

Retail Establishment Permit Initial Application and Renewal

This application applies to retail establishments and art galleries.

Initial Application

Renewal

State Fee: \$93.25

Local License Fee: \$3.75

Name of Local Licensing Authority:

Local Application Fee: \$

(please contact the local licensing authority within the jurisdiction in which the retail establishment is located to determine their local application fee amount).

Note – Due to the 15-day notice requirements, please file this application simultaneously with your local and state licensing authorities for necessary review.

Section A – Applicant Information

Applicant Name

State Sales Tax Number of Applicant

Trade Name of Establishment (DBA)

Permit Number (if Renewal)

Street Address

Phone Number

City

County

State ZIP Code

Mailing Address

City or Town

State ZIP Code

Email Address

Check the option that applies.

Art Gallery: is a retail establishment that has the primary purpose of exhibiting and offering for sale works of fine art or precious or semiprecious metals or stones.

Retail Establishment: is an establishment that has the primary purpose of selling goods or services to the public and that: (I) conducts business at a physical building in Colorado; and (II) derives less than fifty percent (50%) of the establishment's gross sales of goods and services from the sale of food.

Section B – Art Gallery

Note – Only fill out this section if you qualified as an Art Gallery in the bottom question on page 1.

Please indicate that the primary purpose of the art gallery is to exhibit or offer for sale:

Works of fine arts as defined in section 6-15-101; or

Precious or semiprecious metals or stones as defined in section 18-16-102; or

Both of the above.

Does the applicant sell alcohol beverages by the drink?	Yes	No
Will the applicant abide by the serving size limitations as listed in 44-3-424(1)(b) (IV)-(VII), C.R.S.?	Yes	No
Will the applicant charge an entrance fee or cover charge, or require a donation in exchange for complimentary beverages for consumption on the premises?	Yes	No
Will the applicant be allowing more than 250 people on the premises at one time when alcohol beverages are being served?	Yes	No
Will the applicant serve alcohol beverages for more than 4 hours in any twenty-four (24) hour period, and no more than 24 days per year?	Yes	No
Will the applicant serve or distribute alcohol beverages between the hours of 2 a.m. and 7 a.m.?	Yes	No

Section C – Retail Establishment

Note – Only fill out this section if you qualified as a Retail Establishment in the bottom question on page 1.

Does the applicant have more than 25 employees at the proposed location?	Yes	No
Does the applicant have retail sales that exceed five million dollars per calendar year at the proposed location?	Yes	No
Does the applicant sell firearms, motor vehicles, marijuana, gasoline, or diesel fuel?	Yes	No
Does the applicant educate students from kindergarten to twelfth grade or provide childcare?	Yes	No
Is the applicant a convenience store?	Yes	No
Does the applicant sell alcohol beverages by the drink?	Yes	No
Will the applicant abide by the serving size limitations as listed in 44-3-424(1) (b)(IV)-(VII), C.R.S.?	Yes	No
Will the applicant charge an entrance fee or cover charge, or require a donation in exchange for the complimentary beverages for consumption on the premises?	Yes	No

Section C – Retail Establishment (continued)

Will the applicant be allowing more than 250 people on the premises at one time when alcohol beverages are being served?	Yes	No
Will the applicant serve alcohol beverages for more than 4 hours in any twenty-four (24) hour period, and no more than 24 days per year?	Yes	No
Will the applicant serve or distribute alcohol beverages between the hours of 2 a.m. and 7 a.m.?	Yes	No

Section D – Checklist And Event Details

Note – This section applies to **both** Art Gallery and Retail Establishment permit applicants

Attach a copy of a deed or lease in the exact name of the applicant reflecting possession of the premises for at least one year after the date of the application.

Attach a diagram of the premises that reflects the area within the premises where alcohol beverages will be stored, served, possessed, and consumed.

Does the applicant hold or have interest in any liquor license(s)? Yes No

Retail establishment permittees are permitted to have an interest in the following, as listed in C.R.S. §44-3-424(6)(b):

- Beer & Wine
- Hotel & Restaurant
- Tavern
- Brew Pub
- Club
- Arts License
- Racetrack
- Public Transportation System
- Optional Premises
- Retail Gaming Tavern
- Vintner’s Restaurant
- Distillery Pub
- Lodging and Entertainment
- Bed and Breakfast Permit
- Fermented Malt Beverage and Wine Retailer
- Fermented Malt Beverage (On)
- Fermented Malt Beverage (On/Off)
- Other retail establishments holding a Retail Establishment Permit
- A financial institution as defined by 44-3-308(4)

If Yes, provide the license number and license type of any liquor license(s) held by the applicant. (Please attach a separate sheet to this application if additional space is needed.)

License Number License Type

License Number License Type

License Number License Type

License Number License Type

Section D – Checklist And Event Details (continued)

Please list all dates of service for the proposed permit year below:

(Please attach a separate sheet to this application if additional space is needed.)

Date		Date	
From:	To:	From:	To:

Date		Date	
From:	To:	From:	To:

Date		Date	
From:	To:	From:	To:

Date		Date	
From:	To:	From:	To:

Date		Date	
From:	To:	From:	To:

Date		Date	
From:	To:	From:	To:

Date		Date	
From:	To:	From:	To:

Date		Date	
From:	To:	From:	To:

Oath Of Applicant

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Colorado Liquor or Beer and Wine Code which affect my license.

Title

Signature

Date (MM/DD/YY)

Report And Approval of Local Licensing Authority (City/County)

The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the applicable provisions of Title 44, Articles 4 and 3, C.R.S., as amended.

Therefore, this application is approved.

