



*Office of the City Clerk  
300 West 4<sup>th</sup> Street  
Craig, CO 81625  
970-826-2008*

## AUTHORIZATION AND CONSENT TO RELEASE INFORMATION

### APPLICANT AND MANAGERS- COMPLETE BELOW AND SIGN

Name of Individual (please print):	
Position:	
Trade Name of Establishment:	
Address of Establishment:	

I, as an applicant for the above referenced liquor/beer license, with the City of Craig, I am required to be fingerprinted and to undergo a criminal record review. I do hereby consent to be fingerprinted and to said criminal record review; and I further agree to the following conditions and terms:

1. The fingerprints will be used to check the criminal history records of the **Federal Bureau of Investigation (FBI)**, and **Colorado Bureau of Investigation (CBI)**.
2. I hereby authorize the **FBI** and the **CBI** to release criminal history information to the **City of Craig**.
3. I understand that all information provided to the city of Craig will be held in a confidential manner by **Liz White, City Clerk for the City of Craig**.
4. I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested. I further authorize the city of Craig and the Local Licensing Authority to discuss, in a public forum, any and all findings in regard to my moral, educational, and character qualifications, should I wish to proceed to that stage of the process of the application. I understand that any information or records obtained from you or by the City may become public records available upon request by the public.

<b>Signature:</b>		<b>Date:</b>	
SEAL	Subscribed and affirmed before me in the County of Moffat, State of		
	Colorado, this _____ day of _____, 20__		
	Notary Public:		
	My Commission Expires:		



## **Fingerprinting for Liquor Licenses**

In fall 2018 the State implemented a new fingerprinting system called CABS (Colorado Applicant Background Services). This means that Moffat County Sheriff's Department is no longer able to offer fingerprinting services.

There is only one company currently authorized by the State to do fingerprints for background checks:

IdentoGO (aka Idemia)

- <https://uenroll.identogo.com>
  - Service Code for liquor licenses is **25YQ6K**
  - The City's CBI account number is **CONCJ6259**
- 844-539-5539 (toll free)

Here are the steps you will take:

- Online registration-Enter name, address, date of birth, method of contact.  
On second page, enter the City of Craig CBI # **CONCJ6259**
- Schedule location and time
- Payment at the location – total of \$39.50 payable by business check, money order, or credit card in the name of the person being fingerprinted
  - \$10.00 for the fingerprinting service
  - \$38.50 for the CBI background check
- Fingerprinting at the location – Fingerprints are electronically sent to the State. You should not receive any paper fingerprint cards.
- Background check results will be sent to CHV (the “requesting agency”)

Additional Fees:

- Additional fees may be due to the City and State related to your liquor license application. Please contact Liz White, City Clerk for information at 970-826-2008.



**COLORADO**  
Bureau of Investigation  
Department of Public Safety

Identification Unit  
690 Kipling Street, Suite 4000  
Denver, CO 80215  
303-239-4208

## NOTICE TO APPLICANTS

As an applicant for a position requiring fingerprints to be submitted to the Colorado Bureau of Investigation and the Federal Bureau of Investigation, YOUR FINGERPRINTS WILL BE SUBMITTED TO THESE AGENCIES TO CHECK STATE AND FBI RECORDS.

Discrepancies on your Colorado record can be challenged and corrected by contacting the Colorado Bureau of Investigation at 690 Kipling St., Suite 3000, Denver, CO 80215, or by calling the Identification Unit at (303) 239-4208. Additional information is available from CBI's website at [www.colorado.gov/cbi](http://www.colorado.gov/cbi).

Discrepancies on records from the FBI or relating to another state can be challenged through the FBI. Information, including that listed below, can be found at their website at [www.fbi.gov](http://www.fbi.gov).

The [U.S. Department of Justice Order 556-73](#) establishes rules and regulations for the subject of an FBI Identification Record to obtain a copy of his or her own record for review. The FBI's Criminal Justice Information Services (CJIS) Division processes these requests.

**Who May Request a Copy of a Record (or Proof That a Record Does Not Exist)**  
Only you can request a copy of your own Identification Record.

### How to Request a Copy of Your Record

The FBI offers two methods for requesting your FBI Identification Record or proof that a record does not exist.

