

**CORPORATION, LIMITED LIABILITY  
 COMPANY AND PARTNERSHIP  
 Liquor and 3.2 Beer Licenses**

(2355)  **LLC/PARTNERSHIP**  
 (2350)  **CORPORATION**

**SEE INSTRUCTIONS AND  
 FEE SCHEDULE ON PAGE 2**

<b>1.</b> Corporate/L.L.C./Partnership Name		<b>2.</b> State Tax Account Number		<b>3.</b> State Liquor License Number	
<b>4.</b> Trade Name				<b>5.</b> Telephone Number	
<b>6.</b> Address of Licensed Premises		City	State	ZIP Code	
<b>7.</b> Mailing Address if different than above		City	State	ZIP Code	

**8. LIST ALL officers, directors (corporation) or Managing Members (L.L.C.) or General Partner(s). Each Officer, Director, Managing Member or Partner MUST FILL OUT a DR 8404-I (Individual History Record).**

Position Held	Names	Home Address	DOB	Replaces

**9. LIST ALL 10% (or more) Stockholders or 10% (or more) Members or 10% (or more) Limited Partners. Each person listed Must Fill out a DR 8404-I (Individual History Record)**

Stockholders/Members/Partners owning 10% (or more) of business	% Owned	Home Address	DOB	Replaces

<b>10. Registered Agent</b>	<b>Address For Service</b>

**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.*

<b>11. Authorized Signature</b>	Title	Date

**REPORT OF LOCAL LICENSING AUTHORITY**

The foregoing changes have been received and examined by the Local Licensing Authority.

<b>12. Local Licensing Authority For</b>		<input type="checkbox"/> County	<input type="checkbox"/> Town/City
Signature	Title	Date	
Attest			Date

**DO NOT WRITE IN THIS SPACE – FOR DEPARTMENT OF REVENUE USE ONLY**

**LIABILITY INFORMATION**

License Account Number	Period	Cash Fund	TOTAL
		-100 (999)	

# INSTRUCTIONS

## CORPORATION, LIMITED LIABILITY COMPANY OR PARTNERSHIP REPORT of CHANGES

**NOTE: ENCLOSE A CHECK PAYABLE TO THE AUTHORITY WHERE THIS APPLICATION WILL BE FILED FOR \$100.00 FOR EACH PERSON LISTED IN SECTIONS 8 AND 9 ON THE APPLICATION. MASTERFILE APPLICANTS MUST INCLUDE A FEE OF \$250.00 FOR EACH PERSON LISTED PAYABLE TO THE COLORADO DEPARTMENT OF REVENUE.** (Application filed directly to the state)

NOTE: If you are a Limited Liability Company (LLC), or a Partnership (Limited, General, or Husband and Wife) check box 2355. For Corporations check box 2350.

Attach the following supporting documents to the Report of Changes Application:

- Certificate of Incorporation (or) Date stamped Articles or, Partnership Agreement (Limited and General Partnerships)
- Certificate of Good Standing dated within the last two years
- Certificate of Authority (only if a foreign corporation)
- Copies of minutes of meetings by the Corporation, Limited Liability Company or Partnership supporting the changes reflected on the front of this application. This includes letters of resignation, or appointment of any officers, or directors of a Corporation, or any managing member or members of a Limited Liability Company, or any general or limited partner in a Partnership (including husband and wife partnerships).
- NOTE: If the Licensee as listed on Line 1 has a sole stockholder that is a Corporation, or LLC, or Partnership, attach a letter designating one officer, or managing member or the general partner to be the "principal person" for the applicant. This person MUST ALSO fill out a DR8404-I (Individual History Record) and submit fingerprints for background investigation.

This application and all supporting documents must FIRST BE FILED WITH, AND APPROVED BY, THE LOCAL LICENSING AUTHORITY (CITY, TOWN, COUNTY). Applications will not be accepted unless all applicable questions are fully answered, all supporting documents correspond exactly with the name of the applicant.

