

Application for Colorado Liquor Sales Room

Regulation 47-428, 1 C.C.R. 203-2

<input type="checkbox"/> Malt Liquor <input type="checkbox"/> Limited Winery <input type="checkbox"/> Winery <input type="checkbox"/> Distillery		<input type="checkbox"/> Temporary (3 days or less)		<input type="checkbox"/> Permanent	
1. Name of Applicant exactly as it appears on your current Colorado Liquor License.					
2. Trade Name of Applicant					
3. State Sales Tax No.			Applicant Liquor License No.		
4. Business Address of Applicant (Number and Street)			City	State	ZIP
5. Mailing Address (Number and Street)			City	State	ZIP
6. Phone Number			7. Email Address		
8. Sales Room Location (Full Address)			9. Dates of Events: From Date: _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM To Date: _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		
10. Rights to Premises Granted by: (attach a copy of the Premises Use Authorization letter or lease if not previously submitted)					
11. Renting/Leasing % Basis <input type="checkbox"/> Yes <input type="checkbox"/> No		12. If Yes, List % and Interested Party. Use Additional Sheet if Necessary.			
13. Alcohol will be sold (check all that apply) <input type="checkbox"/> For on-premises consumption (if selected, please file this application with the Local Licensing Authority and the State Licensing Authority) <input type="checkbox"/> For off-premises consumption					
14. The Sales Room Applicant affirms they have complied with local zoning restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No					
15. Additional Required Documents <input type="checkbox"/> Attach an outlined diagram of proposed premises <input type="checkbox"/> Attach a copy of the premises control plan describing how the premises will be controlled to ensure compliance with liquor code and rules. It must include restricting sales to minors and visibly intoxicated persons and insuring that customers cannot leave the premises with an open container of alcohol. <input type="checkbox"/> Attach a copy of any contracts and/or operating agreements pertaining to the sales room.					
Local Licensing Authority Name			Date Application Copy Submitted to Local Licensing Authority		
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, Beer Code and Liquor Rules which affects my permit.					
Applicant Signature			Title	Date	
Notice to Local Licensing Authority This application for a Sales Room will be granted to the above name applicant unless any of the below listed conditions apply. If any of these conditions apply please contact the State Licensing Authority immediately.					
<input type="checkbox"/> Issuance of this permit would impact traffic, noise, or other neighborhood concerns in a manner that is inconsistent with local regulations or ordinances.					
<input type="checkbox"/> If granted this permit would result in violations of the Colorado liquor code or the laws of the local government. (specify)					
<input type="checkbox"/> Issuance of this permit would violate local zoning laws.					
For events lasting <u>three consecutive days or less</u> , the Local Licensing Authority has ten (10) business days to submit its determination to the State Licensing Authority.					
For events lasting <u>four or more consecutive days</u> , the Local Licensing Authority has forty-five (45) days to submit its determination to the State Licensing Authority.					
Local Licensing Authorities can send the approval via mail or email to dor_liqlicensing@state.co.us					
If the Local Licensing Authority does not submit a response or determination within the time specified, the State Licensing Authority shall deem that the Local Licensing Authority has determined that the proposed sales room will not impact traffic, noise, or other neighborhood concerns in a manner that is inconsistent with local regulations or ordinances or that the applicant will sufficiently mitigate any impacts identified by the Local Licensing Authority.					
Licensing Authority Signature <input type="checkbox"/> Object <input type="checkbox"/> Do Not Object			Local Licensing Authority Contact Name		Phone Number

If the Local Licensing Authority objects to the sales room, provide a separate page with details of the objection.