City of Boulder
Finance Department · Licensing Division
1777 Broadway, Boulder, Colorado 80302 · 303 441-4192

OWNERSHIP/ OFFICER/ MEMBER CHANGES

CHANGES MUST BE REPORTED WITHIN 30 DAYS

CHECKLIST OF REQUIRED DOCUMENTS

☐ **Report of Changes, Corporation, LLC and Partnership Application** (State form DR8177): completed fully, listing all current officers, members, managing members and partners and who they are replacing, listing all owners with over a 10% interest and who they are replacing, and signed in Oath of Applicant section by an authorized representative of the licensee.

☐ **Certificate of Good Standing** from Secretary of State's website for licensee business entity.

☐ **Articles of Incorporation, Organization, or Partnership** from Secretary of State's website for licensee business entity.

☐ **Corporate, Limited Liability, or Partnership documents** explaining the reported change in ownership, officers, directors, members, managing members, and partners i.e. stock or share purchase agreements signed by both seller and buyer, corporate minutes signed by corporate secretary, signed letters of resignation, signed letters of appointment, signed amendments to bylaws, corporate articles, LLC operating agreements and exhibits, and partnership agreements.

☐ **Individual History Record Form** (State form- DR8404-I) for each new owner, officer, member, managing member, and partner to describe the financial details of their involvement and for all remaining owners, officers, members, managing members, and partners if their originally submitted financial disclosures are amended due to this change. Form should also list all criminal arrests and convictions for new person.

☐ **Fingerprint Cards** for all new owners, officers, members, managing members, and partners.

☐ **Fees**

- ☐ $100 per each new person requiring city research payable to the "City of Boulder"
- ☐ $38.50 Cashier's Check or Money Order per each new person's fingerprint card submittal fee payable to *City of Boulder*

Application Process: Licensing Office will: i) IHR self check via CBI website conducted on all new owners, officers, members, managing members, and partners. ii) Fingerprint cards submitted to CBI for CBI/FBI check. iii) Licensing database updated to record changes to ownership and responsible persons. iv) Calendar tickler for 90 days to await CBI/FBI check results. v) IHR Addendum sent to new person at their home address for explanation on any undisclosed background results to check for dismissal. vi) At 90 days or sooner if results received, DR8177 state form, approved by City of Boulder, with attachments will be mailed to state liquor enforcement division. Licensing database should have change status updated to indicate form forwarded to state. If criminal background check results are found indicating the need for Beverage Licensing Authority (BLA) hearing, then applicant is informed in writing and BLA hearing is scheduled. If administratively approved or approved by BLA, when received back, state approved copy of state form should be mailed to licensee applicant's business mailing address for their records.

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.

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 ("CBI") and the Federal Bureau of Investigation ("FBI"), 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 your request 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.

COLORADO DEPARTMENT OF REVENUE
LIQUOR ENFORCEMENT DIVISION
1375 SHERMAN STREET
DENVER CO 80261
(303) 205-2300

REPORT OF CHANGES 21

DO NOT WRITE IN THIS SPACE

CORPORATION, LIMITED LIABILITY COMPANY AND PARTNERSHIP Liquor and 3.2 Beer Licenses

(2355) ☐ LLC/PARTNERSHIP
(2350) ☐ CORPORATION

SEE INSTRUCTIONS AND FEE SCHEDULE ON PAGE 2

1. Corporate/L.L.C./Partnership Name	**2.** State Tax Account Number	**3.** State Liquor License Number	
4. Trade Name		**5.** Telephone Number	
6. Address of Licensed Premises	City	State	ZIP Code
7. Mailing Address if different than above	City	State	ZIP Code

8. LIST ALL officers, directors (corporation) or Managing Members (L.L.C.) or General Partner(s). Each Officer, Director, Managing Member or Partner MUST FILL OUT a DR 8404-I (Individual History Record).

