CITY OF GLENDALE, COLORADO TEMPORARY LIQUOR PERMIT APPLICATION

The undersigned hereby requests the City of Glendale to gra	nt and issue a Temporary Liquor	License Permi	t for follov	ving typ	e of lice	ense:	
Hotel and Restaurant Retail Liq	uor Store Li	quor-Licensed	l Drug Ste	ore			
Tavern Beer and	Wine 3.2	2% Beer Off-Premises					
Brew Pub Optional I	Premises						
 \$100 required fee must accompany this application 							
 Issued Only While a <u>Transfer of Ownership Applica</u> 	tion is Pending						
Temporary Permit expires on							
Temporary Permit Extension expires on							
Business License/Sales Tax Application Filed with C							
Name of Applicant(s): If partnership, list partners' names (at lease two); if corporation, name of corporation:					Date filed with Local Authority:		
Applicant is a:				F.E.I.N	.:		
Corporation Individual Partnership Limited Liability Co.							
Trade Name of Establishment: (DBA)					Social Security No.:		
Address of Premises: (Specify exact location of premises and ATTACH a DIAGRAM of premises to this application) Business Telephone:							
City:	County:	State:		Zip Code:			
Mailing Address: (Number and Street)	City or Town:	State:		Zip Code:			
If this is a transfer of ownership or renewal application, you MUST answ	ver the following						
questions about this business: Present Trade Name of That Establishment (DBA):	Present State License Number:	I I		se: Present Expiration Da		Expiration Date:	
	1 A if management						
If the applicant is a partnership, answer the following: (Attach separate (a) Name of each general partner and each limited partner holding a				ecurity #		Date of Birth:	
greater than 5% interest							
(b) ATTACH a copy of the partnership or limited liability agreement.							
If the applicant is a corporation answer the following: (a) Corporation is organized under the laws of the State of:		Date of Inc	orporation	:			
	Jorgado						
(b) Out-of-state corporations, give date authorized to do business in Co	กบา สนบ						

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		1 450 1 110			
(c) Date of filing last annual corporate report to the Secretary of	State:				
(d) Name of each officer listed below:		Home Address, City and State:	Social Security #	Date of Birt	th:
President:					
Vice President:					
Treasurer:					
Secretary:					
(e) Name all 5% or greater stockholders; include actual owner or pledgee	Home A	Address, City and State	:	% of Stock	Date of Birth:
(f) Name of all Directors or Trustees of Corporation	Home A	Address, City and Stat	e		
Manager:					
I declare under penalty of perjury in the second degree that this		on and all attachments			
are true, correct and complete to the best of my knowledge. Authorized Signature:	Title:				Date:
I (We) wish to apply for a Temporary (Liquor) (Beer) Permit I (We) understand that this Permit, if granted, shall be valid denied, whichever comes first.				ation to transfer	ownership has been granted
I (We) further understand that if the license has not been a Licensing Authority may in its discretion, extend the Permit f	granted w for an addi	ithin the on hundred itional period not to e	twenty (120) days, and exceed sixty (60) days.	l if I (We) demo	onstrate good cause, the Loc
If the License has not been granted within the one hundred to	wenty (120)) days, I (We) unders	stand that it is our respon	sibility to apply	for an extension.
Signature			Date		
Liquor License Clerk or City Clerk			City Manager or	Deputy City	Manager