  | uor licensed establishment in th                                  | e         |      |       |

| 18.   | Tax Information.   |   |                           |  |                |                          | Yes        | No     |
|---|--|---|---------------------------|--|----------------|--------------------------|------------|--------|
| <ul> <li>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?</li> <li>b. Has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing</li> </ul> |  |   |                           |  |                |                          |            |        |
|   |  | n with a 10% or greater                                   | financial                 |  |                |                          |            |        |
| 19.   | If applicant is a corporation, partnership, a<br>Managing Members. In addition, applicant<br>persons listed below must also attach form<br>State Vendor through the Vendor's website | must list any stockholders,<br>DR 8404-I (Individual Hist | partners, o<br>ory Record | or members with owners), and make an appoi         | ership of 10%  | or more in the A         | pplicant.  | All    |
| Nan   | е  | Home Address, City & S                                    | tate                      |  | Date of Birth  | Position                 | % Own      | ed     |
| Nam   | е  | Home Address, City & Si                                   | tate                      |  | Date of Birth  | Position                 | % Own      | ed     |
| Nan   | е  | Home Address, City & S                                    | tate                      |  | Date of Birth  | Position                 | % Own      | ed     |
| Nam   | е  | Home Address, City & S                                    | tate                      |  | Date of Birth  | Position                 | % Own      | ed     |
| ** If   | ** 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%, appli                                | cant must o               | check this box:                                    |                |                          |            |        |
| Applicant affirms that no individual other than these disclosed herein owns 10% or more of the applicant and does not have financial interest in a prohibited liquor license pursuant to Article 3 or 5, C.R.S.   |  |   |                           |  |                |                          |            |        |
| Oath of Applicant   |  |   |                           |  |                |                          |            |        |
|   | clare under penalty of perjury in th   |   |                           |  |                |                          |            |        |
|   | plete to the best of my knowledge<br>employees to comply with the pro  |   |                           |  |                |                          |            |        |
|   | orized Signature   | Printed Nam   |                           |  | e Code will    | Date                     | licerise   | -      |
| , tuti  | onzoa olginataro   | T Times Train   | io and mio                |  |                | Bato                     |            |        |
|   | Report and   | Approval of Local   | Licensin                  | g Authority (City                                  | //County)      | \                        |            |        |
| Date  | application filed with local authority   |   |                           | cal authority hearing –<br>lys from date of applic |                |                          | nnot be le | ess    |
| For   | Fransfer Applications Only - Is the licens   | e being transferred valid?                                |                           |  |                |                          | Yes        | No     |
| Eac   | person required to file DR 8404-I has b  | een:  |                           |  |                |                          |            |        |
|   | ☐ Subject to background investigation,   | including NCIC/CCIC chec                                  | k for outst               | anding warrants                                    |                |                          |            |        |
|   | the local authority has conducted, or inten<br>aware of, liquor code provisions affecting the  | ds to conduct, an inspectio                               |                           | _  | nsure that the | applicant is in co       | omplianc   | e with |
| (Che  | ck One)  |   |                           |  |                |                          |            |        |
|   | Date of Inspection or Anticipated Date   |   |                           |  |                |                          |            |        |
|   | Upon approval of state licensing aut   | nority  |                           |  |                |                          |            |        |
|   | New Fermented Malt Beverage Off P  | remises licenses, and On/C                                | off Premises              | s licenses, distance red                           | quirements of  | 44-3-301 C.R.S.          | are satis  | fied   |
|   | New Fermented Malt Beverage On/Off   | oremises licenses must me                                 | et the qual               | ifications of 44-4-104                             | C.R.S.         |                          |            |        |
| We  | foregoing application has been examin<br>do report that such license, if granted, wi   | Il meet the reasonable re                                 | quirement                 | s of the neighborhoo                               | d and the de   | sires of the adu         | lt inhabi  | -      |
|   | will comply with the provisions of Title 4   | 4, Article 4 or 3, C.R.S. a                               | nd Liquor                 |  | his applicati  | on is approve            | d.         |        |
| Loca  | Licensing Authority for  |   |                           | Telephone Number                                   |                | ☐ Town, City<br>☐ County |            |        |
| Sign  | ature  | Printed Name  |                           | Title  |                | Date                     |            |        |
| Cian  | ature (attest)   | Printed Name  |                           | Title  |                | Date                     |            |        |

