## CHECKLIST FOR LIQUOR LICENSES

NAME OF A	PPLICANT _		<del></del>						
D/B/A									
ADDRESS _									
TYPE OF AP	PLICANT:	INDIVIDUAL	CORPORATION						
	_	PARTNERSHIP	LIMITED LIABILITY						
TYPE OF LIC	QUOR LICEN	NSE:							
APPLICATIO	<u>ON</u>								
A.	ORIGINAL	STATE APPLICATION (D	R8404)						
B.	TEMPORARY PERMIT APPLICATION (TRANSFER OF OWNERSHIP ONLY)								
C.	<b>AFFIDAVI</b>	$\Gamma$ OF TRANSFER AND ST.	ATEMENT OF COMPLIANCE (TRANSFER OF						
	OWNERHS	HIP ONLY)							
D.	APPROPRI	ATE FEES (SEE FEE SCHI	EDULE)						
E.	TOWN OF PALISADE BUSINESS LICENSE APPLICATION								
F.	COPY OF MENU (IF HOTEL AND RESTAURANT LICENSE)								
E. F. G.	G. COPY OF FOOD SERVICE LICENSE FROM THE HEALTH DEPARTMENT (IF								
	LICENSE)								
PROOF OF P	ROPERTY P	OSSESSION							
		ACT ADDRESS)							
A.	,	,	NTY - MUST BE IN THE NAME OF APPLICANT ONLY						
	*	TCLAIM DEED (OR)	VII - MOST DE IIV THE IVALUE OF ALTERNATIONET						
B.		ACT ADDRESS)							
Б.		IN THE NAME OF APPLI	CANT ONLY						
			NE YEAR FROM DATE OF						
		E OF LICENSE	NE TEAR FROM DATE OF						
C		<u>E OF LICENSE</u> SIGNMENT (IF APPLICAE	I E)						
C.		IN THE NAME OF APPLI							
			NE YEAR FROM DATE OF ISSUANCE OF						
D	LIQUOR I		O DE LICENCED MUCT DEELECT DADO WALLO						
D.			O BE LICENSED MUST REFLECT BARS, WALLS,						
			ITS, KITCHEN AREA (IF H/R) AND DIMENSIONS.						
Г		ER THAN 8-1/2 X 11 IN SI							
E.	CERTIFICA	ATE OF OCCUPANCY FRO	OM MESA COUNTY						
FINANCIAL	DOCUMEN'	ΓS							
A.	PURCHASI	 E AND SALE AGREEMEN	T OR STOCK TRANSFER AGREEMENT						
<del></del>	1. IF T	RANSFER OF OWNERSHI	P - NOTARIZED LETTER FROM PREVIOUS OWNER						
			BJECTION TO THE TRANSFER						
B.			BANKS, PREVIOUS OWNER, ETC.)						
C.			IVER, AND REQUEST TO RELEASE INFORMATION						
0.	(DR8495)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							