1. List the name of the Corporation or Limited Liability Company or Partnership
2. List the State Sales Tax Number.
3. List the Applicant's State Liquor License Number.
4. List the Trade name of the business.
5. List the area code and telephone number of the business.
6. List the complete address, City, State and Zip Code, of the licensed premises.
7. List your mailing address if different than number 6 above.
8. List all officers, directors of a corporation, or all managing members of the LLC, or General Partners of Limited or General Partnerships. List the person's Position, Home Address, Date of Birth and the name of the person being replaced (if applicable).
9. List all 10% (or more) stockholders or members or Partners, and indicate ownership percentage, Home Address, Date of Birth, and the name of the person they purchased ownership interest from (if applicable).
10. List the name and address for service of the Registered Agent.
11. A person authorized to sign on behalf of the Applicant must sign the application, list their title, and the date the application was signed.
12. **To be filled out by the local licensing authority only. List the name of the authority and indicate if the authority is a county, town/city. Then sign the application, list your title and attest the city/county officials signature and date the application.**

## Individual History Record

To be completed by the following persons, as applicable: sole proprietors; general partners regardless of percentage ownership, and limited partners owning 10% or more of the partnership; all principal officers of a corporation, all directors of a corporation, and any stockholder of a corporation owning 10% or more of the outstanding stock; managing members or officers of a limited liability company, and members owning 10% or more of the company; and any intended registered manager of Hotel and Restaurant or Tavern class of retail license

<b>Notice:</b> This individual history record requires information that is necessary for the licensing investigation or inquiry. All questions must be answered in their entirety or the license application may be delayed or denied. If a question is not applicable, please indicate so by "N/A". <b>Any deliberate misrepresentation or material omission may jeopardize the license application.</b> (Please attach a separate sheet if necessary to enable you to answer questions completely)				
1. Name of Business		Home Phone Number	Cellular Number	
2. Your Full Name (last, first, middle)		3. List any other names you have used		
4. Mailing address (if different from residence)		Email Address		
5. List current residence address. Include any previous addresses within the last <b>five</b> years. (Attach separate sheet if necessary)				
<b>Street and Number</b>		<b>City, State, Zip</b>		<b>From</b>
<b>To</b>				
Current				
Previous				
6. List all employment within the last <b>five</b> years. Include any self-employment. (Attach separate sheet if necessary)				
<b>Name of Employer or Business</b>		<b>Address (Street, Number, City, State, Zip)</b>		<b>Position Held</b>
<b>From</b>		<b>To</b>		
7. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry.				
<b>Name of Relative</b>		<b>Relationship to You</b>		<b>Position Held</b>
<b>Name of Licensee</b>				
8. Have you ever applied for, held, or had an interest in a Colorado Liquor or Beer License, or loaned money, furniture, fixtures, equipment or inventory to any licensee? (If yes, answer in detail.) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
9. Have you ever received a violation notice, suspension, or revocation for a liquor law violation, or have you applied for or been denied a liquor or beer license anywhere in the United States? (If yes, explain in detail.) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				

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

11. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? (If yes, explain in detail.)  Yes  No

12. Have you ever had any professional license suspended, revoked, or denied? (If yes, explain in detail.)  Yes  No

**Personal and Financial Information**

Unless otherwise provided by law, the personal information required in question #13 will be treated as confidential. The personal information required in question #13 is solely for identification purposes.

13a. Date of Birth      b. Social Security Number      c. Place of Birth      d. U.S. Citizen  Yes  No

e. If Naturalized, state where      f. When      g. Name of District Court

h. Naturalization Certificate Number      i. Date of Certification      j. If an Alien, Give Alien's Registration Card Number      k. Permanent Residence Card Number

l. Height      m. Weight      n. Hair Color      o. Eye Color      p. Gender      q. Race      r. Do you have a current Driver's License/ID? If so, give number and state.  Yes  No # \_\_\_\_\_ State \_\_\_\_\_

14. Financial Information.

a. Total purchase price or investment being made by the applying entity, corporation, partnership, limited liability company, other. \$ \_\_\_\_\_

b. List the total amount of the **personal** investment, made by the person listed on question #2, in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases or fees paid. \$ \_\_\_\_\_  
 \* If corporate investment only please skip to and complete section (d)  
 \*\* Section b should reflect the total of sections c and e

c. Provide details of the personal investment described in 14b. You must account for all of the sources of this investment. (Attach a separate sheet if needed)

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

d. Provide details of the corporate investment described in 14 b. You must account for all of the sources of this investment. (Attach a separate sheet if needed)

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

e. Loan Information (Attach copies of all notes or loans)

Name of Lender	Address	Term	Security	Amount

**Oath of Applicant**

I declare under penalty of perjury that this application and all attachments are true, correct, and complete to the best of my knowledge.

