



LIQUOR LICENSE APPLICATION FORMS

- **Liquor / Retail License Application ([DR 8404](#))***
- **Liquor / Fermented Malt Beverage License Application ([DR 8403](#))***
- **Attachment to Liquor/ Beer Retail License Application**
- **Individual History Record ([DR 8401](#))***
- **Affidavit Concerning Criminal History (1 for each DR 8401 submitted)**
- **CBI- Notice to Applicants**
- **Wholesaler Affidavit of Compliance ([DR 8004](#))**
- **City of Lafayette Temporary Liquor Permit Application**



Required Supplemental Questionnaire

For all Retail Liquor License Applications (fermented malt beverage; malt, vinous, and spirituous liquor)
Print or type and use an additional sheet as needed for required detailed answers – incomplete answers or answers that do not offer important detail may be returned for completion.

1. Describe in full detail the nature of the proposed liquor-licensed business (restaurant, tavern, sports bar, bowling, etc.) so that the Liquor Authority understands this operation:

2. Who is the target audience for the proposed liquor licensed business (families, adults, tavern, etc.)?

3. What are the proposed days and hours of operation for this business?

Days of Operation: _____

Hours of Operation: _____

4. Describe in detail the number of staff members who will be employed by this business, including their roles/titles and their full- or part-time status:

5. Describe in detail any certified, formal training or experience in the sale/service of alcohol of owners and managers of this business (type of certification, types of training, and specific types of experience):

6. Describe in detail the type of training that is proposed for sellers/servers of alcohol in this business, as well as the timeline for having that training complete:

7. For any outdoor seating spaces, describe how these areas will be enclosed and contained inclusive of describing materials used for containment, and describe where signage will be placed to alert patrons that alcohol cannot leave the premises (fence, wall, entry/exit points, etc.):

8. What security is planned for oversight of this proposed licensed establishment and describe plans for that in detail, whether it's professional security or staff, cameras, or other.

9. Describe the methods that will be used by staff for checking identification and the proper age of patrons prior to alcohol sales/service (stamps, hand marks, manager checks, etc.):

10. Will there be entertainment offered at this business? If so, what types of entertainment will be offered and on what days and how often will it be offered? Will there be coin-operated games? If this is a Lodging & Entertainment license, describe the entertainment planned (music, open mic, inflatable jumping apparatus, etc.):

11. What types of alternate beverages will be offered, and what types of food, meals, snacks, etc., will be offered at this location?

12. What is the estimated food sales to alcohol sales at this business?

I hereby certify, under penalty of perjury, that the information provided to the City of Lafayette Liquor Licensing Authority contained within this supplemental questionnaire is true and accurate to the best of my knowledge.

Applicant/Owner Signature

Date

AFFIDAVIT CONCERNING CRIMINAL HISTORY

I, _____, swear or affirm that:

(initial) _____ I have not been convicted of any criminal offense, nor have I received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court excluding minor traffic offenses and, including any traffic offense in which drugs or alcohol were involved. I do not have any charges pending.

OR

(initial) _____ I have been convicted of a criminal offense, or I have received a suspended sentence, deferred sentence, or forfeited bail for an offense in criminal or military court excluding minor traffic offenses but including any traffic offense in which drugs or alcohol were involved.

Provide details on a separate sheet of paper.

Signature and Date
My date of birth is: _____

State of Colorado)
) SS
County of Boulder)

Subscribed and sworn to before me on this _____ day of _____,
20__.

(Seal)

My commission expires:_____

Notary Public



COLORADO
Bureau of Investigation
Department of Public Safety

Identification Unit
690 Kipling Street, Suite 3000
Denver, CO 80215
303-239-4208

NOTICE TO APPLICANTS

As an applicant for a position requiring fingerprints to be submitted to the Colorado Bureau of Investigation and the Federal Bureau of Investigation, **YOUR FINGERPRINTS WILL BE SUBMITTED TO THESE AGENCIES TO CHECK STATE AND FBI RECORDS.**

Discrepancies on your Colorado record can be challenged and corrected by contacting the Colorado Bureau of Investigation at 690 Kipling St., Suite 3000, Denver, CO 80215, or by calling the Identification Unit at (303) 239-4208. Additional information is available from CBI's website at www.colorado.gov/cbi.

Discrepancies on records from the FBI or relating to another state can be challenged through the FBI. Information, including that listed below, can be found at their website at www.fbi.gov.

The **U.S. Department of Justice Order 556-73** establishes rules and regulations for the subject of an FBI Identification Record to obtain a copy of his or her own record for review. The FBI's Criminal Justice Information Services (CJIS) Division processes these requests.

Who May Request a Copy of a Record (or Proof That a Record Does Not Exist)
Only you can request a copy of your own Identification Record.

How to Request a Copy of Your Record

The FBI offers two methods for requesting your FBI Identification Record or proof that a record does not exist.

Option 1: Submit your request directly to the FBI.

Option 2: Submit to an FBI-approved Channeler, which is a private business that has contracted with the FBI to receive the fingerprint submission and relevant data, collect the associated fee(s), electronically forward the fingerprint submission with the necessary information to the FBICJIS Division for a national criminal history record check, and receive the electronic record check result for dissemination to the individual. Contact each Channeler for processing times.

AGENCY INSTRUCTIONS: To comply with federal law, provide a copy of this document to each applicant fingerprinted.





APPLICATION FOR SALES AND USE TAX LICENSE

The City of Lafayette has partnered with MUNIRevs to provide an online business licensing and tax collection system.

Visit <https://www.lafayetteco.gov/119/Sales-Tax-Information> for Sales Tax Information.

[Access the MuniRevs System](#)

Questions about Sales and Use Tax?

Contact the City of Lafayette Finance Department at 303-665-5588



TEMPORARY PERMIT APPLICATION

RETAIL LIQUOR OR FERMENTED MALT BEVERAGE

PLEASE PRINT LEGIBLY

Name of Applicant: <small>(Corporation, Limited Liability Company, Individual, Partnership)</small>	
Trade Name of Establishment (dba):	
Address of Establishment:	
Type of Liquor / Beer License	
Current Licensee:	
Current Trade Name:	

The following conditions need to be met in order for the Temporary Permit to be processed:

1. The establishment currently has State and Local Liquor / Beer Licenses, and such licenses were valid at time the Transfer of Ownership Application was filed.
2. The applicant has filed all Transfer of Ownership information as required by State and Local Licensing Authorities with the City Clerk's office.
3. The applicant submitted the Temporary Permit Application within 30 days of filing the Transfer of Ownership Application.
4. The applicant submitted the \$100.00 Temporary Permit Fee to the City of Lafayette.
5. The applicant acknowledges the responsibility of having knowledge of the pertinent Colorado State Statutes and Regulations as set forth in Title 12, Articles 46 and 47, C.R.S., and Chapter 10 of the Lafayette City Code, as amended.
6. The applicant understands that this permit, if granted, shall be valid for 120 days or until the Transfer of Ownership has been granted, and the State and Local Liquor or Fermented Malt Beverage Licenses have been issued, or the application has been denied, whichever comes first. If the license has not been granted within this time period it is the responsibility of the applicant to apply for a 60-day extension of the temporary permit.

Signature of Applicant:	Date:
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Mayor's Signature _____

Date Ratified by Council _____