



## Town of Windsor New Liquor License Information

The "Local Licensing Authority" as referenced in the State Liquor Licensing Documents is the Town of Windsor.

PLEASE READ ALL APPLICATION MATERIALS THOROUGHLY, ANSWER QUESTIONS AND PROVIDE ADDITIONAL INFORMATION AS REQUESTED.

1. All applicants must be at least 21 years of age.
2. The applicant must determine whether they are filing as an Individual, Corporation, Limited Liability Corporation or Partnership. All documents must be properly signed and correspond with the name of the applicant exactly.
3. For Hotel & Restaurant (H&R) and Tavern licenses only: Primary managers shall be registered through the Individual History Record if the manager is different than the owner.
4. Fees: Fees will be paid to the Town of Windsor and to the Colorado Department of Revenue when the application is submitted (2 separate checks). Please check with the Clerk's office for the total amount of fees that are due. For H&R and Taverns, if the licensee intends to employ a manager other than the owner, add \$75.00 to each check, State and Town. If a Concurrent Review is requested, add an additional \$100.00 to the State check.
5. Waiting Period: The State requires an automatic 30-day waiting period on all new license applications. The application filing date is determined by the Town Clerk's Office.
6. Criminal Background investigation (CBI): Fingerprinting for background checks will be done at the Windsor Police Department, 200 North 11<sup>th</sup> Street between the hours of 8:00 am and 5:00 pm. A cashier's check or money order in the amount of \$38.50 payable to the Colorado Bureau of Investigation (CBI) and a valid photo ID are required for fingerprinting.
7. Neighborhood Needs and Desires: Before approving a liquor license application, the Local Licensing Authority must consider the reasonable requirements of the neighborhood and the desires of the adult inhabitants as evidenced by documentation from residents and/or businesses within a half mile radius of the address to be licensed. The burden of providing such evidence (petitions, letters or other means of evidence) is placed on the applicant. Provide such evidence to the Town Clerk's office at least two weeks prior to the public hearing.

Before submitting the application, review the application and check that all supporting documentation is included with the application.

As always, your attorney is your best source of guidance to ensure that your event is in compliance with the law. For information regarding the liquor license process, please contact the Windsor Town Clerk:

Krystal Eucker  
Town of Windsor  
301 Walnut Street  
Windsor, CO 80550  
[Email:keucker@windsorgov.com](mailto:keucker@windsorgov.com)

# Colorado Liquor Retail License Application

New License   
  New-Concurrent   
  Transfer of Ownership   
  State Property Only

- All answers must be printed in black ink or typewritten
- Applicant must check the appropriate box(es)
- Applicant should obtain a copy of the Colorado Liquor and Beer Code: [www.colorado.gov/enforcement/liquor](http://www.colorado.gov/enforcement/liquor)
- Local License Fee \$ \_\_\_\_\_

1. Applicant is applying as a/an  Individual  
 Corporation  Limited Liability Company  
 Partnership (includes Limited Liability and Husband and Wife Partnerships)  Association or Other

2. Applicant If an LLC, name of LLC; if partnership, at least 2 partner's names; if corporation, name of corporation FEIN Number

2a. Trade Name of Establishment (DBA) State Sales Tax Number Business Telephone

3. Address of Premises (specify exact location of premises, include suite/unit numbers)

City County State ZIP Code

4. Mailing Address (Number and Street) City or Town State ZIP Code

5. Email Address

6. If the premises currently has a liquor or beer license, you **must** answer the following questions

Present Trade Name of Establishment (DBA) Present State License Number Present Class of License Present Expiration Date

**Section A Nonrefundable Application Fees** **Section B (Cont.) Liquor License Fees**

- |   |  |
|---|--|
| <input type="checkbox"/> Application Fee for New License ..... \$920.00<br><input type="checkbox"/> Application Fee for New License w/Concurrent Review ..... \$1020.00<br><input type="checkbox"/> Application Fee for Transfer ..... \$920.00 | <input type="checkbox"/> Lodging & Entertainment - L&E (City) ..... \$500.00<br><input type="checkbox"/> Lodging & Entertainment - L&E (County) ..... \$500.00<br><input type="checkbox"/> Manager Registration - H & R ..... \$75.00<br><input type="checkbox"/> Manager Registration - Tavern ..... \$75.00<br><input type="checkbox"/> Manager Registration - Lodging & Entertainment ..... \$75.00 |
|---|--|