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

|  | ner state or loca<br>led below. If I an  | al taxing authori<br>n signing this W  | ty to release information and<br>aiver for someone other than   |  |  |
|--|--|--|---|--|--|
| The Executive Director of the Colorado Department of Recolorado Liquor Enforcement Division as his or her agents, obtained pursuant to this Waiver may be used in connect and ongoing licensure by the state and local licensing author ("Liquor Code"), and the Colorado Liquor Rules, 1 CCR 2 obligations, and set forth the investigative, disciplinary and litake for violations of the Liquor Code and Liquor Rules, included   | clerks, and emption with the Apprities. The Colo<br>203-2 ("Liquor Focus<br>203-2 (actions | ployees. The infollopicant/License prado Liquor Co<br>Rules"), require<br>the state and lo | formation and documentation e's liquor license application de, section 44-3-101. et seq. compliance with certain tax ocal licensing authorities may |  |  |
| The Waiver is made pursuant to section 39-21-113(4), C.F. concerning the confidentiality of tax information, or any doctaxes. This Waiver shall be valid until the expiration or revolutional take final action to approve or deny any applicant/Licensee agrees to execute a new waiver for each of any license, if requested.  | ument, report or<br>ecation of a licen<br>cation(s) for the                                | r return filed in<br>use, or until both<br>renewal of the                                  | connection with state or local<br>in the state and local licensing<br>be license, whichever is later.   |  |  |
| By signing below, Applicant/Licensee requests that the Colorado Department of Revenue and any other state or local taxing authority or agency in the possession of tax documents or information, release information and documentation to the Colorado Liquor Enforcement Division, and is duly authorized employees, to act as the Applicant's/Licensee's duly authorized representative under section 39-21-113(4), C.R.S., solely to allow the state and local licensing authorities, and their duly authorized employees, to investigate compliance with the Liquor Code and Liquor Rules. Applicant/Licensee authorizes the state and local licensing authorities, their duly authorized employees, and their legal representatives, to use the information and documentation obtained using this Waiver in any administrative or judicial action regarding the application or license. |  |  |   |  |  |
| Name (Individual/Business)   |  | Social Security Nu   | mber/Tax Identification Number  |  |  |
| Address  |  |  |   |  |  |
| City   |  | State  | Zip   |  |  |
| Home Phone Number  | Business/Work Ph   | one Number   |   |  |  |
| Printed name of person signing on behalf of the Applicant/Licensee   | 1  |  |   |  |  |
| Applicant/Licensee's Signature (Signature authorizing the disclosure of conf   | fidential tax informa  | tion)  | Date signed   |  |  |
| Privacy Ac Providing your Social Security Number is voluntary and no   | t Statement<br>right, benefit or   | privilege provic   | led by law will be denied as a  |  |  |

result of refusal to disclose it. § 7 of Privacy Act, 5 USCS § 552a (note).

# Affidavit of Measurement(s)

| DATE:  |  |
|--|--|
| Applicant:   | dba  |
| Liquor License Type and Address:   | <del></del>  |
| Distance To "School" Measurements Fo   | or All License Types   |
| The distance to the school should be measure determined to be greater than 500 feet componently line of the land used for school purpowhich malt, vinous, or spirituous liquors are to access, measured as a person would walk safe angles at crossings and with the observance of | uted by direct measurement from the nearest oses to the nearest portion of the building in be sold, using a route of direct pedestrian ely and properly, without trespassing, with right |
|  | oulsory education requirements of Colorado law, sity or seminary are located within 500 feet of the  |
| Liquor Licensed Drug Store (LLDS) or Reapplicable)   | etail Liquor Store (RLS) applications (if  |
| The distance between the principal doorway of feet of another retail liquor license for off-pre measurement that begins at the principal doo application is being made and ends at the principal doorway.  | rway of the LLDS/RLS premises for which the  |
| The proposed LLDS/RLS is not located with  | in 1500 feet of another retail liquor license.   |
| STATE OF COLORADO ) ) ss COUNTY OF LARIMER )   | Signature of Applicant   |
| Subscribed and sworn to before me this da  | ay 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.

