



**City of Boulder**

**Finance Department • Licensing Division**

1777 Broadway, Boulder, Colorado 80302 • 303 441-4192

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**LIQUOR LICENSE REGISTERED MANAGER CHANGES**  
**CHANGES MUST BE REPORTED WITHIN 30 DAYS**

**CHECKLIST OF REQUIRED DOCUMENTS**

- Permit Application and Report of Changes** (State form-DR8442)- completed in pertinent areas, listing old manager and new manager name and date change effective, and under oath of applicant signed by authorized representative of licensee applicant.  
  
For hotel-restaurant and tavern class licenses, managers must be registered which involves new manager completing Individual History Record form and submitting Fingerprint card.  
  
However, for all other classes for liquor licenses, manager changes must just be reported on this form and it is a no fee disclosure.
- Individual History Record** form (State form- DR8404-1)- for hotel-restaurant and tavern licenses only: completed fully, listing all criminal arrests and convictions of new manager, listing financial details of registered manager's ability as check signer on business operating account if applicable, and signed by new manager.
- Fingerprint Card** for new registered managers of hotel-restaurant and tavern licenses.
- Fees**
  - \$75 State change fee payable to "**Colorado Department of Revenue**" for hotel-restaurant and tavern registered managers.
  - \$75.00 change fee payable to "**City of Boulder**" for hotel-restaurant and tavern registered managers.
  - \$38.50 Cashier's Check or Money Order per each new manager fingerprint card submittal fee payable to "**City of Boulder**".

**Application Process:** Licensing division will:

- Check IHR via CBI website conducted on all new registered managers.
- Submit fingerprint cards for CBI/FBI check.
- Update licensing database to record changes for registered manager.
- Add a note to check calendar in 90 days (awaiting CBI/FBI check results).
- Send IHR Addendum to registered manager at home address for explanation on any undisclosed background results to check for dismissal of charges.
- Mail locally-approved state form DR8442 to the state liquor enforcement division after 90 days (sooner if results received earlier), with all applicable attachments. If criminal background check results are found indicating the need for a Beverage Licensing Authority (BLA) hearing, then applicant is informed in writing that new manager background results suggests need for hearing and BLA hearing is scheduled before form is sent to the State.
- Change database status to indicate that form was forwarded to state, if administratively approved or approved by BLA.
- When received back, mail to applicant's business mailing address the state approved copy of the state form.

# Fingerprinting Information

Fingerprinting procedures for City of Boulder liquor licensing and medical marijuana licensing purposes:

- 1) Applicants are preferred to be fingerprinted on Boulder Police Department (BPD) fingerprint cards. If the liquor license applicant or medical marijuana applicant lives out of state or out of the City of Boulder, you may be fingerprinted at your local police department or sheriff's office if the outside agency prints on and you are able to provide the Licensing Clerk with standard cardstock FBI fingerprint cards. Please contact the Licensing office at 303-441-4192 to discuss other arrangements.
- 2) Applicants should be prepared to let the BPD department employee who is fingerprinting them know whether they live in the City of Boulder or, because they have a signed lease or deed for their proposed licensed establishment, that they currently work in the City of Boulder qualifying them for BPD printing.
- 3) On the fingerprint card there is a box that asks "Reason Fingerprinted." Unless the police department directs you otherwise, you can leave this box blank. The city licensing office and the police department may have stickers to put in this section. The stickers says: "Liquor License, City of Boulder, CO; C.R.S. 12-47-307(3)(a)(b)." for liquor licensing or " Med. Marijuana License, City of Boulder, CO; C.R.S. 12-43.3-307 (2) (a) (c)" for medical marijuana city licensing. If the police officer printing you wants you to write something in, then you should write the above information in.
- 4) When you submit your application, you must submit \$38.50 for liquor licensing prints or \$39.50 for medical marijuana licensing prints per person in certified funds or pre-printed business checks. Please make your money orders or cashier's checks payable to the **City of Boulder**.

There are 2 locations to be fingerprinted for City of Boulder license applications. Fingerprinting services are offered at the main police station and the downtown Community Police Center (CPC). There is an \$11.00 fee per fingerprint card. Please call the below PD location to ensure that the fingerprint specialist is on duty that day.

