



INSTRUCTIONS FOR MANAGER REGISTRATION

This application must be fully completed with all attachments before it will be accepted and processed.

APPLICATION

Enclosed are the following forms:

1. Permit application & Report of Changes (DR 8442)
2. Individual History Record (DR 8404-I)
3. Fingerprint card/instructions
4. Affidavit Concerning Guidelines RE: Liquor Training/Experience

We will also need:

1. A copy of any written management contracts or agreements
2. Check made payable to the **Colorado Department of Revenue** for **\$75.00**
3. Check made payable to the **City of Arvada** for **\$75.00**
4. **Certified check, money order** or a **pre-printed business check** - made payable to **CBI** (Colorado Bureau of Investigations) for **\$38.50**

SUBMIT THESE FORMS WITH ATTACHMENTS TO:

City Clerk's Office
8101 Ralston Road
Arvada, CO 80002

If an appearance before the Liquor Authority is required; you will be notified of the date.

If you have any questions, please call Teri Colvin at 720-898-7544.

Permit Application and Report of Changes

Current License Number _____
All Answers Must Be Printed in Black Ink or Typewritten
Local License Fee \$ _____

1. Applicant is a <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership..... <input type="checkbox"/> Limited Liability Company	Present License Number _____
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2. Name of Licensee	3. Trade Name
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4. Location Address

City	County	ZIP
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SELECT THE APPROPRIATE SECTION BELOW AND PROCEED TO THE INSTRUCTIONS ON PAGE 2.

Section A – Manager reg/change	Section C
• License Account No. _____ <input type="checkbox"/> Manager's Registration (Hotel & Restr.).....\$75.00 <input type="checkbox"/> Manager's Registration (Tavern).....\$75.00 <input type="checkbox"/> Manager's Registration (Lodging & Entertainment).....\$75.00 <input type="checkbox"/> Change of Manager (Other Licenses pursuant to section 44-3-301(8), C.R.S.) NO FEE	<input type="checkbox"/> Retail Warehouse Storage Permit (ea).....\$100.00 <input type="checkbox"/> Wholesale Branch House Permit (ea) 100.00 <input type="checkbox"/> Change Corp. or Trade Name Permit (ea) 50.00 <input type="checkbox"/> Change Location Permit (ea) 150.00 <input type="checkbox"/> Change, Alter or Modify Premises \$150.00 x _____ Total Fee _____ <input type="checkbox"/> Addition of Optional Premises to Existing H/R \$100.00 x _____ Total Fee _____ <input type="checkbox"/> Addition of Related Facility to an Existing Resort or Campus Liquor Complex \$160.00 x _____ Total Fee _____ <input type="checkbox"/> Campus Liquor Complex Designation No Fee <input type="checkbox"/> Sidewalk Service Area \$75.00
Section B – Duplicate License	
• Liquor License No. _____ <input type="checkbox"/> Duplicate License \$50.00	

Do Not Write in This Space – For Department of Revenue Use Only

Date License Issued	License Account Number	Period

The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.	TOTAL AMOUNT DUE	\$.00
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Instruction Sheet

For All Sections, Complete Questions 1-4 Located on Page 1

Section A

To Register or Change Managers, check the appropriate box in section A and complete question 8 on page 5. Proceed to the Oath of Applicant for signature. Submit to State Licensing Authority for approval.

Section B

For a Duplicate license, be sure to include the liquor license number in section B on page 1 and proceed to page 5 for Oath of Applicant signature.

Section C

Check the appropriate box in section C and proceed below.