**Option 1:** [Submit your request directly to the FBI.](#)

**Option 2:** Submit to an [FBI-approved Channeler](#), which is a private business that has contracted with the FBI to receive the fingerprint submission and relevant data, collect the associated fee(s), electronically forward the fingerprint submission with the necessary information to the FBI/CJIS Division for a national criminal history record check, and receive the electronic record check result for dissemination to the individual. Contact each Channeler for processing times.

**AGENCY INSTRUCTIONS:** To comply with federal law, provide a copy of this document to each applicant fingerprinted.





## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.<sup>2</sup>
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>3</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>4</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 28 CFR 50.12(b).

<sup>4</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

<div><input type="checkbox"/> New License</div> <div><input type="checkbox"/> New-Concurrent</div> <div><input type="checkbox"/> Transfer of Ownership</div> <div><input type="checkbox"/> State Property Only</div>			
<div><div><div>All answers must be printed in black ink or typewritten</div><div>Applicant must check the appropriate box(es)</div><div>Applicant should obtain a copy of the Colorado Liquor and Beer Code: <a href="http://www.colorado.gov/enforcement/liquor">www.colorado.gov/enforcement/liquor</a></div></div></div>			
1. Applicant is applying as a/an <div><div><input type="checkbox"/> Individual</div><div><input type="checkbox"/> Limited Liability Company</div><div><input type="checkbox"/> Association or Other</div><div><input type="checkbox"/> Corporation</div><div><input type="checkbox"/> Partnership (includes Limited Liability and Husband and Wife Partnerships)</div></div>			
2. Applicant If an LLC, name of LLC; if partnership, at least 2 partner's names; if corporation, name of corporation			FEIN Number
2a. Trade Name of Establishment (DBA)		State Sales Tax Number	Business Telephone
3. Address of Premises (specify exact location of premises, include suite/unit numbers)			
City		County	State ZIP Code
4. Mailing Address (Number and Street)		City or Town	State ZIP Code
5. Email Address			
6. If the premises currently has a liquor or beer license, you <b>must</b> answer the following questions			
Present Trade Name of Establishment (DBA)		Present State License Number	Present Class of License Present Expiration Date
Section A Nonrefundable Application Fees		Section B (Cont.) Liquor License Fees	
<div><div><input type="checkbox"/> Application Fee for New License.....\$550.00</div><div><input type="checkbox"/> Application Fee for New License w/Concurrent Review .....\$650.00</div><div><input type="checkbox"/> Application Fee for Transfer .....\$550.00</div></div>		<div><div><input type="checkbox"/> Lodging &amp; Entertainment - L&amp;E (County) .....\$500.00</div><div><input type="checkbox"/> Manager Registration - H &amp; R .....\$75.00</div><div><input type="checkbox"/> Manager Registration - Tavern .....\$75.00</div><div><input type="checkbox"/> Manager Registration - Lodging &amp; Entertainment.....\$75.00</div><div><input type="checkbox"/> Manager Registration - Campus Liquor Complex .....\$75.00</div></div>	
Section B Liquor License Fees			
