

Bed and Breakfast Permit Application and Renewal

Initial Application Renewal

Applicant is a: Corporation Partnership Individual Limited Liability Company

Name of Applicant

Trade Name of Establishment (DBA)

State Sales Tax Number

Permit Number (if Renewal)

Email Address

Address

Phone Number

City County State ZIP Code

Mailing Address (Number and Street)

City or Town State ZIP Code

- 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.

Pursuant to 44-3-412, 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:

That it has no more than 20 sleeping rooms, and

That it provides at least 1 meal per day at no charge other than for overnight lodging, and

That it does not sell alcohol beverages by the drink or in sealed containers, and

That it will not serve alcohol beverages for more than 4 hours in any one day, as follows:

Hours

Monday

From: To:
 A.M. A.M.
 P.M. P.M.

Tuesday

From: To:
 A.M. A.M.
 P.M. P.M.

Wednesday

From: To:
 A.M. A.M.
 P.M. P.M.

Thursday

From: To:
 A.M. A.M.
 P.M. P.M.

Friday

From: To:
 A.M. A.M.
 P.M. P.M.

Saturday

From: To:
 A.M. A.M.
 P.M. P.M.

Sunday

From: To:
 A.M. A.M.
 P.M. P.M.

Oath of Applicant

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.

Applicant Title

Applicant Signature

Date (MM/DD/YY)

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

Title

Signature

Date (MM/DD/YY)

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.

Title

Signature

Date (MM/DD/YY)

Do Not Write in this Space – For Department of Revenue use only

Date License Issued

License Account Number

Period

\$50.00 (Cash Fund)

\$21.25 (OAP Fund)

Total