



Local Licensing Authority

CHANGE IN CORPORATE STRUCTURE

Information & Checklist

- ✓ For questions about this application or the process, please contact the City Clerk's Office, at 350 Kimbark St. or (303) 651-8649. Please note that the City Clerk's Office may not provide you legal advice regarding your application.
- ✓ **One (1) complete packet** must be submitted to the City Clerk's Office, 350 Kimbark Street, Longmont, CO 80501. Incomplete application packets will not be accepted. **Please do not staple pages.**
- ✓ ALL documents must be properly executed and must correspond with name of applicant exactly.
- ✓ ALL documents must be 8 ½ x 11 and be typed or legibly printed in black ink.
- ✓ Some documents require a notary. The City Clerk's staff can notarize these documents for you when you submit your application packet, if needed. Please be sure to bring your photo identification with you.

CHECKLIST OF DOCUMENTS TO SUBMIT IF THE CORPORATION HAS A NEW OFFICER:

A. APPLICATION (STATE FORM #DR8177):

- ☐ 1. Complete in all appropriate sections and signed
- ☐ 2. \$100 per person added payable to the City of Longmont (*licensees with a master file are not required to submit this fee*)

Note: No fee is charged if the officer(s) are already on the license but are assuming a new role.

B. CORPORATE DOCUMENTS:

- ☐ 1. Certificate of Good Standing issued within past two years (for corporations older than two years)
- ☐ 2. Certificate of Incorporation (or) date stamped Articles of Incorporation (by Secretary of State) (or) Partnership Agreement
- ☐ 3. Certificate of Authority (if foreign corporation)
- ☐ 4. Minutes of Corporate Meeting (supporting changes reflected on the application)
- ☐ 5. Letters of resignation (if applicable)

C. BACKGROUND INVESTIGATION OF NEW OFFICER(S):

For each NEW individual, or partner, and all officers, directors or stockholders or members holding more than a 10% interest in the proposed license, the following:

- ☐ 1. Individual History Record (state form #DR8404-I)
- ☐ 2. City of Longmont Authorization to Release Information
- ☐ 3. Fingerprints completed by either: IdentoGo or Colorado Fingerprinting.

For City of Longmont's Account information required for scheduling your fingerprints, please go to:
<https://longmontcolorado.gov/city-clerk/licenses-and-permits/liquor-licenses/>

Note: If the officer(s) are already on the license but are assuming a new role, none of these background investigation forms listed in section C are required.

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 State only licensees \$100.00 for each new person listed in either section 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: Check the appropriate box at the top to indicate whether you are Limited Liability Company (LLC), Partnership or Corporation.

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 by making an appointment with an approved State Vendor through the Vendor's website:

The vendors are as follows:

IdentoGO

Appointment Scheduling Website: <https://uenroll.identogo.com/workflows/25YQHT>

Phone: 844-539-5539 (toll-free)

IdentoGO FAQs: <https://cbi.colorado.gov/sections/biometric-identification-and-records-unit/biometric-identification-and-records-unit-faqs>

State Liquor Code for IdentoGO: 25YQHT

Colorado Fingerprinting

Appointment Scheduling Website: <http://www.coloradofingerprinting.com/cabs/>

Phone: 720-292-2722

833-224-2227 (toll-free)

State Liquor Code for Colorado Fingerprinting: C030LIQI

Instructions

Continued

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.**

Report of Changes Corporation, Limited Liability Company and Partnership Liquor and Fermented Malt Beverage Licenses

☐ LLC/Partnership ☐ Corporation

See Instructions and Fee Schedule on Page 1 and 2

Corporate/LLC Partnership Name	State Tax Account Number	State Liquor License Number
Trade Name	Telephone Number	
Address of Licensed Premises		
City	State	ZIP Code
Mailing Address if different than above		
City	State	ZIP Code

List all officers, directors (corporation) or Managing Members (LLC) or General Partner(s). Each officer, Director, Managing Member or Partner **Must Fill Out** a DR 8404-I (Individual History Record).

Position Held	Name	Date of Birth (MM/DD/YY)
Home Address	Replaces	
Position Held	Name	Date of Birth (MM/DD/YY)
Home Address	Replaces	
Position Held	Name	Date of Birth (MM/DD/YY)
Home Address	Replaces	
Position Held	Name	Date of Birth (MM/DD/YY)
Home Address	Replaces	

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

Date of Birth (MM/DD/YY)

Home Address

Replaces

Stockholders/Members/Partners owning 10% (or more) of business

% Owned

Date of Birth (MM/DD/YY)

Home Address

Replaces

Stockholders/Members/Partners owning 10% (or more) of business

% Owned

Date of Birth (MM/DD/YY)

Home Address

Replaces

Stockholders/Members/Partners owning 10% (or more) of business

% Owned

Date of Birth (MM/DD/YY)

Home Address

Replaces

Stockholders/Members/Partners owning 10% (or more) of business

% Owned

Date of Birth (MM/DD/YY)

Home Address

Replaces

Stockholders/Members/Partners owning 10% (or more) of business

% Owned

Date of Birth (MM/DD/YY)

Home Address

Replaces

Registered Agent

Address For Service

Oath of Application

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.

Authorized Signature

Title

Date (MM/DD/YY)

Report of Local Licensing Authority

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

Local Licensing Authority For

☐ County ☐ Town/City

Authorized Signature

Title

Date (MM/DD/YY)

Attest

Date (MM/DD/YY)

Do Not Write In This Space – For Department of Revenue Use Only

Liability Information

License Account Number

Applicant ID

Check Number

Total



Local Licensing Authority City of Longmont, Colorado

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a liquor license before the Longmont Local Licensing Authority, I am required to furnish information concerning my financial, moral, physical, educational, and mental qualifications. In this regard, I hereby authorize the Longmont Police Department to make any and all appropriate inquiries regarding the above enumerated qualifications. Moreover, I authorize those people or organizations selected by the Longmont Police Department to release any and all information of a confidential or privileged nature.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested. I further authorize the Longmont Police Department and Local Licensing Authority to discuss, in a public forum, any and all findings in regard to my financial, moral, educational and character qualifications, should I wish to proceed to that stage of the process with my application.

Signed _____

Dated _____

(State of _____)

)ss

County of _____)

Subscribed and sworn to before me this _____ day of _____,

20____, by _____.

Date Commission Expires

Notary Public



Liquor License Main Contact Information

Name: _____

Business Name: _____

Best Number to reach you at: _____

Type: ☐ Home ☐ Cell ☐ Work

2nd Best Number to reach you at: _____

Type: ☐ Home ☐ Cell ☐ Work

E-mail: _____

How often do you check your e-mail: _____

(i.e. daily, weekly, every time I get an e-mail because it is on my phone, etc.)

What is your first choice of communication?

☐ Phone Number 1

☐ Phone Number 2

☐ E-mail