<div><div><input type="checkbox"/> Add Optional Premises to H &amp; R.....\$100.00 X Total</div><div><input type="checkbox"/> Add Related Facility to Resort Complex\$75.00 X Total</div><div><input type="checkbox"/> Add Sidewalk Service Area.....\$75.00</div><div><input type="checkbox"/> Arts License (City) .....\$308.75</div><div><input type="checkbox"/> Arts License (County) .....\$308.75</div><div><input type="checkbox"/> Beer and Wine License (City).....\$351.25</div><div><input type="checkbox"/> Beer and Wine License (County) .....\$436.25</div><div><input type="checkbox"/> Brew Pub License (City) .....\$750.00</div><div><input type="checkbox"/> Brew Pub License (County).....\$750.00</div><div><input type="checkbox"/> Campus Liquor Complex (City).....\$500.00</div><div><input type="checkbox"/> Campus Liquor Complex (County) .....\$500.00</div><div><input type="checkbox"/> Campus Liquor Complex (State).....\$500.00</div><div><input type="checkbox"/> Club License (City).....\$308.75</div><div><input type="checkbox"/> Club License (County) .....\$308.75</div><div><input type="checkbox"/> Distillery Pub License (City).....\$750.00</div><div><input type="checkbox"/> Distillery Pub License (County) .....\$750.00</div><div><input type="checkbox"/> Hotel and Restaurant License (City) .....\$500.00</div><div><input type="checkbox"/> Hotel and Restaurant License (County) .....\$500.00</div><div><input type="checkbox"/> Hotel and Restaurant License w/one opt premises (City) .....\$600.00</div><div><input type="checkbox"/> Hotel and Restaurant License w/one opt premises (County).....\$600.00</div><div><input type="checkbox"/> Liquor–Licensed Drugstore (City) .....\$227.50</div><div><input type="checkbox"/> Liquor–Licensed Drugstore (County) .....\$312.50</div><div><input type="checkbox"/> Lodging &amp; Entertainment - L&amp;E (City) .....\$500.00</div></div>		<div><div><input type="checkbox"/> Master File Location Fee .....\$25.00 X Total</div><div><input type="checkbox"/> Master File Background .....\$250.00 X Total</div><div><input type="checkbox"/> Optional Premises License (City).....\$500.00</div><div><input type="checkbox"/> Optional Premises License (County) .....\$500.00</div><div><input type="checkbox"/> Racetrack License (City).....\$500.00</div><div><input type="checkbox"/> Racetrack License (County) .....\$500.00</div><div><input type="checkbox"/> Resort Complex License (City).....\$500.00</div><div><input type="checkbox"/> Resort Complex License (County).....\$500.00</div><div><input type="checkbox"/> Related Facility - Campus Liquor Complex (City).....\$160.00</div><div><input type="checkbox"/> Related Facility - Campus Liquor Complex (County) .....\$160.00</div><div><input type="checkbox"/> Related Facility - Campus Liquor Complex (State).....\$160.00</div><div><input type="checkbox"/> Retail Gaming Tavern License (City) .....\$500.00</div><div><input type="checkbox"/> Retail Gaming Tavern License (County).....\$500.00</div><div><input type="checkbox"/> Retail Liquor Store License–Additional (City).....\$227.50</div><div><input type="checkbox"/> Retail Liquor Store License–Additional (County) .....\$312.50</div><div><input type="checkbox"/> Retail Liquor Store (City).....\$227.50</div><div><input type="checkbox"/> Retail Liquor Store (County) .....\$312.50</div><div><input type="checkbox"/> Tavern License (City) .....\$500.00</div><div><input type="checkbox"/> Tavern License (County) .....\$500.00</div><div><input type="checkbox"/> Vintners Restaurant License (City) .....\$750.00</div><div><input type="checkbox"/> Vintners Restaurant License (County).....\$750.00</div></div>	
Questions? Visit: <a href="http://www.colorado.gov/enforcement/liquor">www.colorado.gov/enforcement/liquor</a> for more information			
Do not write in this space - For Department of Revenue use only			
Liability Information			
License Account Number	Liability Date	License Issued Through (Expiration Date)	Total \$