|                        | 1) Legal/True Name of Business (Last, First if Ind                           | dividual)    |           |   |   |                       | CIT            | Y USE ONLY       |  |
|------------------------|--|--------------|-----------|---|---|-----------------------|----------------|------------------|--|
|                        |  |              |           |   |   |                       | Acct           |                  |  |
|                        | 2) Trade Name (Doing Business As) (If Applicable                             | e)           |           |   |   |                       |                |                  |  |
|                        |  |              | `         |   |   |                       | GEO            | NAICS            |  |
| Ē                      | 3) Location Street Address with Suite Number (N                              | IO PO Boxes  | 5)        |   |   |                       |                |                  |  |
| Registrant Information | 4) City  | 5) State     | 6) Zip Co | ıde   | 7) Federa                               | al Employer ID        | 8) Colorado S  | ales Tax Account |  |
| forn                   | , , , , ,  | ,            | -, -, -,  |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                       | ,              |                  |  |
| nt In                  | 9) Reason for Filing (check only one)  | 1            |           | 10) Legal                                     | 10) Legal Form (check only one):        |                       |                |                  |  |
| stra                   | ☐ New Registration (Including registration of i                              | new location | 1)        | ☐ Individual/Sole Proprietor                  |   |                       |                |                  |  |
| Regi                   | ☐ Update Information for License:  |              |           | ☐ Corporation                                 |   |                       |                |                  |  |
| Å                      | ☐ Business Purchased or Merged (Complete Section D)                          |              |           | ☐ Limited Liability Company (LLC)             |   |                       |                |                  |  |
| PART                   | 11) Location/Account Type (check only one):                                  |              |           | □ Partnership (General or Limited)            |   |                       |                |                  |  |
| P.                     |  |              |           | ☐ Limited Liability Partnership (LLP or LLLP) |   |                       |                |                  |  |
|                        | ,  |              |           | □ Non-  |   |                       |                |                  |  |
|                        | Out of City Location(s) (proceed to line 17)                                 |              | 47)       | ☐ Trust                                       |   |                       |                |                  |  |
|                        | ☐ Catalogue or Internet Sales Account (pro                                   | ceed to line | 17)       | ☐ Gove  | r Entity T                              | vpe:                  |                |                  |  |
|                        |  |              |           |   |   |                       |                |                  |  |
|                        |  |              | Licens    | ing Info                                      | rmation                                 | l                     |                |                  |  |
|                        | 12) Send <b>Licensing</b> Correspondence Care Of  13) Licensing Phone Number |              |           | e Number                                      | 14) Licensing                           | E-mail Address        |                |                  |  |
|                        | 15) Mailing Address for <b>Licensing</b> Correspondence                      |              |           |   |   |                       |                |                  |  |
|                        |  |              |           |   |   |                       |                |                  |  |
|                        | 16) City   |              |           |   |   |                       |                |                  |  |
| ation                  | Tax Compliance Information   |              |           |   |   |                       |                |                  |  |
| Inform                 | 19) Send <b>Tax</b> Correspondence Care Of  20) Tax Compliance Phone Number  |              |           | e Phone Number                                | 21) Tax Comp                            | liance E-mail Address |                |                  |  |
| & Contact Information  | 22) Mailing Address for <b>Tax</b> Correspondence                            |              |           |   |   |                       |                |                  |  |
| s & C                  | 23) City   24) State   25) Zip Code  |              |           |   |   |                       |                |                  |  |
| Idress                 | Third Party Preparer Information   |              |           |   |   |                       |                |                  |  |
| - Adc                  | 26) Preparer Name  |              |           | 27) Prepa                                     | arer Phone                              | e Number              | 28) Preparer E | E-mail Address   |  |
| PART B                 |  |              |           |   |   |                       |                |                  |  |
| PAF                    | 29) Mailing Address for Third Party Preparer                                 |              |           |   |   |                       |                |                  |  |
|                        | 30) City   | 31) State    | 32) Zip C | ode   |   |                       |                |                  |  |
|                        | 33) Address where Tax Records may be Inspect                                 | ed (No PO E  | Boxes)    |   |   |                       |                |                  |  |
|                        | 34) City   | 35) State    | 36) Zip C | ode   |   |                       |                |                  |  |