**Section B Liquor License Fees**

- |   |  |
|---|--|
| <input type="checkbox"/> Add Optional Premises to H & R ..... \$100.00 X _____ Total _____<br><input type="checkbox"/> Add Related Facility to Resort Complex \$75.00 X _____ Total _____<br><input type="checkbox"/> Arts License (City) ..... \$308.75<br><input type="checkbox"/> Arts License (County) ..... \$308.75<br><input type="checkbox"/> Beer and Wine License (City) ..... \$351.25<br><input type="checkbox"/> Beer and Wine License (County) ..... \$436.25<br><input type="checkbox"/> Brew Pub License (City) ..... \$750.00<br><input type="checkbox"/> Brew Pub License (County) ..... \$750.00<br><input type="checkbox"/> Club License (City) ..... \$308.75<br><input type="checkbox"/> Club License (County) ..... \$308.75<br><input type="checkbox"/> Distillery Pub License (City) ..... \$750.00<br><input type="checkbox"/> Distillery Pub License (County) ..... \$750.00<br><input type="checkbox"/> Hotel and Restaurant License (City) ..... \$500.00<br><input type="checkbox"/> Hotel and Restaurant License (County) ..... \$500.00<br><input type="checkbox"/> Hotel and Restaurant License w/one opt premises (City) ..... \$600.00<br><input type="checkbox"/> Hotel and Restaurant License w/one opt premises (County) ..... \$600.00<br><input type="checkbox"/> Liquor Licensed Drugstore (City) ..... \$227.50<br><input type="checkbox"/> Liquor Licensed Drugstore (County) ..... \$312.50 | <input type="checkbox"/> Master File Location Fee ..... \$25.00 X _____ Total _____<br><input type="checkbox"/> Master File Background ..... \$250.00 X _____ Total _____<br><input type="checkbox"/> Manager Permit - LLDS/RLS ..... \$100.00<br><input type="checkbox"/> Optional Premises License (City) ..... \$500.00<br><input type="checkbox"/> Optional Premises License (County) ..... \$500.00<br><input type="checkbox"/> Racetrack License (City) ..... \$500.00<br><input type="checkbox"/> Racetrack License (County) ..... \$500.00<br><input type="checkbox"/> Resort Complex License (City) ..... \$500.00<br><input type="checkbox"/> Resort Complex License (County) ..... \$500.00<br><input type="checkbox"/> Retail Gaming Tavern License (City) ..... \$500.00<br><input type="checkbox"/> Retail Gaming Tavern License (County) ..... \$500.00<br><input type="checkbox"/> Retail Liquor Store License (City) ..... \$227.50<br><input type="checkbox"/> Retail Liquor Store License (County) ..... \$312.50<br><input type="checkbox"/> Tavern License (City) ..... \$500.00<br><input type="checkbox"/> Tavern License (County) ..... \$500.00<br><input type="checkbox"/> Vintners Restaurant License (City) ..... \$750.00<br><input type="checkbox"/> Vintners Restaurant License (County) ..... \$750.00 |
|---|--|

**Questions? Visit: [www.colorado.gov/enforcement/liquor](http://www.colorado.gov/enforcement/liquor) for more information**

**Do not write in this space - For Department of Revenue use only**

Liability Information

License Account Number	Liability Date	License Issued Through (Expiration Date)	<b>Total</b>
			\$

## Application Documents Checklist and Worksheet

**Instructions:** This checklist should be utilized to assist applicants with filing all required documents for licensure. **All** documents must be properly signed and correspond with the name of the applicant exactly. **All** documents must be typed or legibly printed. Upon final State approval the license will be mailed to the local licensing authority. Application fees are nonrefundable.

**Questions? Visit:** [www.colorado.gov/enforcement/liquor](http://www.colorado.gov/enforcement/liquor) for more information