- 1) **For a Retail Warehouse Storage Permit**, go to page 3 complete question 5 (be sure to check the appropriate box). Submit the necessary information and proceed to page 5 for Oath of Applicant signature. Submit to State Licensing Authority for approval.
- 2) **For a Wholesale Branch House Permit**, go to page 3 and complete question 5 (be sure to check the appropriate box). Submit the necessary information and proceed to page 5 for Oath of Applicant signature. Submit to State Licensing Authority for approval.
- 3) **To Change Trade Name or Corporation Name**, go to page 3 and complete question 6 (be sure to check the appropriate box). Submit the necessary information and proceed to page 5 for Oath of Applicant signature. Retail Liquor License submit to Local Liquor Licensing Authority (City or County). Manufacturer, Wholesaler and Importer's Liquor Licenses submit to State Liquor Licensing Authority.
- 4) **To modify Premise, or add Sidewalk Service Area**, go to page 4 and complete question 9. Submit the necessary information and proceed to page 5 for Oath of Applicant signature. Retail Liquor License submit to Local Liquor Licensing Authority (City or County). Manufacturer, Wholesaler and Importer's Liquor Licenses submit to State Liquor Licensing Authority.
- 5) **For Optional Premises** go to page 4 and complete question 9. Submit the necessary information and proceed to page 5 for Oath of Applicant signature. Retail Liquor License submit to Local Liquor Licensing Authority (City or County).
- 6) **To Change Location**, go to page 3 and complete question 7. Submit the necessary information and proceed to page 5 for Oath of Applicant signature. Retail Liquor License submit to Local Liquor Licensing Authority (City or County). Manufacturer, Wholesaler and Importer's Liquor Licenses submit to State Liquor Licensing Authority.
- 7) **Campus Liquor Complex Designation**, go to page 4 and complete question 10. Submit the necessary information and proceed to page 5 for Oath of Applicant signature.
- 8) **To add another Related Facility** to an existing Resort or Campus Liquor Complex, go to page 4 and complete question 11.

Storage Permit	<p>5. Retail Warehouse Storage Permit or a Wholesalers Branch House Permit</p> <p><input type="checkbox"/> Retail Warehouse Permit for:</p> <p style="padding-left: 20px;"><input type="checkbox"/> On–Premises Licensee (Taverns, Restaurants etc.)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Off–Premises Licensee (Liquor stores)</p> <p><input type="checkbox"/> Wholesalers Branch House Permit</p> <p>Address of storage premise: _____</p> <p>City _____, County _____, Zip _____</p> <p>Attach a deed/ lease or rental agreement for the storage premises. Attach a detailed diagram of the storage premises.</p>				
Change Trade Name or Corporate Name	<p>6. Change of Trade Name or Corporation Name</p> <p><input type="checkbox"/> Change of Trade name / DBA only</p> <p><input type="checkbox"/> Corporate Name Change (Attach the following supporting documents)</p> <p style="padding-left: 20px;">1. Certificate of Amendment filed with the Secretary of State, or</p> <p style="padding-left: 20px;">2. Statement of Change filed with the Secretary of State, <u>and</u></p> <p style="padding-left: 20px;">3. Minutes of Corporate meeting, Limited Liability Members meeting, Partnership agreement.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Old Trade Name</td> <td style="width: 50%;">New Trade Name</td> </tr> <tr> <td>Old Corporate Name</td> <td>New Corporate Name</td> </tr> </table>	Old Trade Name	New Trade Name	Old Corporate Name	New Corporate Name
Old Trade Name	New Trade Name				
Old Corporate Name	New Corporate Name				
Change of Location	<p>7. Change of Location</p> <p>NOTE TO RETAIL LICENSEES: An application to change location has a local application fee of \$750 payable to your local licensing authority. You may only change location within the same jurisdiction as the original license that was issued. Pursuant to 44-3-311(1) C.R.S. Your application must be on file with the local authority thirty (30) days before a public hearing can be held.</p> <p>Date filed with Local Authority _____ Date of Hearing _____</p> <p>(a) Address of current premises _____</p> <p style="padding-left: 20px;">City _____ County _____ Zip _____</p> <p>(b) Address of proposed New Premises (Attach copy of the deed or lease that establishes possession of the premises by the licensee)</p> <p style="padding-left: 20px;">Address _____</p> <p style="padding-left: 20px;">City _____ County _____ Zip _____</p> <p>(c) New mailing address if applicable.</p> <p style="padding-left: 20px;">Address _____</p> <p style="padding-left: 20px;">City _____ County _____ State _____ Zip _____</p> <p>(d) Attach detailed diagram of the premises showing where the alcohol beverages will be stored, served, possessed or consumed. Include kitchen area(s) for hotel and restaurants.</p>				

