

Wholesaler Affidavit of Compliance

Section 44-3-303(1)(d), C.R.S.

Wholesaler Licensee Name (If an LLC; partnership; corporation or name of corporation)			License Number	
Trade Name of Establishment/Doing Business As (DBA)			Phone Number ()	
Physical Address	City	State	ZIP	
Email Address				
Transferor Retailer Licensee Name			License Number	
Trade Name of Establishment/Doing Business As (DBA)			Phone Number ()	
Physical Address	City	State	ZIP	
The above wholesaler affirms that all alcohol beverages delivered to the above transferor retailer are: <input type="checkbox"/> Paid in Full (only for the purposes of complying with section 44-3-303(1)(d), C.R.S.) Note: If Paid in full is selected, the wholesaler may no longer extend credit to the transferee or transferor until the local and state licensing authorities have approved the transfer of the liquor license. <input type="checkbox"/> Not Paid in Full				
Wholesaler:				
Signature	Print	Title	Date	