Local Licensing Authority (City or County)

Date filed With Local Authority

Title

Signature

Date (MM/DD/YY)

Report of State Licensing Authority

The foregoing has been examined and complies with the filing requirements of Title 44, Article 3, C.R.S., as amended.

Title

Signature

Date (MM/DD/YY)

Do Not Write in this Space – For Department of Revenue use only

Total

ALCOHOL BEVERAGE LICENSE OR PERMIT APPLICATION

AFFIRMATION AND CONSENT (submit one for each officer, owner, and manager of location)

I, _____, as the individual applicant or as an authorized agent or manager for the business applicant (Business Trade Name – DBA:) _____, declare under the penalty of perjury and under penalty for offering a false instrument for recording that this entire application, statements, and attachments are true, correct, and complete to the best of my knowledge. I further declare and consent that:

1. This statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue an Alcohol Beverage License or Permit by the City of Colorado Springs (initial here) _____;
2. I am aware that later discovery of an omission or misrepresentation made may be grounds for the denial of an Alcohol Beverage License application or revocation of the license or permit, or jeopardize any future business license, as such falsehood or omission constitutes evidence regarding that character of the applicant (initial here) _____;
3. I consent to any background and financial investigation and the release of any documentation or other information that is necessary to determine my present and continuing suitability pursuant to City Liquor Code which may include, but is not limited to, CBI and FBI investigations, credit standing, business reputation, and financial status, and that this consent to release any and all information continues as long as I hold an Alcohol Beverage License or Permit. I agree to cooperate fully and execute any releases or other documentation necessary to obtain by background or financial information (initial here) _____;
4. I remit applicable sales taxes in a timely manner on permitted retail sales of the operation as required pursuant to Article 26 of Title 39, C.R.S. and City Code §2.7.101, *et seq.* (initial here) _____;
5. I will apply with the City Clerk for any proposed changes to the information provided in this application as required pursuant to State and City Liquor Code (initial here) _____;
6. I understand that the Alcohol Beverage licensed establishment must be in and maintain compliance with all applicable regulations by other governmental agencies including, but not limited to, Health, Sales Tax, Zoning, Land Use, Building, and Fire Codes (initial here) _____;
7. I understand that the entire location premises shall be subject to inspection by relevant authorities during all operational hours and other times of apparent activity (initial here) _____;
8. I understand that by providing an email address with this application, I agree that the City may provide any required or permitted process, notice, order, or correspondence relating to this application or any license issued to the Applicant in connection with this application, including any renewals, by email to the email address provided (initial here) _____;
9. I hereby state that I have read Articles 3, 4, and 5 of Title 44, C.R.S., as amended, and the regulations promulgated thereunder, and the Ordinances and Local Rules of Procedure of the City of Colorado Springs regarding alcohol beverages and understand the contents thereof (initial here) _____;
10. I understand and acknowledge that the City Clerk’s Office may request other relevant information from me in connection with this application. Failure to provide the requested information may result in denial of this application. I also acknowledge and understand that the City Clerk’s Office cannot accept an application unless it is accompanied by the required fees. The failure to pay the required fees or provide other required information may result in denial of this application (initial here) _____; and
11. I understand that any Alcohol Beverage License or Permit issued is conditional, and must be annually renewed no less than forty five (45) days prior to the expiration date, unless earlier revoked or surrendered (initial here)_____.

I have read all of the above information and understand my responsibilities as an applicant, licensee, permittee, or manager. I further understand that failure to comply with any law, regulations, or the provisions of this affirmation may be grounds for disciplinary action including, but not limited to, the suspension or revocation of the license or other criminal or administrative penalties.

Applicant Signature

Title

Date

CITY OF COLORADO SPRINGS POLICE DEPARTMENT AFTER HOURS EMERGENCY CONTACT INFORMATION

CONFIDENTIAL INFORMATION FOR THE COLORADO SPRINGS POLICE AND FIRE DEPARTMENT
IN THE EVENT OF EMERGENCY NOTIFICATIONS AND RESPONSES

LICENSEE/TENANT NAME: _____ DATE: _____

TENANT TRADE NAME/DBA: _____

PREMISES ADDRESS: _____

UNIT/SUITE #: _____ ZIP CODE: _____

PHONE _____ (MAIN#) OR _____ (ALTERNATE/AFTER HOURS#)

BUSINESS/COMPLEX NAME _____

GATE CODES/DOOR CODES _____ KNOX BOX LOCATION _____

ANY KNOWN HAZARDOUS MATERIALS ON THE LOCATION _____

IN THE EVENT OF AN EMERGENCY REQUIRING A RESPONSIBLE PARTY AT THE LOCATION LIST THE APPROPRIATE CONTACTS IN THE ORDER TO BE CALLED, INCLUDING ON-SITE MANAGER(S) OR AUTHORIZED PERSON(S) WITH MASTER KEYS.

1st) _____
Print Name _____ Title _____

_____ Address _____ Hm. Phone _____ Cell or Pager _____

2nd) _____
Print Name _____ Title _____

_____ Address _____ Hm. Phone _____ Cell or Pager _____

3rd) _____
Print Name _____ Title _____

_____ Address _____ Hm. Phone _____ Cell or Pager _____

NOTE:

NECESSARY CHANGES TO THIS INFORMATION CAN BE MADE IMMEDIATELY BY CALLING THE COLORADO SPRINGS POLICE DEPARTMENT (719) 444-7000, OR BY MAILING TO THE COLORADO SPRINGS POLICE DEPARTMENT COMMUNICATION CENTER, 705 SOUTH NEVADA AVENUE, COLORADO SPRINGS, CO 80903.