Change of Manager	<p>8. Change of Manager or to Register the Manager of a Tavern, Hotel and Restaurant, Lodging & Entertainment liquor license or licenses pursuant to section 44-3-301(8).</p> <p>(a) Change of Manager (attach Individual History DR 8404-I H/R, Tavern and Lodging & Entertainment only) Former manager's name _____ New manager's name _____</p> <p>(b) Date of Employment _____ Has manager ever managed a liquor licensed establishment? Yes <input type="checkbox"/> No <input type="checkbox"/> Does manager have a financial interest in any other liquor licensed establishment? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give name and location of establishment _____</p>
Modify Premises or Addition of Optional Premises, Related Facility, or Sidewalk Service Area	<p>9. Modification of Premises, Addition of an Optional Premises, Addition of Related Facility, or Addition of a Sidewalk Service Area</p> <p>NOTE: Licensees may not modify or add to their licensed premises until approved by state and local authorities.</p> <p>(a) Describe change proposed _____ _____ _____</p> <p>(b) If the modification is temporary, when will the proposed change: Start _____ (mo/day/year) End _____ (mo/day/year)</p> <p>NOTE: THE TOTAL STATE FEE FOR TEMPORARY MODIFICATION IS \$300.00</p> <p>(c) Will the proposed change result in the licensed premises now being located within 500 feet of any public or private school that meets compulsory education requirements of Colorado law, or the principal campus of any college, university or seminary? (If yes, explain in detail and describe any exemptions that apply) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(d) Is the proposed change in compliance with local building and zoning laws? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(e) If this modification is for an additional Hotel and Restaurant Optional Premises has the local authority authorized by resolution or ordinance the issuance of optional premises? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(f) Attach a diagram of the current licensed premises and a diagram of the proposed changes for the licensed premises.</p> <p>(g) Attach any existing lease that is revised due to the modification.</p> <p>(h) For the addition of a Sidewalk Service Area per Regulation 47-302(A)(4), include documentation received from the local governing body authorizing use of the sidewalk. Documentation may include but is not limited to a statement of use, permit, easement, or other legal permissions.</p>
Campus Liquor Complex Designation	<p>10. Campus Liquor Complex Designation</p> <p>An institution of higher education or a person who contracts with the institution to provide food services</p> <p>(a) I wish to designate my existing _____ Liquor License # _____ to a Campus Liquor Complex Yes <input type="checkbox"/> No <input type="checkbox"/></p>
Additional Related Facility	<p>11. Additional Related Facility</p> <p>To add a Related Facility to an existing Resort or Campus Liquor Complex, include the name of the Related Facility and include the address and an outlined drawing of the Related Facility Premises.</p> <p>(a) Address of Related Facility _____</p> <p>(b) Outlined diagram provided Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Oath of Applicant		
I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge		
Signature	Title	Date
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
Signature	Title	Date
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.		
Signature	Title	Date

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, Tavern and Lodging and Entertainment class of retail license

Notice: 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". Any deliberate misrepresentation or material omission may jeopardize the license application. (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 five years. (Attach separate sheet if necessary)				
Street and Number		City, State, Zip		From
Current				
Previous				
6. List all employment within the last five years. Include any self-employment. (Attach separate sheet if necessary)				
Name of Employer or Business		Address (Street, Number, City, State, Zip)		Position Held
				From
				To
7. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry.				
Name of Relative		Relationship to You		Position Held
				Name of Licensee
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.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
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.) <input type="checkbox"/> Yes <input type="checkbox"/> No				

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 <input type="checkbox"/> Yes <input type="checkbox"/> 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. Do you have a current Driver's License/ID? If so, give number and state. <input type="checkbox"/> Yes <input type="checkbox"/> 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 (a). 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
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AFFIDAVIT CONCERNING GUIDELINES RE: LIQUOR TRAINING/EXPERIENCE

Applicant: _____ Phone: _____

Alcohol is a powerful substance which alters people's behavior. Consequently, its sale and distribution are heavily regulated. Holding a liquor license is a privilege, not everyone qualifies.