## 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. Upon final State approval the license will be mailed to the local licensing authority. Application fees are nonrefundable. **Questions? Visit:** [www.colorado.gov/enforcement/liquor](http://www.colorado.gov/enforcement/liquor) for more information

Items submitted, please check all appropriate boxes completed or documents submitted	
<b>I.</b>	<b>Applicant information</b> <input type="checkbox"/> A. Applicant/Licensee identified <input type="checkbox"/> B. State sales tax license number listed or applied for at time of application <input type="checkbox"/> C. License type or other transaction identified <input type="checkbox"/> D. Return originals to local authority (additional items may be required by the local licensing authority) <input type="checkbox"/> E. All sections of the application need to be completed
<b>II.</b>	<b>Diagram of the premises</b> <input type="checkbox"/> A. No larger than 8 1/2" X 11" <input type="checkbox"/> B. Dimensions included (does not have to be to scale). Exterior areas should show type of control (fences, walls, entry/exit points, etc.) <input type="checkbox"/> C. Separate diagram for each floor (if multiple levels) <input type="checkbox"/> D. Kitchen - identified if Hotel and Restaurant <input type="checkbox"/> E. Bold/Outlined Licensed Premises
<b>III.</b>	<b>Proof of property possession (One Year Needed)</b> <input type="checkbox"/> A. Deed in name of the applicant (or) (matching question #2) date stamped / filed with County Clerk <input type="checkbox"/> B. Lease in the name of the applicant (or) (matching question #2) <input type="checkbox"/> C. Lease assignment in the name of the applicant with proper consent from the landlord and acceptance by the applicant <input type="checkbox"/> D. Other agreement if not deed or lease. (matching question #2)
<b>IV.</b>	<b>Background information (DR 8404-I) and financial documents</b> <input type="checkbox"/> A. Complete DR 8404-I for each principal (individuals with more than 10% ownership, officers, directors, partners, members) <input type="checkbox"/> B. Fingerprints taken and submitted to the appropriate Local Licensing Authority through an approved state vendor. <b>Do not complete fingerprint cards prior to submitting your application.</b> The Vendors are as follows: <b>IdentoGO</b> – <a href="https://uenroll.identogo.com/">https://uenroll.identogo.com/</a> Phone: 844-539-5539 (toll-free) <b>IdentoGO FAQs:</b> <a href="https://www.colorado.gov/pacific/cbi/identification-faqs">https://www.colorado.gov/pacific/cbi/identification-faqs</a> <b>Colorado Fingerprinting</b> – <a href="http://www.coloradofingerprinting.com">http://www.coloradofingerprinting.com</a> Appointment Scheduling Website: <a href="http://www.coloradofingerprinting.com/cabs/">http://www.coloradofingerprinting.com/cabs/</a> Phone: 720-292-2722 Toll Free: 833-224-2227 <input type="checkbox"/> C. Purchase agreement, stock transfer agreement, and/or authorization to transfer license <input type="checkbox"/> D. List of all notes and loans (Copies to also be attached)
<b>V.</b>	<b>Sole proprietor/husband and wife partnership (if applicable)</b> <input type="checkbox"/> A. Form DR 4679 <input type="checkbox"/> B. Copy of State issued Driver's License or Colorado Identification Card for each applicant
<b>VI.</b>	<b>Corporate applicant information (if applicable)</b> <input type="checkbox"/> A. Certificate of Incorporation <input type="checkbox"/> B. Certificate of Good Standing <input type="checkbox"/> C. Certificate of Authorization if foreign corporation (out of state applicants only)
<b>VII.</b>	<b>Partnership applicant information (if applicable)</b> <input type="checkbox"/> A. Partnership Agreement (general or limited). <input type="checkbox"/> B. Certificate of Good Standing
<b>VIII.</b>	<b>Limited Liability Company applicant information (if applicable)</b> <input type="checkbox"/> A. Copy of articles of organization <input type="checkbox"/> B. Certificate of Good Standing <input type="checkbox"/> C. Copy of Operating Agreement (if applicable) <input type="checkbox"/> D. Certificate of Authority if foreign LLC (out of state applicants only)
<b>IX.</b>	<b>Manager registration for Hotel and Restaurant, Tavern, Lodging &amp; Entertainment, and Campus Liquor Complex licenses when included with this application</b> <input type="checkbox"/> A. \$75.00 fee <input type="checkbox"/> B. Individual History Record (DR 8404-I) <input type="checkbox"/> C. If owner is managing, no fee required