| 37)                               | Legal/True Name of Business (Fro  | om Part A, Line 1)  |              |                             |                |                                   |  |  |
|-----------------------------------|---|---|--------------|-----------------------------|----------------|-----------------------------------|--|--|
|                                   |   |   |              |                             |                |                                   |  |  |
|                                   | 38) Name of principal officer, own  | ner, partner, member, or manager  |              | 39) Telephone               |                | 40) Title                         |  |  |
| C - Officers                      | 41) Address of principal residence  |   | 42) City     | 42) City                    |                | 43) State 44) Zip Code            |  |  |
| 0-0                               | 45) Name of other officer, owner, partner, member, or manager   |   |              | 46) Telephone               |                | 47) Title                         |  |  |
| PART                              | 48) Address of principal residence  | ce  | 49) City     | L                           |                | 50) State 51) Zip Code            |  |  |
|                                   | Additional officers, owners, partners, members, or managers may be included on attachments.   |   |              |                             |                |                                   |  |  |
|                                   | 52) Legal Name of Prior Registra  | ant (if purchased or merged)  |              | 53) Prior FEIN (            | if available)  | 54) Purchase/Merge Date           |  |  |
|                                   | 55) 04 + 12 + 1 + 1   | Isover and all the second   |              |                             |                |                                   |  |  |
| ations                            | 55) Start Date in Loveland  | 56) First Retail Date in Lovel  | and          |                             |                |                                   |  |  |
| pera                              | 57) Internet Address Number of I  |   | r of Employ  | ees at this Location        |                |                                   |  |  |
| 8                                 | http:// 60) Primary Business Type (check only one)  |   |              |                             |                |                                   |  |  |
| ion                               | ,   | ,   | Dr           | a a in a                    | □ Finan        | saial Institution                 |  |  |
| ept                               | □ Retail □ Manufacturii □ Wholesale □ Professiona   |   |              |                             |                | ☐ Financial Institution ☐ Leasing |  |  |
| ss Inc                            | ☐ Hospitality or Entertainment ☐ Construction   |   |              |                             |                | Government/Non-Profit             |  |  |
| - Business Inception & Operations | 61) Description of Goods Sold   |   |              |                             |                |                                   |  |  |
| <u>-</u>                          | 62) Requested Reporting Frequency   |   |              |                             |                |                                   |  |  |
| PART D                            | ☐ Monthly (Sales \$10,000/month)  |   |              |                             |                |                                   |  |  |
| PA                                | ☐ Quarterly (Sales \$1,667-\$9  | •   |              |                             |                |                                   |  |  |
|                                   | ☐ Annually (Sales \$1,666/mo  | onth)   |              |                             |                |                                   |  |  |
|                                   | 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. |   |              |                             |                |                                   |  |  |
|                                   |   | nder penalties of perjury, I declare th<br>st of my knowledge & belief. | at I have ex | amined this sales tax licen | se application | and it is true and correct to the |  |  |
|                                   |   | ot of my thomougo a bollon  |              |                             |                |                                   |  |  |
|                                   | gnature of egistrant or   |   |              |                             |                |                                   |  |  |
|                                   | uthorized Agent   | Signature   |              |                             |                | I<br>Date                         |  |  |
| ~(                                | Attionized Agent  | J   |              |                             |                |                                   |  |  |
|                                   |   | Printed Name  |              |                             | Title          |                                   |  |  |

| Local Licensing Authority Meeting Dates | 45 Day Submittal Deadline aka<br>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                     |

