

# Bed and Breakfast Permit Application

Applicant is a:  
 Corporation       Partnership  
 Individual       Limited Liability Company

1. Name of Applicant		State Sales Tax Number	
2. Trade Name of Establishment (DBA)		Email Address	
3. Address			Phone Number
City	County	State	Zip Code
4. Mailing Address (Number and Street)		City or Town	State
		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:

Monday Hours		Tuesday Hours		Wednesday Hours		Thursday Hours		Friday Hours		Saturday Hours		Sunday Hours	
From:	m.	From:	m.	From:	m.	From:	m.	From:	m.	From:	m.	From:	m.
To:	m.	To:	m.	To:	m.	To:	m.	To:	m.	To:	m.	To:	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.*

Signature	Title	Date
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### 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
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### DO NOT WRITE IN THIS SPACE - FOR DEPARTMENT OF REVENUE USE ONLY

Date License Issued	License Account Number	Period
<b>\$50.00 (Cash Fund)</b>	<b>\$21.75 (OAP Fund)</b>	<b>TOTAL</b>