<b>Items submitted, please check all appropriate boxes completed or documents submitted</b>	
<b>I.</b>	<b>Applicant information</b> <input type="checkbox"/> A. Applicant/Licensee identified <input type="checkbox"/> B. State sales tax license number listed or applied for at time of application <input type="checkbox"/> C. License type or other transaction identified <input type="checkbox"/> D. Return originals to local authority <input type="checkbox"/> E. Additional information may be required by the local licensing authority
<b>II.</b>	<b>Diagram of the premises</b> <input type="checkbox"/> A. No larger than 8 1/2" X 11" <input type="checkbox"/> B. Dimensions included (does not have to be to scale). Exterior areas should show type of control (fences, walls, entry/exit points, etc.) <input type="checkbox"/> C. Separate diagram for each floor (if multiple levels) <input type="checkbox"/> D. Kitchen - identified if Hotel and Restaurant <input type="checkbox"/> E. Bold/Outlined Licensed Premises
<b>III.</b>	<b>Proof of property possession (One Year Needed)</b> <input type="checkbox"/> A. Deed in name of the Applicant (or) (matching question #2) date stamped / filed with County Clerk <input type="checkbox"/> B. Lease in the name of the Applicant (or) (matching question #2) <input type="checkbox"/> C. Lease Assignment in the name of the Applicant with proper consent from the Landlord and acceptance by the Applicant <input type="checkbox"/> D. Other Agreement if not deed or lease. (matching question #2) (Attach prior lease to show right to assumption)
<b>IV.</b>	<b>Background information and financial documents</b> <input type="checkbox"/> A. Individual History Records(s) (Form DR 8404-I) <input type="checkbox"/> B. Fingerprints taken and submitted to local authority (State Authority for Master File applicants) <input type="checkbox"/> C. Purchase agreement, stock transfer agreement, and or authorization to transfer license <input type="checkbox"/> D. List of all notes and loans (Copies to also be attached)
<b>V.</b>	<b>Sole proprietor / husband and wife partnership</b> <input type="checkbox"/> A. Form DR4679 <input type="checkbox"/> B. Copy of State issued Driver's License or Colorado Identification Card for each applicant
<b>VI.</b>	<b>Corporate applicant information (if applicable)</b> <input type="checkbox"/> A. Certificate of Incorporation dated stamped by the Secretary of State <input type="checkbox"/> B. Certificate of Good Standing <input type="checkbox"/> C. Certificate of Authorization if foreign corporation <input type="checkbox"/> D. List of officers, directors and stockholders of Applying Corporation (If wholly owned, designate a minimum of one person as Principal Officer of Parent)
<b>VII.</b>	<b>Partnership applicant information (if applicable)</b> <input type="checkbox"/> A. Partnership Agreement (general or limited). Not needed if husband and wife <input type="checkbox"/> B. Certificate of Good Standing (If formed after 2009)
<b>VIII.</b>	<b>Limited Liability Company applicant information (if applicable)</b> <input type="checkbox"/> A. Copy of articles of organization (date stamped by Colorado Secretary of State's Office) <input type="checkbox"/> B. Certificate of Good Standing <input type="checkbox"/> C. Copy of operating agreement <input type="checkbox"/> D. Certificate of Authority if foreign company
<b>IX.</b>	<b>Manager registration for Hotel and Restaurant, Tavern and Lodging &amp; Entertainment licenses when included with this application</b> <input type="checkbox"/> A. \$75.00 fee <input type="checkbox"/> B. Individual History Record (DR 8404-I) <input type="checkbox"/> C. If owner is managing, no fee required
<b>X.</b>	<b>Manager Permit for Liquor License Drug Store and Retail Liquor Store when included with this application</b> <input type="checkbox"/> A. \$100.00 Permit Fee <input type="checkbox"/> B. Individual History Record (DR 8404-I)