### CITY OF LOVELAND



OFFICE OF THE CITY CLERK 500 East Third · Loveland, Colorado 80537

(970) 962-2000 · FAX (970) 962-2901 · TDD (970) 962-2620 www.cityofloveland.org

# **Neighborhood Needs and Desires Guidelines**

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

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

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

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

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

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

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

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

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

# Affidavit of Circulator

| I,print na            | me of Circulator          | , circulate    | ed the attached petition per  | taining to the        |
|-----------------------|---------------------------|----------------|-------------------------------|-----------------------|
| application of        | print name of appli       | cant dba       | for a new                     | License,              |
| from                  | to                        |                | _, and only within the define | ed neighborhood       |
| boundaries establishe | ed by the Local Licensing | g Authority o  | n the map provided here. I    | hereby certify that   |
| the persons whose si  | gnatures and addresses    | appear, sign   | ed this petition in my prese  | nce after indicating  |
| they were at least tw | enty-one (21) years of a  | ge and after   | having read the petition. I   | further certify that, |
| to the best of my kno | wledge, each signature    | appearing or   | n the petition is who it purp | orts to be and that   |
| the address given wit | h each name indicated     | is the true bu | siness or residence of the p  | erson signing the     |
| petition.             |                           |                |                               |                       |
|                       |                           |                |                               |                       |
|                       |                           |                | Signature of Circulato        | or                    |
| STATE OF COLORADO     | )<br>) ss                 |                |                               |                       |
| COUNTY OF             | _ )                       |                |                               |                       |
| Subscribed and swor   | n to before me this       | day of         | , 20 By the persor            | ı known to me to      |
| be                    |                           |                | _•                            |                       |
| My commission expir   | es:                       |                |                               |                       |
|                       |                           |                |                               |                       |
|                       |                           |                | Notary Public                 |                       |

# New liquor License Petitioning Requirement Petition Companies

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

# LiquorPros

(719) 390-8844 www.Liquorpros.com Liquorpros@msn.com

# **Oedipus Petitioning, LLC**

(720) 663-8635 oedipuspetitioning@gmail.com oedipuspetitioning.com

# **Cheryl Aragon Consulting**

cheryl@cherylaragonconsulting.com (970) 302-2510

City of Loveland

# PETITION TO THE LOCAL LICENSING AUTHORITY OF THE CITY OF LOVELAND

City of Loveland

Applicant/DBA Name: [example]

**Location**:

Type of License applied:

Public Hearing Date before the Authority:

Defined Neighborhood: (Attached map) .

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

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

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

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

oppose this license application \*\*If you oppose and do not support this application for a <u>license</u>, please write your reason why you

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

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Applicant:

| 2 A. Signature B. Print Name C. Address of Residential or Business 4 A. Signature B. Print Name C. Address of Residential or Business 5 A. Signature B. Print Name C. Address of Residential or Business 6 A. Signature B. Print Name C. Address of Residential or Business 6 A. Signature B. Print Name C. Address of Residential or Business 7 A. Signature B. Print Name C. Address of Residential or Business 9 A. Signature B. Print Name C. Address of Residential or Business 9 A. Signature B. Print Name C. Address of Residential or Business 9 A. Signature B. Print Name C. Address of Residential or Business 9 A. Signature B. Print Name C. Address of Residential or Business 10 A. Signature B. Print Name C. Address of Residential or Business | Sig# | 0 B A _                               | BO-Bsns Ownr<br>BM-Bsns Mngr<br>R-Resident | wnr<br>Ingr | wnr<br>Ingr Age:<br>nt | Age: |
|---|------|---------------------------------------|--|-------------|------------------------|------|
|   | 2    |                                       |  |             |                        |      |
|   |      | Print Name Address of Residential or  |  |             |                        |      |
|   | 3    | Signature                             |  |             |                        |      |
|   |      |                                       |  |             |                        |      |
|   |      | 0                                     |  |             |                        |      |
|   | 4    |                                       |  |             |                        |      |
|   |      | . Print                               |  |             |                        |      |
|   |      |                                       |  |             |                        |      |
|   | 2    |                                       |  |             |                        |      |
|   |      |                                       |  |             |                        |      |
|   |      | . Address of Residential or           |  |             |                        |      |
|   | 6    |                                       |  |             |                        |      |
|   |      |                                       |  |             |                        |      |
| A. Signature B. Print Name C. Address of A. Signature B. Print Name C. Address of A. Signature C. Address of A. Signature B. Print Name C. Address of C. Address of A. Signature C. Address of A. Signature   |      | C. Address of Residential or Business |  |             |                        |      |
| B. Print Name C. Address of A. Signature B. Print Name C. Address of A. Signature A. Signature B. Print Name C. Address of A. Signature C. Address of   | 7    |                                       |  |             |                        |      |
| C. Address of A. Signature B. Print Name C. Address of A. Signature B. Print Name C. Address of A. Signature C. Address of A. Signature G. Address of   |      | . Print                               |  |             |                        |      |
| A. Signature B. Print Name C. Address of A. Signature B. Print Name C. Address of A. Signature C. Address of A. Signature   |      | Residential                           |  |             |                        |      |
| B. Print Name C. Address of A. Signature B. Print Name C. Address of A. Signature G. Address of A. Signature C. Address of  | ∞    |                                       |  |             |                        |      |
| C. Address of A. Signature B. Print Name C. Address of A. Signature B. Print Name C. Address of   |      | -                                     |  |             |                        |      |
| A. Signature B. Print Name C. Address of Residential or A. Signature B. Print Name C. Address of Residential or   |      | . Address of                          |  |             |                        |      |
| B. Print Name C. Address of Residential or A. Signature B. Print Name C. Address of Residential or  | 9    |                                       |  |             |                        |      |
| C. Address of Residential or A. Signature B. Print Name C. Address of Residential or  |      |                                       |  |             |                        |      |
| A. Signature B. Print Name C. Address of Residential or   |      | C. Address of Residential or Business |  |             |                        |      |
| . Print Name<br>. Address of Residential or   | 10   |                                       |  |             |                        |      |
| ddress of Residential or  |      | . Print                               |  |             |                        |      |
|   |      | ddress of Residential                 |  |             |                        |      |



