

Art Gallery Permit Application

2341 Art Gallery Permit \$71.25		<input type="checkbox"/> New		<input type="checkbox"/> Renewal	
1. Applicant Name (i.e. ABC Gallery Inc.)			State Sales Tax Number of Applicant		
2. Trade Name of Establishment (DBA)					
3. Address				Phone Number	
City		County		State	ZIP Code
4. Mailing Address (Number and Street)		City or Town		State	ZIP Code
<ul style="list-style-type: none"> • Attach a copy of a deed or lease in the exact name of the applying entity 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>Pursuant to 44-3-424, C.R.S., Applicant hereby states that it qualifies for an Art Gallery Permit, in order to serve complimentary alcohol beverages, and certifies to the State Licensing Authority and Local Licensing Authority:</p> <p>_____ That it does not sell alcohol beverages by the drink.</p> <p>_____ That it will not serve alcohol beverages for more than 4 hours in any one day, no more than 15 days per year as follows:</p>					
Date: From: To:	Date: From: To:	Date: From: To:	Date: From: To:	Date: From: To:	Date: From: To:
Date: From: To:	Date: From: To:	Date: From: To:	Date: From: To:	Date: From: To:	Date: From: To:
Date: From: To:	Date: From: To:	Date: From: To:	Date: From: To:	Date: From: To:	Date: From: To:
Oath of Applicant					
<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>					
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	
Do Not Write in this Space - For Department of Revenue use only					
Liability Information					
County	City	Industry Type	License Account Number	Liability Date	License Issued Through (Expiration Date)
				FROM	TO
Cash Fund 2341-100 (999)	City 2180-100 (999)	County 2190-100 (999)		TOTAL	

ALCOHOL BEVERAGE LICENSE OR PERMIT APPLICATION

AFFIRMATION AND CONSENT (submit one for each officer, owner, and manager of location)

I, _____, as the individual applicant or as an authorized agent or manager for the business applicant (Business Trade Name – DBA:) _____, declare under the penalty of perjury and under penalty for offering a false instrument for recording that this entire application, statements, and attachments are true, correct, and complete to the best of my knowledge. I further declare and consent that:

1. This statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue an Alcohol Beverage License or Permit by the City of Colorado Springs (initial here) _____;
2. I am aware that later discovery of an omission or misrepresentation made may be grounds for the denial of an Alcohol Beverage License application or revocation of the license, or jeopardize any future business license, as such falsehood or omission constitutes evidence regarding that character of the applicant (initial here) _____;
3. I consent to any background and financial investigation and the release of any documentation or other information that is necessary to determine my present and continuing suitability pursuant to City Liquor Code which may include, but is not limited to, CBI and FBI investigations, credit standing, business reputation, and financial status, and that this consent to release any and all information continues as long as I hold an Alcohol Beverage License or Permit. I agree to cooperate fully and execute any releases or other documentation necessary to obtain by background or financial information (initial here) _____;
4. I remit applicable sales taxes in a timely manner on permitted retail sales of the operation as required pursuant to Article 26 of Title 39, C.R.S. and City Code §2.7.101 *et seq.* (initial here) _____;
5. I will apply with the City Clerk for any proposed changes to the information provided in this application as required pursuant to State and City Liquor Code (initial here) _____;
6. I understand that the Alcohol Beverage licensed establishment must be in and maintain compliance with all applicable regulations by other governmental agencies including, but not limited to, Health, Sales Tax, Zoning, Land Use, Building, and Fire Codes (initial here) _____;
7. I understand that the entire location premises shall be subject to inspection by relevant authorities during all operational hours and other times of apparent activity (initial here) _____;
8. I understand that by providing an email address with this application, I agree that the City may provide any required or permitted process, notice, order, or correspondence relating to this application or any license issued to the Applicant in connection with this application, including any renewals, by email to the email address provided (initial here) _____;
9. I hereby state that I have read Articles 3, 4, and 5 of Title 44, C.R.S., as amended, and the regulations promulgated thereunder, and the Ordinances and Local Rules of Procedure of the City of Colorado Springs regarding alcohol beverages and understand the contents thereof (initial here) _____;
10. I understand and acknowledge that the City Clerk's Office may request other relevant information from me in connection with this application. Failure to provide the requested information may result in denial of this application. I also acknowledge and understand that the City Clerk's Office cannot accept an application unless it is accompanied by the required fees. The failure to pay the required fees or provide other required information may result in denial of this application (initial here) _____; and
11. I understand that any Alcohol Beverage License or Permit issued is conditional, and must be annually renewed no less than forty five (45) days prior to the expiration date, unless earlier revoked or surrendered (initial here)_____.

I have read all of the above information and understand my responsibilities as an applicant, licensee, permittee, or manager. I further understand that failure to comply with any law, regulations, or the provisions of this affirmation may be grounds for disciplinary action including, but not limited to, the suspension or revocation of the license or other criminal or administrative penalties.

Applicant Signature

Title

Date



LIQUOR OR BEER LICENSE APPLICANT INTERVIEW AND RELEASE

(Separate form required for each officer, owner, and manager of the business)

CONFIDENTIAL

Pursuant to C.R.S. §44-3-307(3)

1. TRADE NAME OF LIQUOR OR BEER LICENSE APPLICATION		LOCATION ADDRESS	

2. Full Individual Owner/Officer/Manager Name (first, middle, last):		Any other name(s) by which you are known:	
Date of birth:	Place of birth:	SSN:	Driver License State and No. U. S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No

State where Naturalized	Date of Naturalization	Name of District Court
Naturalization Certificate Number	Date of Certification	If an alien, give Alien Registration Card Number

<input type="checkbox"/> Male	Phone Number	Email	Race	Height	Weight	Eyes	Hair
<input type="checkbox"/> Female							

3. RESIDENCE ADDRESS FOR THE PAST TEN (10) YEARS (INCLUDE CITY, STATE, AND ZIP; ATTACH SUPPLEMENT IF NEEDED)	
Current Full Address:	Dates:
Previous Address(es):	Dates:

4. PERSONAL - FINANCIAL/BANK ACCOUNTS (INCLUDE NAME AND ADDRESS)	
Name and Address of Institution:	Account No.

5. BUSINESS - BANK NAME AND ACCOUNT NUMBER (AS APPLICABLE)	
Name and Address of Institution::	Account No.

6. PREVIOUS LIQUOR LICENSE(S) HELD BY APPLICANT (AS APPLICABLE)		
NAME OF BUSINESS	ADDRESS	DATES

7. Has the individual applicant ever received a violation notice, suspension, or revocation for any privileged license (i.e., Liquor, Gaming, Racing and Medical Marijuana) law violation, have charges pending, or has the applicant applied for or been denied a privileged license anywhere in the United States?
 Yes No If yes, attach explanation, date(s) and location(s).

8. Has the individual applicant **ever been convicted of a crime**, received a suspended sentence, a deferred sentence, or have charges pending?
 Yes No If yes, attach explanation, date(s) and location(s).

By signing this document, I authorize the City of Colorado Springs to now and annually check for any pertinent criminal history which may include, but is not limited to, CBI and FBI investigations.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Fingerprinted: _____ Date: _____ Time: _____ Police Dept. / ID Tech. _____

BACKGROUND INVESTIGATION – VNI ONLY

- The Police Department **has** objections to the issuance of this liquor or beer license.
- The Police Department **has no** objections to the issuance of this liquor or beer license at this time.

	PENDING	COMPLETED	Date: _____	Detective/VNI : _____
NCIC			Date: _____	City Clerk's Office: _____
CCIC				
CBI				