

DOCUMENT CHECKLIST BED AND BREAKFAST PERMIT APPLICATION

APPLICATION

- _____ Permit Application & Report of Changes (DR8442)
- Complete all appropriate sections.
 - Sign Application.
 - Attach separate sheets, if necessary.

PROOF OF POSSESSION OF PROPERTY; FLOOR PLAN

- _____ Deed (or) Lease
- Lease must cover entire license period (minimum one year).
- _____ Assignment of Lease (signed by original lessee).
- Attach copy of lease being assigned.
 - Attach acceptance of assignment of lease (signed by applicant).
 - Attach consent to assignment of lease (signed by landlord).
- _____ Floor diagram of premises to be licensed (8 1/2" x 11" only)
- Include dimensions.
 - Include bars, walls, partitions, entrances/exits, storage.
 - Label each room to indicate how it will be used.

CORPORATE/LLC/PARTNERSHIP DOCUMENTATION

- Certificate of Good Standing
- Partnership Agreement
- Operating Agreement

FEE SCHEDULE

- _____ Check or money order for \$50.00 payable to the "City of Fort Collins".
- _____ Check or money order for \$50.00 payable to the "Colorado Department of Revenue".
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PLEASE SCHEDULE AN APPOINTMENT TO SUBMIT YOUR APPLICATION

Aimee Jensen, Deputy City Clerk
City Clerk's Office
300 LaPorte Avenue
P.O. Box 580
Fort Collins CO 80522
Voice (970) 221-6315
Fax (970) 472-3002
ajensen@fcgov.com

PERMIT APPLICATION & REPORT OF CHANGES

CURRENT LICENSE NUMBER _____
ALL ANSWERS MUST BE PRINTED IN BLACK INK OR TYPEWRITTEN
LOCAL LICENSE FEE \$ _____
APPLICANT SHOULD OBTAIN A COLORADO LIQUOR & BEER CODE BOOK
TO ORDER CALL (303) 370-2165

DO NOT WRITE IN THIS SPACE

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 _____
2. Name of Licensee	3. Trade Name	
4. Location Address		
City	County	ZIP

Select the appropriate section below and proceed to the instructions on page 2.

SECTION A – MANAGER REG/CHANGE	SECTION C
<ul style="list-style-type: none"> • License Account No. _____ 1983-750 (999) <input type="checkbox"/> Manager's Registration (Hotel & Restr.) \$75.00 2012-750 (999) <input type="checkbox"/> Manager's Registration (Tavern) \$75.00 <li style="padding-left: 20px;"><input type="checkbox"/> Change of Manager (Other Licenses) NO FEE 2315-100 (999) <input type="checkbox"/> Concurrent Review \$100.00 	<ul style="list-style-type: none"> 1) <input type="checkbox"/> 2210-100 (999) Retail Warehouse Storage Permit (ea) \$ 100.00 2) <input type="checkbox"/> 2200-100 (999) Wholesale Branch House Permit (ea) 100.00 3) <input type="checkbox"/> 2260-100 (999) Change Corp or Trade Name Permit (ea) 50.00 4) <input type="checkbox"/> 2230-100 (999) Change Location Permit (ea) 150.00 5) <input type="checkbox"/> 2280-100 (999) Change, Alter or Modify Premises <div style="text-align: right; margin-top: 5px;">\$150.00 x _____ Total Fee _____</div> 6) <input type="checkbox"/> 2220-100 (999) Addition of Optional Premises to Existing H/R <div style="text-align: right; margin-top: 5px;">\$100.00 x _____ Total Fee _____</div> 7) <input type="checkbox"/> 1988-100 (999) Addition of Related Facility to Resort Complex <div style="text-align: right; margin-top: 5px;">\$75.00 x _____ Total Fee _____</div> 8) <input type="checkbox"/> 2340-100 (999) Bed and Breakfast Permit 50.00
<p style="text-align: center; background-color: #cccccc; margin: 0;">SECTION B – DUPLICATE LICENSE</p> <ul style="list-style-type: none"> • LIQUOR LICENSE No. _____ <input type="checkbox"/> 2270-100 (999) DUPLICATE LICENSE \$ 50.00 	

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

DATE LICENSE ISSUED	LICENSE ACCOUNT NUMBER	PERIOD
-100 (999)	TOTAL	

CHANGE OF MANAGER	<p>9. Change of Manager or to Register the Manager 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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BED AND BREAKFAST PERMIT	<p>10. Bed and Breakfast Permit</p> <ul style="list-style-type: none"> • Attach a copy of a deed or lease in the exact name of the applicant only, reflecting possession of the permitted area for at least the minimum duration of this permit (1 year from date of issuance). • Attach a diagram of the premises which accurately reflects the area where alcohol beverages will be stored, served, possessed or consumed. <p>1. Applicant is a:</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Individual <input type="checkbox"/> Limited Liability Company</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 no more than 20 sleeping rooms, and</p> <p>_____ That it provides at least 1 meal per day at no charge other than for overnight lodging, and</p> <p>_____ That it does not sell alcohol beverages by the drink or in sealed containers, and</p> <p>_____ That it will not serve alcohol beverages for more than 4 hours in any one day, 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		
<p><i>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.</i></p>		
Signature	Title	Date

REPORT AND APPROVAL OF LOCAL LICENSING AUTHORITY (CITY / COUNTY)	
<p>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.</p> <p style="text-align: center;">THEREFORE, THIS APPLICATION IS APPROVED.</p>	

Local Licensing Authority (City or County)	Date filed with Local Authority
Signature	Title
	Date

REPORT OF STATE LICENSING AUTHORITY	
<p>The foregoing has been examined and complies with the filing requirements of Title 12, Article 47, C.R.S., as amended.</p>	
Signature	Title
	Date