As such, the Arvada Liquor Licensing Authority considers an applicant's training or experience in the requirements of the Colorado Liquor Code and Regulations when determining whether the applicant has a character and record satisfactory under C.R.S. Section 12-47-307(VI). This training or experience must be demonstrated at the license hearing by the applicant, registered manager and the individuals who will be managing the business on a day to day basis. Failure to do so may result in the application being denied.

TRAINING

The acceptable minimum training would include proof of attendance in Colorado at a liquor education class within the past five years conducted by one of the organizations reflected on the attached list. A certificate or letter from the agency that provided the training should be submitted with the liquor application.

List all liquor training classes you have attended within the past five years **and** attach proof of attendance (i.e. letter, certificate, etc.)

EXPERIENCE SUBSTITUTE

Experience allowed as a substitute for liquor education training must be relevant Colorado experience selling/serving alcohol, checking identification for proof of age, monitoring sobriety and dealing with fights or other illegal activity on the premises. Different classes of licenses demand varying skill levels. Minimum experience substitutes would include:

1. OFF PREMISES CONSUMPTION licenses such as liquor stores, convenience stores, grocery stores
 - a. **Employees** - Six months of fulltime work as a clerk selling alcohol, checking identification and monitoring sobriety.
 - b. **Managing Alcohol Servers** - One year actively supervising on the licensed premises clerks selling alcohol, checking identification and monitoring sobriety.

ON PREMISES CONSUMPTION licenses such as restaurants, taverns, brewpubs

- a. **Employees** - Six months of work as a bartender or server, for shifts of four hours or more a week, serving alcohol, checking identification, monitoring sobriety and dealing with disturbances on the premises.
- b. **Managing Alcohol Servers** - Six months actively supervising on the licensed premises bartenders and alcohol servers who check identification, monitor sobriety and deal with disturbances.

These are guidelines only. The Liquor Authority may consider the quality and intensity of experience to determine if lesser experience will be accepted.

2. List liquor licensed establishment(s) where you have most recently worked, including providing the following pertinent information. Attach another sheet if necessary.

Establishment _____

Address _____

Type of Liquor License _____ How long did you work there? _____

Dates of Employment _____ to _____ How many hours per week? _____

Job Title (i.e. server, bartender, manager, etc.) _____

List your responsibilities as they pertain to alcohol _____

List reference(s) including an address and phone number where that reference can be contacted to confirm the above mentioned experience.

Name _____ Phone _____

Address _____

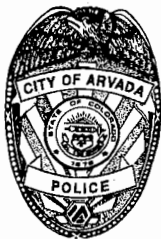
Printed Name

Signature

Subscribed and sworn to before me this _____ day of _____, 20_____, by

_____.

Notary Public



Drinking It In

Manager Registration Reminder for Taverns and Restaurants

Owners of establishments that hold either a **Tavern** or **Hotel and Restaurant** liquor license are required to designate a distinct manager, either the owner or an employee. No person shall be a registered manager for more than one location, and manager changes must be registered with the licensing authorities. When a manager leaves his/her employment, the licensing authority must be notified within **five days** and a new manager must be designated within **30 days**. Please contact Deputy City Clerk Kristen Rush at 720-898-7546 to obtain the forms to designate a new manager.

Youth Alcohol Intervention Program Survey

Jefferson County's Youth Alcohol Intervention Program works with youths who have been cited for alcohol or drug violations. As part of the program, they survey the clients to determine the source of their alcohol. The September survey included 159 teens between ages 12 and 17 and 156 youths between ages 18 and 20. They were asked where they obtained alcohol within the past 30 days. Multiple answers were marked by some clients.

	Ages 12-17	Ages 18-20
<u>I got alcohol at a party where there was a keg</u>	60%	68%
<u>I got alcohol at a party where there was no keg</u>	78%	84%
<u>I took alcohol from my parents without their knowledge</u>	30%	9%
<u>My parent(s) gave me alcohol or let me have it</u>	9%	19%
<u>A friend got it from his/her parent(s)</u>	39%	32%
<u>A friend or relative who is over 21 bought it for me</u>	65%	74%
<u>I asked a friend or stranger to buy it for me</u>	26%	18%
<u>A friend who is under 21 bought it at a store</u>	29%	38%
<u>I got it at a bar, club or restaurant</u>	4%	19%
<u>I bought it at a store</u>	6%	11%

Clients who indicated their source of alcohol as "A friend who is under 21 bought it", "I got it at a bar, club or restaurant" or "I bought it at a store" were asked to identify the outlet where this occurred. Five of those establishments were located in Arvada. Please be watchful for minors with or without false identification.