<b>7.</b> Is the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation) or manager under the age of twenty-one years?	Yes	No		
	<input type="checkbox"/>	<input type="checkbox"/>		
<b>8.</b> Has the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation) or manager ever (in Colorado or any other state):				
(a) Been denied an alcohol beverage license?	<input type="checkbox"/>	<input type="checkbox"/>		
(b) Had an alcohol beverage license suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>		
(c) Had interest in another entity that had an alcohol beverage license suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>		
If you answered yes to 8a, b or c, explain in detail on a separate sheet.				
<b>9.</b> Has a liquor license application (same license class), that was located within 500 feet of the proposed premises, been denied within the preceding two years? If "yes", explain in detail.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>10.</b> Are the premises to be licensed 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?	<input type="checkbox"/>	<input type="checkbox"/>		
Waiver by local ordinance?	<input type="checkbox"/>	<input type="checkbox"/>	<b>or</b>	
Other: _____				
<b>11.</b> Is your Liquor Licensed Drug Store (LLDS) or Retail Liquor Store (RLS) within 1500 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of > 10,000? <b>NOTE</b> —The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>12.</b> Is your Liquor Licensed Drug Store(LLDS) or Retail Liquor Store (RLS) within 3000 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of < 10,000? <b>NOTE</b> —The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>13.</b> Has a liquor or beer license ever been issued to the applicant (including any of the partners, if a partnership; members or manager if a Limited Liability Company; or officers, stockholders or directors if a corporation)? If yes, identify the name of the business and list any <u>current</u> financial interest in said business including any loans to or from a licensee.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>14.</b> Does the Applicant, as listed on line 2 of this application, <b>have legal possession of the premises by virtue of ownership</b> , lease or other arrangement?	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Ownership <input type="checkbox"/> Lease <input type="checkbox"/> Other (Explain in Detail) _____				
<b>a.</b> If leased, list name of landlord and tenant, and date of expiration, <b>exactly</b> as they appear on the lease:				
Landlord	Tenant		Expires	
<b>b.</b> Is a percentage of alcohol sales included as compensation to the landlord? If yes, complete question 13. <span style="float:right;"><input type="checkbox"/> <input type="checkbox"/></span>				
<b>c.</b> Attach a diagram and outline or designate the area to be licensed (including dimensions) which shows the bars, brewery, walls, partitions, entrances, exits and what each room shall be utilized for in this business. This diagram should be no larger than 8 1/2" X 11".				
<b>15.</b> Who, besides the owners listed in this application (including persons, firms, partnerships, corporations, limited liability companies), will loan or give money, inventory, furniture or equipment to or for use in this business; or who will receive money from this business. Attach a separate sheet if necessary.				
Last Name	First Name	Date of Birth	FEIN or SSN	Interest/Percentage
Last Name	First Name	Date of Birth	FEIN or SSN	Interest/Percentage
<b>Attach copies of all notes and security instruments, and any written agreement, or details of any oral agreement, by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment, and any agreement relating to the business which is contingent or conditional in any way by volume, profit, sales, giving of advice or consultation.</b>				
<b>16.</b> Optional Premises or Hotel and Restaurant Licenses with Optional Premises:				
Has a local ordinance or resolution authorizing optional premises been adopted? <span style="float:right;"><input type="checkbox"/> <input type="checkbox"/></span>				
Number of additional Optional Premise areas requested. (See license fee chart)				
<b>17.</b> Liquor Licensed Drug Store applicants, answer the following:				
(a) Does the applicant for a Liquor Licensed Drug Store have a license issued by the Colorado Board of Pharmacy? <span style="float:right;"><input type="checkbox"/> <input type="checkbox"/></span>				
<b>If "yes" a copy of license must be attached.</b>				
<b>18.</b> Club Liquor License applicants answer the following: <b>Attach a copy of applicable documentation</b>				
(a) Is the applicant organization operated solely for a national, social, fraternal, patriotic, political or athletic purpose and not for pecuniary gain? <span style="float:right;"><input type="checkbox"/> <input type="checkbox"/></span>				
(b) Is the applicant organization a regularly chartered branch, lodge or chapter of a national organization which is operated solely for the object of a patriotic or fraternal organization or society, but not for pecuniary gain? <span style="float:right;"><input type="checkbox"/> <input type="checkbox"/></span>				
(c) How long has the club been incorporated? <span style="float:right;"><input type="checkbox"/> <input type="checkbox"/></span>				
(d) Has applicant occupied an establishment for three years (three years required) that was operated solely for the reasons stated above? <span style="float:right;"><input type="checkbox"/> <input type="checkbox"/></span>				
<b>19.</b> Brew-Pub, Distillery Pub or Vintner's Restaurant applicants answer the following:				
(a) Has the applicant received or applied for a Federal Permit? (Copy of permit or application must be attached) <span style="float:right;"><input type="checkbox"/> <input type="checkbox"/></span>				
<b>19a.</b> For all on-premises applicants. (If this is an application for a Hotel, Restaurant or Tavern License, the manager must also submit an Individual History Record - DR 8404-I)				
<b>19b.</b> For all Liquor Licensed Drug Stores (LLDS) and Retail Liquor Stores (RLS) the manager must also submit an Individual History Record- DR 8404-I, Fingerprints, and obtain a Manager Permit.				
Last Name of Manager	First Name of Manager	Date of Birth		
<b>19c.</b> Does this manager act as the manager of, or have a financial interest in, any other liquor licensed establishment in the State of Colorado? If yes, provide name, type of license and account number. <span style="float:right;"><input type="checkbox"/> <input type="checkbox"/></span>				
Name	Type of License	Account Number		