Name	Type of License	Account Number
<b>7.</b> Is the applicant (including any of the partners if a partnership; members or managers if a limited liability company; or officers, stockholders or directors if a corporation) or managers under the age of twenty-one years?		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>8.</b> Has the applicant (including any of the partners if a partnership; members or managers if a limited liability company; or officers, stockholders or directors if a corporation) or managers ever (in Colorado or any other state):		
<b>a.</b> Been denied an alcohol beverage license?		<input type="checkbox"/> <input type="checkbox"/>
<b>b.</b> Had an alcohol beverage license suspended or revoked?		<input type="checkbox"/> <input type="checkbox"/>
<b>c.</b> Had interest in another entity that had an alcohol beverage license suspended or revoked?		<input type="checkbox"/> <input type="checkbox"/>
If you answered yes to 8a, b or c, explain in detail on a separate sheet.		
<b>9.</b> Has a liquor license application (same license class), that was located within 500 feet of the proposed premises, been denied within the preceding two years? If "yes", explain in detail. _____		<input type="checkbox"/> <input type="checkbox"/>
<b>10.</b> Are the premises to be licensed within 500 feet, of any public or private school that meets compulsory education requirements of Colorado law, or the principal campus of any college, university or seminary?		<input type="checkbox"/> <input type="checkbox"/>
Waiver by local ordinance? <input type="checkbox"/> <input type="checkbox"/>		
Other: _____		
<b>11.</b> Is your Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 1500 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of greater than (>) 10,000? <b>NOTE:</b> The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.		<input type="checkbox"/> <input type="checkbox"/>
<b>12.</b> Is your Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 3000 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of less than (<) 10,000? <b>NOTE:</b> The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.		<input type="checkbox"/> <input type="checkbox"/>
<b>13 a.</b> For additional Retail Liquor Store only. Was your Retail Liquor Store License issued on or before January 1, 2016?		<input type="checkbox"/> <input type="checkbox"/>
<b>13 b.</b> Are you a Colorado resident?		<input type="checkbox"/> <input type="checkbox"/>
<b>14.</b> Has a liquor or beer license ever been issued to the applicant (including any of the partners, if a partnership; members or manager if a Limited Liability Company; or officers, stockholders or directors if a corporation)? If yes, identify the name of the business and list any <u>current</u> financial interest in said business including any loans to or from a licensee.		<input type="checkbox"/> <input type="checkbox"/>
<b>15.</b> Does the applicant, as listed on line 2 of this application, <b>have legal possession of the premises by ownership</b> , lease or other arrangement?		<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Ownership <input type="checkbox"/> Lease <input type="checkbox"/> Other (Explain in Detail) _____		
<b>a.</b> If leased, list name of landlord and tenant, and date of expiration, <b>exactly</b> as they appear on the lease:		
Landlord	Tenant	Expires
<b>b.</b> Is a percentage of alcohol sales included as compensation to the landlord? If yes, complete question 16.		<input type="checkbox"/> <input type="checkbox"/>
<b>c.</b> Attach a diagram that designates the area to be licensed in black bold outline (including dimensions) which shows the bars, brewery, walls, partitions, entrances, exits and what each room shall be utilized for in this business. This diagram should be no larger than 8 1/2" X 11".		
<b>16.</b> 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
Last Name	First Name	Date of Birth
		FEIN or SSN
		FEIN or SSN
		Interest/Percentage
		Interest/Percentage
<b>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.</b>		
<b>17.</b> Optional Premises or Hotel and Restaurant Licenses with Optional Premises:		
Has a local ordinance or resolution authorizing optional premises been adopted?		<input type="checkbox"/> <input type="checkbox"/>
Number of additional Optional Premise areas requested. (See license fee chart)		<input type="text"/>
<b>18.</b> For the addition of a Sidewalk Service Area per Regulation 47-302(A)(4), include a diagram of the service area and documentation received from the local governing body authorizing use of the sidewalk. Documentation may include but is not limited to a statement of use, permit, easement, or other legal permissions.		
<b>19.</b> Liquor Licensed Drugstore (LLDS) applicants, answer the following:		
<b>a.</b> Is there a pharmacy, licensed by the Colorado Board of Pharmacy, located within the applicant's LLDS premise?		<input type="checkbox"/> <input type="checkbox"/>
<b>If "yes" a copy of license must be attached.</b>		