If you have any questions or suggestions for future newsletters, please contact Investigator Sue Gaetano at 720-898-6722.

- E. Program must have a method of evaluating its own effectiveness through
 - 1. Testing of attendees for knowledge
 - 2. Surveys of program effectiveness received from attendees
 - 3. Verbal attendee feedback or discussion that is documented by program providers

II. Core Curriculum Standards

A. Discussion concerning Alcohol's Physical Effects

- 1. Alcohol's effects on the body
- 2. Visible signs of intoxication
 - a. What are the signs?
 - b. Recognizing the signs

B. Liquor Liability

- 1. Civil liability
- 2. Criminal liability
- 3. Administrative liability (*License Sanctions*)
- 4. Licensee and Manager have additional liability for the actions of their employees

C. Sales to Visibly Intoxicated Persons

- 1. Colorado law provisions
- 2. Recognition and prevention
- 3. Intervention techniques
- 4. Related laws or issues
 - a. DUI/DWAI
 - b. Regulation 47-900, loitering of visibly intoxicated persons prohibited

D. Sales to Minors

1. Colorado law provisions
 - a. Sale and Service
 - b. Permitting Consumption
2. Acceptable forms of Identification - Regulation 47-912
 - a. How to check I.D.'s - protocol
 - b. Spotting false identification
 - c. Mistakes made when checking

E. Local Licensing and Enforcement

1. What is their involvement with alcohol licensing and enforcement in Colorado?
2. Encourage licensees to develop a working relationship with these agencies
3. Licensee encouraged to learn specialized local law provisions affecting their business

F. State Licensing and Enforcement

1. Colorado Liquor Enforcement Division
 - a. What is their involvement with alcohol licensing and enforcement in Colorado?
 - b. How to contact
2. Encourage licensees to develop a working relationship with this agency

G. Other key state laws and rules affecting owners, managers, sellers and servers

1. Age of servers CRS 12-47-901(5)(a)(I)
2. Provisions for confiscating fraudulent I.D. C.R.S. 12-47-901(5)(a) (II and III)
3. Removal of liquor from on-premises licensed establishment prohibited,



OFFICE OF THE CITY CLERK
FACSIMILE: 720-898-7515 ▲ TDD: 720-898-7869
PHONE: 720-898-7550

TO: Liquor/Beer License Applicant and/or
Managers of Hotel and Restaurant Liquor License Holders
Managers of Lodging and Entertainment Liquor License Holders
Managers of Tavern Liquor License Holders

FROM: Teri Colvin - Deputy City Clerk

SUBJECT: Fingerprint Cards

As part of the liquor licensing process, applicants are required to complete a comprehensive background investigation. In order for the City of Arvada to initiate that process, applicants must submit a completed FBI fingerprint card to the City of Arvada City Clerk's Office with a complete liquor license application.

The Arvada Police Department processes fingerprints on a walk-in basis at 8101 Ralston Road, Monday –Friday, between 7:00 a.m. and 5:00 p.m. Those being fingerprinted must:

- advise police department staff that fingerprinting is for liquor licensing purposes
- present a valid photo I.D.
- pay a \$7.00 per card fingerprinting service fee, payable by cash or check only

If the City of Arvada is inconvenient, you may contact another law enforcement agency to take your fingerprints. Fingerprint cards will be provided by the agency taking your fingerprints. Please keep in mind that not all law enforcement agencies provide this service.

Additionally, the Colorado Bureau of Investigations (CBI) charges \$38.50 to process a set of fingerprints. Before submitting your complete application packet and fingerprint card, please attach a **CERTIFIED CHECK, MONEY ORDER OR A PRE-PRINTED BUSINESS CHECK** made payable to **COLORADO BUREAU OF INVESTIGATIONS (CBI)**.

If you have any questions, please call me at 720-898-7544.