Town of Palisade TEMPORARY PERMIT Application

A Temporary Permit is for a prospective liquor or beer licensee who is applying for a Transfer of Ownership and wants to operate the business while the application is in process.

This application must be submitted within 30 days of filing for a Transfer of Ownership application 44-3-303(3)(c), C.R.S, but cannot be submitted prior to filing the Transfer of Ownership application.

A Temporary Permit will not be granted until a COMPLETE Transfer of Ownership packet is submitted to and accepted by the Town Clerk's office.

If granted, a Temporary Permit is valid for 120 days or until the application to Transfer Ownership has been approved or denied by the Local Licensing Authority and State Liquor Enforcement Division. Should the liquor or beer license not be granted within 120 days and good cause is demonstrated, the Town Clerk's office is authorized to extend the Temporary Permit for an additional period not to exceed 60 days.

- **All answers must be printed or typewritten**
- **Applicant must check the appropriate box(es)**
- **Applicant should obtain a copy of the Colorado Liquor and Beer Code:** *SBG.Colorado.gov/Liquor*

Present Trade Name of Establishment (DBA)

Present State License Number | Present Class of License | Present Expiration Date

Applicant Name If an LLC, name of LLC; if partnership, at least 2 partner's names; if corporation, name of corporation

FEIN Number | State Sales Tax Number

Business Telephone

Address of Premises (specify exact location of premises, include suite/unit numbers)

City | County | State | ZIP Code

Mailing Address (Number and Street) | City or Town | State | ZIP Code

Email Address

Owner Full Name (last, first, middle)

Owner Mailing address

City | County | State | ZIP Code

Owner Home Phone Number | Owner Cellular Number

Owner Email Address

Who, besides the owners listed in this application (including persons, firms, partnerships, corporations, limited liability companies) will loan or give money, inventory, furniture or equipment to or for use in this business; or who will receive money from this business? Attach a separate sheet if necessary.

Last Name | First Name

Date of Birth (MM/DD/YY) | FEIN or SSN Number | Interest/Percentage

Last Name | First Name

Date of Birth (MM/DD/YY) | FEIN or SSN Number | Interest/Percentage

Last Name | First Name

Date of Birth (MM/DD/YY) | FEIN or SSN Number | Interest/Percentage

Attach copies of all notes and security instruments and any written agreement or details of any oral agreement by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment and any agreement relating to the business which is contingent or conditional in any way by volume, profit, sales, giving of advice, or consultation.

Financial Information

(This Financial Information will remain confidential.)

1. Total purchase price or investment being made by the applying entity, corporation, partnership, limited liability company, other. .....

2. List the total amount of the **personal** investment, made by the person listed on page 1 in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases or fees paid. .....

Statement of Accounts

(Pursuant to subsection (3)(b)(V) of CRS 44-3-303, the following statement is publicrecord and shall be open to inspection by the public.)

I hereby state that all accounts for alcohol beverages sold to me as the Applicant have been paid in full.

Printed Name

Title

Authorized Signature

Date (MM/DD/YY)

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. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Colorado Liquor or Beer and Wine Code which affect my license.

Printed Name

Title

Authorized Signature

Date (MM/DD/YY)

Local Approval

Date application filed with local authority

For Transfer Applications Only - Is the license being transferred valid? ..... Yes No

Printed Name

Title

Signature

Date (MM/DD/YY)

Application Documents Checklist and Worksheet

Instructions: This checklist should be utilized to assist applicants with filing all required documents for licensure. **All** documents must be properly signed and correspond with the name of the Applicant exactly. **All** documents must be typed or legibly printed. Application fees are nonrefundable.

Questions? Email kfrasier@townofpalisade.org or Call (970) 464-5602 for more information

Items submitted, please check all appropriate boxes completed or documents submitted

I. Applicant information

- ☐ Applicant/Licensee identified
- ☐ State sales tax license number listed or applied for at time of application
- ☐ License type or other transaction identified
- ☐ Return originals to local authority (additional items may be required by the local licensing authority)
- ☐ All sections of the application need to be completed

II. Proof of property possession

- ☐ Deed in name of the Applicant (or) (matching Applicant Name provided on page 1) date stamped / filed with County Clerk
- ☐ Lease in the name of the Applicant (or) (matching Applicant Name provided on page 1)
- ☐ Lease assignment in the name of the Applicant with proper consent from the landlord and acceptance by the Applicant
- ☐ Other agreement, if not deed or lease. (matching Applicant Name provided on page 1)

III. Application Fee

- ☐ $100.00 Non-Refundable Temporary Permit Application Fee