Name	Type of License	Account Number		
<b>20. Club Liquor License applicants answer the following: Attach a copy of applicable documentation</b>				
a. Is the applicant organization operated solely for a national, social, fraternal, patriotic, political or athletic purpose and not for pecuniary gain?				<input type="checkbox"/> <input type="checkbox"/>
b. Is the applicant organization a regularly chartered branch, lodge or chapter of a national organization which is operated solely for the object of a patriotic or fraternal organization or society, but not for pecuniary gain?				<input type="checkbox"/> <input type="checkbox"/>
c. How long has the club been incorporated?				<input type="checkbox"/> <input type="checkbox"/>
d. Has applicant occupied an establishment for three years (three years required) that was operated solely for the reasons stated above?				<input type="checkbox"/> <input type="checkbox"/>
<b>21. Brew-Pub, Distillery Pub or Vintner's Restaurant applicants answer the following:</b>				
a. Has the applicant received or applied for a Federal Permit? (Copy of permit or application must be attached)				<input type="checkbox"/> <input type="checkbox"/>
<b>22. Campus Liquor Complex applicants answer the following:</b>				
a. Is the applicant an institution of higher education?				Yes No <input type="checkbox"/> <input type="checkbox"/>
b. Is the applicant a person who contracts with the institution of higher education to provide food services?				<input type="checkbox"/> <input type="checkbox"/>
If "yes" please provide a copy of the contract with the institution of higher education to provide food services.				
<b>23. For all on-premises applicants.</b>				
a. Hotel and Restaurant, Lodging and Entertainment, Tavern License and Campus Liquor Complex, the Registered Manager must also submit an Individual History Record - DR 8404-I and fingerprint submitted to approved State Vendor through the Vendor's website. See application checklist, Section IV, for details.				
b. For all Liquor Licensed Drugstores (LLDS) the Permitted Manager must also submit an Manager Permit Application - DR 8000 and fingerprints.				
Last Name of Manager		First Name of Manager		
<b>24. Does this manager act as the manager of, or have a financial interest in, any other liquor licensed establishment in the State of Colorado? If yes, provide name, type of license and account number.</b>				
				<input type="checkbox"/> <input type="checkbox"/>
<b>25. Related Facility - Campus Liquor Complex applicants answer the following:</b>				
a. Is the related facility located within the boundaries of the Campus Liquor Complex?				Yes No <input type="checkbox"/> <input type="checkbox"/>
If yes, please provide a map of the geographical location within the Campus Liquor Complex.				
If no, this license type is not available for issues outside the geographical location of the Campus Liquor Complex.				
b. Designated Manager for Related Facility- Campus Liquor Complex				
Last Name of Manager		First Name of Manager		
<b>26. Tax Information.</b>				
a. Has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or any other person with a 10% or greater financial interest in the applicant, been found in final order of a tax agency to be delinquent in the payment of any state or local taxes, penalties, or interest related to a business?				Yes No <input type="checkbox"/> <input type="checkbox"/>
b. Has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or any other person with a 10% or greater financial interest in the applicant failed to pay any fees or surcharges imposed pursuant to section 44-3-503, C.R.S.?				<input type="checkbox"/> <input type="checkbox"/>
<b>27. If applicant is a corporation, partnership, association or limited liability company, applicant must list all Officers, Directors, General Partners, and Managing Members. In addition, applicant must list any stockholders, partners, or members with ownership of 10% or more in the applicant. All persons listed below must also attach form DR 8404-I (Individual History Record), and make an appointment with an approved State Vendor through their website. See application checklist, Section IV, for details.</b>				
Name	Home Address, City & State	DOB	Position	%Owned
Name	Home Address, City & State	DOB	Position	%Owned
Name	Home Address, City & State	DOB	Position	%Owned
Name	Home Address, City & State	DOB	Position	%Owned
Name	Home Address, City & State	DOB	Position	%Owned
<b>** If applicant is owned 100% by a parent company, please list the designated principal officer on above.</b> <b>** Corporations - the President, Vice-President, Secretary and Treasurer must be accounted for above (Include ownership percentage if applicable)</b> <b>** If total ownership percentage disclosed here does not total 100%, applicant must check this box:</b> <input type="checkbox"/> Applicant affirms that no individual other than these disclosed herein owns 10% or more of the applicant and does not have financial interest in a prohibited liquor license pursuant to Article 3 or 5, C.R.S.				



Name		Type of License		Account Number		
<b>Oath Of Applicant</b>						
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 Code which affect my license.						
Authorized Signature		Printed Name and Title			Date	
<b>Report and Approval of Local Licensing Authority (City/County)</b>						
Date application filed with local authority		Date of local authority hearing (for new license applicants; cannot be less than 30 days from date of application)				
<p>The Local Licensing Authority Hereby Affirms that each person required to file DR 8404-I (Individual History Record) or a DR 8000 (Manager Permit) has been:</p> <p><input type="checkbox"/> Fingerprinted</p> <p><input type="checkbox"/> Subject to background investigation, including NCIC/CCIC check for outstanding warrants</p> <p>That the local authority has conducted, or intends to conduct, an inspection of the proposed premises to ensure that the applicant is in compliance with and aware of, liquor code provisions affecting their class of license</p> <p>(Check One)</p> <p><input type="checkbox"/> Date of inspection or anticipated date _____</p> <p><input type="checkbox"/> Will conduct inspection upon approval of state licensing authority</p>						
<input type="checkbox"/> Is the Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 1,500 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of > 10,000?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Is the Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 3,000 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of < 10,000?					<input type="checkbox"/>	<input type="checkbox"/>
<p><b>NOTE:</b> The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.</p>						
<input type="checkbox"/> Does the Liquor-Licensed Drugstore (LLDS) have at least twenty percent (20%) of the applicant's gross annual income derived from the sale of food, during the prior twelve (12) month period?					<input type="checkbox"/>	<input type="checkbox"/>
<p>The foregoing application has been examined; and the premises, business to be conducted, and character of the applicant are satisfactory. We do report that such license, if granted, will meet the reasonable requirements of the neighborhood and the desires of the adult inhabitants, and will comply with the provisions of Title 44, Article 4 or 3, C.R.S., and Liquor Rules. <b>Therefore, this application is approved.</b></p>						
Local Licensing Authority for		Telephone Number		<input type="checkbox"/> Town, City <input type="checkbox"/> County		
Signature	Print	Title	Date			
Signature	Print	Title	Date			