## **Boulder Police Department**

### **Public Safety Building**

**1805 33rd Street**

**Phone: 303-441-3300**

**Days & Hours: Tuesdays & Thursdays: 8:00 a.m. - 6:00 p.m.**

### **Downtown Mall CPC**

**1500 Pearl St., Ste. E**

**Phone: 303-441-3300 or 303-413-7324**

**Updated Days & Hours: Monday - Thursday: 10:00 a.m. - 2:00 p.m.**



## 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 9 on page 4. Proceed to the Oath of Applicant for signature (Please note: Hotel, Restaurant, and Tavern licensees are required to register their managers).

**Section B**

***For a Duplicate license***, be sure to include the liquor license number in section B on page 1 and proceed to page 4 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 4 for Oath of Applicant signature.
- 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 4 for Oath of Applicant signature.
- 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 4 for Oath of Applicant signature.
- 4) ***To modify Premise***, go to page 3 and complete question 7. Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 5) ***For Optional Premises or Related Facilities*** go to page 3 and complete question 7. Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 6) ***To Change Location***, go to page 3 and complete question 8. Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 7) ***For a Bed and Breakfast Permit***, go to page 4 and complete question 10. Submit the necessary information and proceed to Oath of Applicant signature.

<b>STORAGE PERMIT</b>	<p><b>5. Retail Warehouse Storage Permit or a Wholesalers Branch House Permit</b></p> <p><input type="checkbox"/> Retail Warehouse Permit</p> <p><input type="checkbox"/> Wholesalers Branch House Permit</p> <p>Include full address of storage premises. _____</p> <p>If granted, will the proposed warehouse or branch house be in compliance with local building and zoning laws? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Name and title of Person in Charge of Premises _____ <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Attach a lease/deed and a diagram of storage premises.</p>		
<b>CHANGE DBA OR CORP. NAME</b>	<p><b>6. Change of Trade Name or Corporation name</b></p> <p><input type="checkbox"/> Trade/DBA Name Change only</p> <p><input type="checkbox"/> Corporate Name Change (Attach a Certificate of Amendment from Secretary of State)</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; padding: 2px;">Old Name</td> <td style="width: 50%; padding: 2px;">New Name</td> </tr> </table>	Old Name	New Name
Old Name	New Name		
<b>MODIFY PREMISES OR ADDITION OF OPTIONAL PREMISES OR RELATED FACILITY</b>	<p><b>7. Modification of Premises, Addition of an Optional Premises, or Addition of Related Facility</b></p> <p><b>NOTE: LICENSEES MAY NOT MODIFY OR ADD TO THEIR LICENSED PREMISES UNTIL APPROVED BY STATE AND LOCAL AUTHORITIES.</b></p> <p>(a) Describe change proposed _____</p> <p>_____</p> <p>_____</p> <p>(b) <b>If the modification is temporary</b>, when will the proposed change:          Start _____ (mo/day/year)      End _____ (mo/day/year)</p> <p><b>NOTE: THE TOTAL STATE FEE FOR TEMPORARY MODIFICATION IS \$300.00</b></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) <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p>(d) Is the proposed change in compliance with local building and zoning laws? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p>(e) If this modification is for an additional Hotel and Restaurant Optional Premises or Resort Complex Related Facility, has the local authority authorized by resolution or ordinance the issuance of optional premises? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></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>		
<b>CHANGE OF LOCATION</b>	<p><b>8. Change of Location</b></p> <p>(a) Address of current premises _____          City _____ County _____ ZIP _____</p> <p>(b) Address of proposed New Premises (Attach a copy of the deed or lease that establishes possession of the premises by the licensee)          Address _____          City _____ County _____ ZIP _____</p> <p>(c) New mailing address if applicable          Address _____          City _____ County _____ ZIP _____</p> <p>(d) Attach a diagram of the premises showing the area where alcohol beverages will be stored, served, possessed or consumed. Include food preparation facilities for Hotel and Restaurants.</p>		