BACKGROU	ND INI	FORM <i>!</i>	ATION										
A.	INDIVIDUAL HISTORY RECORD(S) (DR 8404-I)												
B.	FINGERPRINT/BACKGROUND CHECK VERIFICATION W/ CO							COLO	LORADO				
	FINGERPRINTING OR IDENTOGO												
	1.	COLO	ORADO F	INGER	PRIN	TING:							
		a.	www.col										
		b.	CBI Unio	que Code	e: 6581	LLQH	TOW	N OF P	ALISAI	DE: Li	quor Lic	censure -	<ul><li>Local</li></ul>
	2.	<b>IDEN</b>	TOGO										
		a.	www.ide										
		b.	CBI Acc	ount #/N	ame: C	CONCJ	6581 -	- Town	of Palisa	ade			
		c.	Service C	Code: 25	YQ6K								
MANAGEME	ENT OT	THER T	HAN API	<u>PLICAN</u>	T (FOI	R HOT	EL AN	ND RES	TAURA	<u>ANT</u>			
AND TAVER	N LICI	ENSEE:	<u>S LIQUOI</u>	<u>R ONLY</u>	-NO	T REQ	<u>UIREI</u>	O IF MA	ANAGE	R IS O	<b>WNER</b>	.)	
A.	MANA	AGER I	REGISTRA	ATION I	FORM	(DR 8	367)						
B.	\$75.00 FEE MADE PAYABLE TO "CITY OF CHERRY HILLS VILLAGE"												
C.	\$75.00 FEE MADE PAYABLE TO "DEPARTMENT OF REVENUE"												
D.	INDIVIDUAL HISTORY RECORD (DR 8404-I)												
E.	FING	ERPRIN	NT/BACK	.GROUN	ID	CHEC	K	VERIF	ICATIO	N	W/	COLO	RADO
	FINGI	ERPRIN	NTING OF	R IDENT	OGO								
SOLE PROPE	RIETOF	RS AND	) HUSBA	ND ANI	) WIFI	E PART	ΓNER:	SHIPS					
A.	STAT	E FOR	M DR-467	19 – AFF	'IDAVI	IT – RE	ESTRI	CTION	S ON P	JBLIC	BENE	FITS	
			RATION LAW										
			ERIFIYLEG <i>I</i> SUBMIT WIT										
			Y CARD OR I										
			ERICAN TRI				,						
CORPORATE	E DOC	UMENT	S (IF API	PLICAB PLICAB	LE)								
A.	CERT	TFICAT	E OF INC	CORPOR	RATIO	N (OR)	)						
B.	CERT	TIFICAT	TE OF DES	SIGNAT	ION (F	REPLA	CES C	CERTIF	ICATE (	OF GO	OD STA	ANDING	G) (OR)
C.			E OF AU										
D.	ARTIC	CLES C	F INCOR	PORAT	ION								
	1.	DATE	STAMPE	ED BY C	COLOR	RADO S	SECRI	ETARY	OF ST	ATE'S	OFFIC:	E	
E.	MINU	JTES (	OF MEE	ETING	ELEC	TING	CUR	RENT	OFFIC	ERS,	DIREC	CTORS	AND
	STOC	KHOLI	DERS										
F.	STOC	K CER	TIFICATE	ES									

	1. 100% OF STOCK ISSUED						
	2. COPIES OF FRONT AND BACK						
G.	CORPORATION - PARENT COMPANY APPLICATION (IF PARENT COMPANY HAS ANY						
	OWNERSHIP IN THE LICENSE)						
H.	LIST OF OFFICERS, STOCKHOLDERS AND DIRECTORS OF PARENT CORPORATION (IF						
	APPLICABLE (DESIGNATE ONE PERSON AS "PRINCIPAL OFFICER")						
I.	CORPORATE SEAL						
PARTNER:	SHIP DOCUMENTS (IF APPLICABLE)						
A.	PARTNERSHIP AGREEMENT (GENERAL OR LIMITED) - (NOT NEEDED IF						
	HUSBAND/WIFE PARTNERSHIP)						
B.	DISSOLUTION OF PARTNERSHIP (IF APPLICABLE)						
<u>LIMITED I</u>	LIABILITY COMPANY (IF APPLICABLE)						
A.	COPY OF ARTICLES OF ORGANIZATION						
	1. DATE STAMPED BY THE COLORADO SECRETARY OF STATE'S OFFICE						
B.	CERTIFICATE OF GOOD STANDING FROM COLORADO SECRETARY OF STATE'S						
	OFFICE						
C.	COPY OF OPERATING AGREEMENT						
D.	CERTIFICATE OF AUTHORITY (IF FOREIGN COUNTRY)						
E.	MINUTES OF MEETING REFLECTING ACCEPTANCE OF NEW MEMBERS						
F.	CONSENT OF LIMITED LIABILITY MANAGERS						
	RHOOD NEEDS AND DESIRES						
A.	COMPLETE PETITION						
	Guidelines may be obtained from the Clerk's office but should be consulted about with your						
	attorney.						