## Tax Check Authorization, Waiver, and Request to Release Information

I, \_\_\_\_\_ am signing this Tax Check Authorization, Waiver and Request to Release Information (hereinafter "Waiver") on behalf of \_\_\_\_\_ (the "Applicant/Licensee") to permit the Colorado Department of Revenue and any other state or local taxing authority to release information and documentation that may otherwise be confidential, as provided below. If I am signing this Waiver for someone other than myself, including on behalf of a business entity, I certify that I have the authority to execute this Waiver on behalf of the Applicant/Licensee.

The Executive Director of the Colorado Department of Revenue is the State Licensing Authority, and oversees the Colorado Liquor Enforcement Division as his or her agents, clerks, and employees. The information and documentation obtained pursuant to this Waiver may be used in connection with the Applicant/Licensee's liquor license application and ongoing licensure by the state and local licensing authorities. The Colorado Liquor Code, section 44-3-101. et seq. ("Liquor Code"), and the Colorado Liquor Rules, 1 CCR 203-2 ("Liquor Rules"), require compliance with certain tax obligations, and set forth the investigative, disciplinary and licensure actions the state and local licensing authorities may take for violations of the Liquor Code and Liquor Rules, including failure to meet tax reporting and payment obligations.

The Waiver is made pursuant to section 39-21-113(4), C.R.S., and any other law, regulation, resolution or ordinance concerning the confidentiality of tax information, or any document, report or return filed in connection with state or local taxes. This Waiver shall be valid until the expiration or revocation of a license, or until both the state and local licensing authorities take final action to approve or deny any application(s) for the renewal of the license, whichever is later. Applicant/Licensee agrees to execute a new waiver for each subsequent licensing period in connection with the renewal of any license, if requested.

By signing below, Applicant/Licensee requests that the Colorado Department of Revenue and any other state or local taxing authority or agency in the possession of tax documents or information, release information and documentation to the Colorado Liquor Enforcement Division, and is duly authorized employees, to act as the Applicant's/Licensee's duly authorized representative under section 39-21-113(4), C.R.S., solely to allow the state and local licensing authorities, and their duly authorized employees, to investigate compliance with the Liquor Code and Liquor Rules. Applicant/Licensee authorizes the state and local licensing authorities, their duly authorized employees, and their legal representatives, to use the information and documentation obtained using this Waiver in any administrative or judicial action regarding the application or license.

Name (Individual/Business)		Social Security Number/Tax Identification Number	
Address			
City		State	Zip
Home Phone Number		Business/Work Phone Number	
Printed name of person signing on behalf of the Applicant/Licensee			
Applicant/Licensee's Signature (Signature authorizing the disclosure of confidential tax information)			Date signed

### Privacy Act Statement

Providing your Social Security Number is voluntary and no right, benefit or privilege provided by law will be denied as a result of refusal to disclose it. § 7 of Privacy Act, 5 USCS § 552a (note).

## Individual History Record

To be completed by the following persons, as applicable: sole proprietors; general partners regardless of percentage ownership, and limited partners owning 10% or more of the partnership; all principal officers of a corporation, all directors of a corporation, and any stockholder of a corporation owning 10% or more of the outstanding stock; managing members or officers of a limited liability company, and members owning 10% or more of the company; and any intended registered manager of Hotel and Restaurant, Tavern and Lodging and Entertainment class of retail license

**Notice:** This individual history record requires information that is necessary for the licensing investigation or inquiry. All questions must be answered in their entirety or the license application may be delayed or denied. If a question is not applicable, please indicate so by "N/A". **Any deliberate misrepresentation or material omission may jeopardize the license application.** (Please attach a separate sheet if necessary to enable you to answer questions completely)