<b>20. Tax Distraint Information.</b> Does the applicant or any other person listed on this application and including its partners, officers, directors, stockholders, members (LLC) or managing members (LLC) and any other persons with a 10% or greater financial interest in the applicant currently have an outstanding tax distraint issued to them by the Colorado Department of Revenue? If yes, provide an explanation and include copies of any payment agreements.					Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>21. If applicant is a corporation, partnership, association or limited liability company, applicant must list all Officers, Directors, General Partners, and Managing Members.</b> In addition, applicant must list any stockholders, partners, or members with <b>ownership of 10% or more in the Applicant.</b> All persons listed below must also attach form DR 8404-I (Individual History Record), and submit fingerprint cards to the local licensing authority.						
Name	Home Address, City & State	DOB	Position	%Owned		
Name	Home Address, City & State	DOB	Position	%Owned		
Name	Home Address, City & State	DOB	Position	%Owned		
Name	Home Address, City & State	DOB	Position	%Owned		
Name	Home Address, City & State	DOB	Position	%Owned		
** If Applicant is owned 100% by a parent company, please list the designated principal officer on question #20 ** Corporations - The President, Vice-President, Secretary and Treasurer must be accounted for on question #20 (Include ownership percentage if applicable) ** If total ownership percentage disclosed here does not total 100%, applicant must check this box: <input type="checkbox"/> Applicant affirms that no individual other than these disclosed herein, owns 10% or more of the applicant, and does not have ownership in a prohibited liquor license pursuant to Title 47 or 48, C.R.S.						
<b>Oath Of Applicant</b>						
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 Code which affect my license.						
Authorized Signature			Printed Name and Title		Date	
<b>Report and Approval of Local Licensing Authority (City/County)</b>						
Date application filed with local authority			Date of local authority hearing (for new license applicants; cannot be less than 30 days from date of application 12-47-311 (1) C.R.S.)			
The Local Licensing Authority Hereby Affirms that each person required to file DR 8404-I (Individual History Record) has: <input type="checkbox"/> Been fingerprinted <input type="checkbox"/> Been subject to background investigation, including NCIC/CCIC check for outstanding warrants That the local authority has conducted, or intends to conduct, an inspection of the proposed premises to ensure that the applicant is in compliance with, and aware of, liquor code provisions affecting their class of license (Check One) <input type="checkbox"/> Date of inspection or anticipated date _____ <input type="checkbox"/> Will conduct inspection upon approval of state licensing authority						
<input type="checkbox"/> Is the Liquor Licensed Drug Store (LLDS) or Retail Liquor Store (RLS) within 1500 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of > 10,0000?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Is the Liquor Licensed Drug Store(LLDS) or Retail Liquor Store (RLS) within 3000 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of < 10,0000? <b>NOTE</b> –The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.					<input type="checkbox"/>	<input type="checkbox"/>
The foregoing application has been examined; and the premises, business to be conducted, and character of the applicant are satisfactory. We do report that such license, if granted, will meet the reasonable requirements of the neighborhood and the desires of the adult inhabitants, and will comply with the provisions of Title 12, Article 46 or 47, C.R.S. <b>Therefore, this application is approved.</b>						
Local Licensing Authority for			Telephone Number		<input type="checkbox"/> Town, City <input type="checkbox"/> County	
Signature		Print		Title		Date
Signature		Print		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

<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 (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

**SAMPLE LETTER OF SUPPORT**

To: Town of Windsor  
Attn: Town Clerk  
301 Walnut Street  
Windsor, CO 80550

I am in favor of granting a liquor license for the establishment known as, and located at:

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Establishment

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Address

I am aware that the applicant must establish that reasonable requirements of the neighborhood are being met:

- I am a resident and adult inhabitant of the Town of Windsor;
- I live in the neighborhood or own a business within a half-mile radius of the proposed establishment (as required by Town of Windsor Resolution 2005-41);
- I believe there is a need and a desire in the neighborhood for the proposed liquor licensed establishment.

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Signature

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Print Name

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Address

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## Town of Windsor - Neighborhood Needs and Desires

We, the undersigned, support the location of a \_\_\_\_\_ (Tavern, H/R, Retail. Etc.)  
 \_\_\_\_\_ liquor establishment, \_\_\_\_\_  
 \_\_\_\_\_ dba \_\_\_\_\_  
 \_\_\_\_\_ located at \_\_\_\_\_  
 \_\_\_\_\_ Windsor, CO \_\_\_\_\_

*(Neighborhood includes that area encompassing a half-mile radius from the premises to which the proposed license is intended to apply.)*

PRINTED NAME AND/OR BUSINESS	SIGNATURE	PLACE OF RESIDENCE OR BUSINESS ADDRESS	DATE OF SIGNATURE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			