Authorized Signature      Print Signature      Title      Date



## AFFIDAVIT - RESTRICTIONS ON PUBLIC BENEFITS

I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Colorado that **(check one)**:

- I am a United States citizen.
- I am not a United States citizen but I am a Permanent Resident of the United States.
- I am not a United States citizen but I am lawfully present in the United States pursuant to Federal law.
- I am a foreign national not physically present in the United States.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

CITY OF RIFLE

FINGERPRINT, BACKGROUND CHECK & DISCLOSURE NOTICE

Applicant: \_\_\_\_\_

By signing this document, the applicant acknowledges that any approval by the City of Rifle Liquor Licensing Authority is CONDITIONAL with the following conditions regarding the fingerprint/background check conducted by the City of Rifle Liquor Licensing Authority:

1. That the Applicant hereby acknowledges and understands that disclosure of all criminal convictions does not guarantee approval of a license, transfer, application or registration, and that final approval comes only after the City of Rifle Liquor Authority has approved the license, application, transfer or registration, which will only occur after the completion of the fingerprint/background check.

2. That any liquor license, transfer, application, or registration is approved conditionally on the grounds that the applicant has successfully completed a criminal background check conducted by the Rifle Police Department, and that this investigation discloses no prior criminal convictions which have not been previously disclosed by the applicant. Though a criminal background check may disclose no criminal convictions, this is not a guarantee that the City of Rifle Liquor Authority will approve the license, transfer, application or registration. The award of any license, transfer, application or registration is the sole responsibility of the City of Rifle Liquor Authority, and is subject to the Authority's approval upon completion of a hearing before the Authority.

3. In the event that a completed criminal background check shows that the applicant does indeed have criminal conviction(s) which have not been previously disclosed by the applicant, the applicant is aware that the conditionally approved license could be suspended or revoked by the City of Rifle Liquor Authority.

4. That in the event a prior criminal conviction, which has not been previously disclosed, is shown by the criminal background check, the applicant shall have 14 days in which to show the City and/or Licensing Authority that no conviction was entered; or that the charges were dismissed; or that some other disposition was reached which resulted in the charges or case being dismissed or the final adjudication of the charges against the applicant.

5. The City of Rifle Liquor Authority shall re-hear the original application with the new information. At the hearing, the applicant would have an opportunity to dispel or correct any criminal history relied on by the Authority. The applicant has the burden of dispelling, correcting, or providing further information regarding the applicant's criminal history. Because any approval by the City of Rifle Liquor Licensing Authority was conditional, the City of Rifle Liquor Licensing Authority shall make its decision on the license, application, transfer or registration de-novo with the additional information, but it may consider the veracity of the applicant with the omission of the information.

\_\_\_\_\_  
Applicant/Agent for Applicant

\_\_\_\_\_  
Date

FOR CITY USE ONLY: DATE APPLICATION RECEIVED: \_\_\_\_\_

**AFFIDAVIT CONCERNING CRIMINAL HISTORY**

I, \_\_\_\_\_, swear or affirm:

My date of birth is \_\_\_\_\_ and

\_\_\_\_\_  
(initial) I certify that I have not been convicted of any criminal offense excluding minor traffic offenses of less than eight (8) points but including any traffic offense in which drugs or alcohol were involved.

**OR**

\_\_\_\_\_  
(initial) I certify that I have been convicted of the following criminal offenses. List offense, date of conviction, court and case number, and state and county of the court. (Minor traffic offenses of less than eight (8) points need not be listed if no alcohol or drugs were involved.)

Offense: \_\_\_\_\_  
Date of Conviction: \_\_\_\_\_  
Court & Case Number: \_\_\_\_\_  
State & County of the Court: \_\_\_\_\_

Under penalty of perjury, I swear/affirm that the information provided above is true.

\_\_\_\_\_  
Signature and Date

State of Colorado    )  
                                  ) SS  
County of Garfield    )

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_.

(Seal) \_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_