<b>CHANGE OF MANAGER</b>	<p><b>9. Change of Manager or to Register the Manager</b> of a Tavern or a Hotel and Restaurant liquor license.</p> <p>(a) Change of Manager (attach Individual History DR 8404-I H/R and Tavern only)</p> <p>Former manager's name _____</p> <p>New manager's name _____</p> <p>(b) Compensation of Mgr. _____ Date of Emp. _____ Exp. Date _____</p> <p>Has manager ever managed a Liquor licensed establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does manager have a financial interest in any other liquor licensed establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, give name and location of establishment _____</p> <p>_____</p>
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<b>BED AND BREAKFAST PERMIT</b>	<p><b>10. Bed and Breakfast Permit</b></p> <ul style="list-style-type: none"> <li>• Attach a copy of a deed or lease in the <b>exact name</b> of the applicant <b>only</b>, reflecting possession of the permitted area for at least the minimum duration of this permit (1 year from date of issuance).</li> <li>• Attach a diagram of the premises which accurately reflects the area where alcohol beverages will be stored, served, possessed or consumed.</li> </ul> <p>1. Applicant is a:</p> <p><input type="checkbox"/> Corporation <span style="margin-left: 200px;"><input type="checkbox"/> Partnership</span></p> <p><input type="checkbox"/> Individual <span style="margin-left: 150px;"><input type="checkbox"/> Limited Liability Company</span></p> <p>2. Name of Applicant _____</p> <p>3. Trade Name of Establishment (DBA) _____</p> <p>4. Address of Premises (specify exact location) _____</p> <p>5. State Sales Tax Number _____ Business Phone (_____) _____</p> <p>Pursuant to 12-47-410, C.R.S., Applicant hereby states that it qualifies for a Bed and Breakfast Permit, in order to serve complimentary alcohol beverages, and certifies to the State Licensing Authority:</p> <p>_____ That it has <b>no more than 20</b> sleeping rooms, and</p> <p>_____ That it provides at least <b>1 meal per day at no charge</b> other than for overnight lodging, and</p> <p>_____ That it <b>does not</b> sell alcohol beverages by the drink or in sealed containers, and</p> <p>_____ That it will not serve alcohol beverages for more than <b>4 hours in any one day</b>, as follows:</p>
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MONDAY HOURS	TUESDAY HOURS	WEDNESDAY HOURS	THURSDAY HOURS	FRIDAY HOURS	SATURDAY HOURS	SUNDAY HOURS
From: m.	From: m.	From: m.	From: m.	From: m.	From: m.	From: m.
To: m.	To: m.	To: m.	To: m.	To: m.	To: m.	To: m.

**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
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**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 12, Articles 46 and 47, C.R.S., as amended.

**THEREFORE, THIS APPLICATION IS APPROVED.**

Local Licensing Authority (City or County)	<b>Date filed with Local Authority</b>
Signature	Title
	Date

**REPORT OF STATE LICENSING AUTHORITY**

The foregoing has been examined and complies with the filing requirements of Title 12, Article 47, C.R.S., as amended.

Signature	Title	Date
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# 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.

**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.**

1. Name of Business

2. Your Full Name (last, first, middle) 3. List any other names you have used.

4. Mailing address (if different from residence)

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	TO
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.  Yes  No

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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.  Yes  No

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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.

<b>13a.</b> Date of Birth		<b>b.</b> Social Security Number SSN		<b>c.</b> Place of Birth		<b>d.</b> U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>e.</b> If Naturalized, State where				<b>f.</b> When		<b>g.</b> Name of District Court	
<b>h.</b> Naturalization Certificate Number		<b>i.</b> Date of Certification		<b>j.</b> If an Alien, Give Alien's Registration Card Number		<b>k.</b> Permanent Residence Card Number	
<b>l.</b> Height	<b>m.</b> Weight	<b>n.</b> Hair Color	<b>o.</b> Eye Color	<b>p.</b> Sex	<b>q.</b> Race	<b>r.</b> Do you have a current Driver's License? If so, give number and state <input type="checkbox"/> Yes <input type="checkbox"/> No	

14. Financial Information.

**a.** Total purchase price \$\_\_\_\_\_ (if buying an existing business) or investment being made by the applying entity, corporation, partnership, limited liability company, other \$\_\_\_\_\_

**b.** List the total amount of your investment in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases or fees paid \$\_\_\_\_\_

**c. Provide details of the 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	Source	Amount

**d. 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	Title	Date
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