Position Held	Names	Home Address	DOB	Replaces

9. LIST ALL 10% (or more) Stockholders or 10% (or more) Members or 10% (or more) Limited Partners. Each person listed Must Fill out a DR 8404-I (Individual History Record)

Stockholders/Members/Partners owning 10% (or more) of business	% Owned	Home Address	DOB	Replaces

10. Registered Agent	**Address For Service**

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.

11. Authorized Signature	Title	Date

REPORT OF LOCAL LICENSING AUTHORITY

The foregoing changes have been received and examined by the Local Licensing Authority.

12. Local Licensing Authority For ☐ County ☐ Town/City

Signature	Title	Date
Attest		Date

DO NOT WRITE IN THIS SPACE – FOR DEPARTMENT OF REVENUE USE ONLY

LIABILITY INFORMATION

License Account Number	Period	Cash Fund	TOTAL
		-100 (999)	

INSTRUCTIONS

CORPORATION, LIMITED LIABILITY COMPANY OR PARTNERSHIP REPORT of CHANGES

NOTE: ENCLOSE A CHECK PAYABLE TO THE AUTHORITY WHERE THIS APPLICATION WILL BE FILED FOR $100.00 FOR EACH PERSON LISTED IN SECTIONS 8 AND 9 ON THE APPLICATION. MASTERFILE APPLICANTS MUST INCLUDE A FEE OF $250.00 FOR EACH PERSON LISTED PAYABLE TO THE COLORADO DEPARTMENT OF REVENUE. (Application filed directly to the state)

NOTE: If you are a Limited Liability Company (LLC), or a Partnership (Limited, General, or Husband and Wife) check box 2355. For Corporations check box 2350.

Attach the following supporting documents to the Report of Changes Application:

- Certificate of Incorporation (or) Date stamped Articles or, Partnership Agreement (Limited and General Partnerships)
- Certificate of Good Standing dated within the last two years
- Certificate of Authority (only if a foreign corporation)
- Copies of minutes of meetings by the Corporation, Limited Liability Company or Partnership supporting the changes reflected on the front of this application. This includes letters of resignation, or appointment of any officers, or directors of a Corporation, or any managing member or members of a Limited Liability Company, or any general or limited partner in a Partnership (including husband and wife partnerships).
- NOTE: If the Licensee as listed on Line 1 has a sole stockholder that is a Corporation, or LLC, or Partnership, attach a letter designating one officer, or managing member or the general partner to be the "principal person" for the applicant. This person MUST ALSO fill out a DR8404-I (Individual History Record) and submit fingerprints for background investigation.

This application and all supporting documents must FIRST BE FILED WITH, AND APPROVED BY, THE LOCAL LICENSING AUTHORITY (CITY, TOWN, COUNTY). Applications will not be accepted unless all applicable questions are fully answered, all supporting documents correspond exactly with the name of the applicant.

1. List the name of the Corporation or Limited Liability Company or Partnership
2. List the State Sales Tax Number.
3. List the Applicant's State Liquor License Number.
4. List the Trade name of the business.
5. List the area code and telephone number of the business.
6. List the complete address, City, State and Zip Code, of the licensed premises.
7. List your mailing address if different than number 6 above.
8. List all officers, directors of a corporation, or all managing members of the LLC, or General Partners of Limited or General Partnerships. List the person's Position, Home Address, Date of Birth and the name of the person being replaced (if applicable).
9. List all 10% (or more) stockholders or members or Partners, and indicate ownership percentage, Home Address, Date of Birth, and the name of the person they purchased ownership interest from (if applicable).
10. List the name and address for service of the Registered Agent.
11. A person authorized to sign on behalf of the Applicant must sign the application, list their title, and the date the application was signed.
12. **To be filled out by the local licensing authority only. List the name of the authority and indicate if the authority is a county, town/city. Then sign the application, list your title and attest the city/county officials signature and date the application.**

DR 8404-I (03/13/15)
COLORADO DEPARTMENT OF REVENUE
Liquor Enforcement Division
(303) 205-2300

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**. (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	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

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

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 b. 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