# APPLICANT'S REQUEST FOR TEMPORARY LIQUOR TRANSFER PERMIT

| The following must accompany this T                 | emporary Permit Application:             |
|---|--|
| ☐ \$100 Application Fee☐ Transfer of Ownership Appl | ication                                  |
| Name of Applicant (exactly as it appears            | on Transfer of Ownership application):   |
| Trade Name of Establishment (dba):                  |  |
| Address of Premises (exactly as it appear           | s on Transfer of Ownership application): |
| Business Phone:                                     |  |
| Email:  |  |
|   | Authorized Signature                     |
|   | Name and Title                           |
|   | Date                                     |



# ACKNOWLEDGEMENT OF TRANSFER OF LICENSE SUBJECT TO PAST, PENDING, OR POSSIBLE FUTURE DISCIPLINARY ACTION

| l  | _on behalf of   |   | , the  |
|--|---|---|--|
| (First & Last name)  |   | (Company Name)  |  |
| applicant for transfer of the liquor   | license currently iss   | sued to(Current Licer   | nse Holder)  |
| Located at(Establishment Addr  | Loveland  | d, CO with the Colo   | orado State  |
| liquor license number  | ;   |   |  |
| Understand and agree that if the continue to be subject to any reunderstand that if there are any against the license, the license abeyance even after the transfer.   | estrictions or condit<br>y days of suspens<br>e may continue to   | tions currently on the  | ne license. Î<br>n abeyance  |
| I understand that if there are an progress or pending, that the lice including, but not limited to revocation further understand that if any disciplinary action, have either octo approval of the transfer; the licentagent(s) and /or my employees equiple (initial) | ense may be subjection, suspension, a incidents, which ccurred or will occuricense may still becase, even after the | ect to those disciplin<br>and fines in lieu of so<br>could subject the<br>or on the licensed pre<br>subject to possible<br>transfer, only where | ary actions,<br>uspension. I<br>license to<br>emises prior<br>disciplinary<br>myself, my |
| I understand that it is my sole resources of information to learn of actions that could result in any sources include, but are not limitizensee, manager(s), employees public records of the Colorado Dathe County of Larimer. (init                                   | of any past, ongoing revocation, susper ited to the inquiry as of the licensed poppartment of Revertial)            | g, or possible future nsion, or fines impo-<br>and investigation of oremises, and the re<br>enue, the City of Lo                                | disciplinary<br>psed. These<br>the current<br>eview of the<br>veland, and                |
| I also understand that I have the of<br>the license and file an application<br>new liquor license be issued, tha<br>action based upon incidents prior  | for the issuance out license would NC   | of a new liquor licens<br>OT be subject to any  | se. Should a disciplinary  |
| Date   | Signature <sub>-</sub>  |   |  |
|  | Print Name  |   |  |