1. Name of Business		Home Phone Number	Cellular Number	
2. Your Full Name (last, first, middle)		3. List any other names you have used		
4. Mailing address (if different from residence)		Email Address		
5. List current residence address. Include any previous addresses within the last <b>five</b> years. (Attach separate sheet if necessary)				
<b>Street and Number</b>		<b>City, State, Zip</b>	<b>From</b>	<b>To</b>
Current				
Previous				
6. List all employment within the last <b>five</b> years. Include any self-employment. (Attach separate sheet if necessary)				
<b>Name of Employer or Business</b>	<b>Address (Street, Number, City, State, Zip)</b>	<b>Position Held</b>	<b>From</b>	<b>To</b>
7. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry.				
<b>Name of Relative</b>	<b>Relationship to You</b>	<b>Position Held</b>	<b>Name of Licensee</b>	
8. Have you ever applied for, held, or had an interest in a Colorado Liquor or Beer License, or loaned money, furniture, fixtures, equipment or inventory to any licensee? (If yes, answer in detail.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
9. Have you ever received a violation notice, suspension, or revocation for a liquor law violation, or have you applied for or been denied a liquor or beer license anywhere in the United States? (If yes, explain in detail.) <input type="checkbox"/> Yes <input type="checkbox"/> No				

10. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? (If yes, explain in detail.)					<input type="checkbox"/> Yes	<input type="checkbox"/> No																									
11. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? (If yes, explain in detail.)					<input type="checkbox"/> Yes	<input type="checkbox"/> No																									
12. Have you ever had any professional license suspended, revoked, or denied? (If yes, explain in detail.)					<input type="checkbox"/> Yes	<input type="checkbox"/> No																									
<b>Personal and Financial Information</b>																															
Unless otherwise provided by law, the personal information required in question #13 will be treated as confidential. The personal information required in question #13 is solely for identification purposes.																															
13a. Date of Birth		b. Social Security Number		c. Place of Birth		d. U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No																									
e. If Naturalized, state where			f. When		g. Name of District Court																										
h. Naturalization Certificate Number		i. Date of Certification		j. If an Alien, Give Alien's Registration Card Number		k. Permanent Residence Card Number																									
l. Height	m. Weight	n. Hair Color	o. Eye Color	p. Gender	q. Race	r. Do you have a current Driver's License/ID? If so, give number and state. <input type="checkbox"/> Yes <input type="checkbox"/> No # _____ State _____																									
14. Financial Information.																															
a. Total purchase price or investment being made by the applying entity, corporation, partnership, limited liability company, other. \$ _____																															
b. List the total amount of the <b>personal</b> investment, made by the person listed on question #2, in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases or fees paid. \$ _____																															
* If corporate investment only please skip to and complete section (d)																															
** Section b should reflect the total of sections c and e																															
c. Provide details of the personal investment described in 14b. You must account for all of the sources of this investment. (Attach a separate sheet if needed)																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Type: Cash, Services or Equipment</th> <th style="width: 20%;">Account Type</th> <th style="width: 20%;">Bank Name</th> <th style="width: 30%;">Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>							Type: Cash, Services or Equipment	Account Type	Bank Name	Amount																					
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d. Provide details of the corporate investment described in 14 (a). You must account for all of the sources of this investment. (Attach a separate sheet if needed)																															
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e. Loan Information (Attach copies of all notes or loans)																															
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Name of Lender	Address	Term	Security	Amount																											
<b>Oath of Applicant</b>																															
I declare under penalty of perjury that this application and all attachments are true, correct, and complete to the best of my knowledge.																															
Authorized Signature		Print Signature		Title		Date																									



## Affidavit - Restrictions On Public Benefits

I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Colorado that **(check one)**:

- ☐ I am a United States citizen.
- ☐ I am not a United States citizen but I am a Permanent Resident of the United States.
- ☐ I am not a United States citizen but I am lawfully present in the United States pursuant to Federal law.
- ☐ I am a foreign national not physically present in the United States.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date (MM/DD/YY)



**ALL APPLICANTS MUST ANSWER THESE QUESTIONS (PLEASE ATTACH A SEPERATE SHEET IF NECESSARY):**

1. Describe the nature of the proposed establishment and the target market (i.e. restaurant, tavern, live music, sports bar, families, and college students). ***Please attach a food and drink menu for the LLA.***
2. What are the proposed hours and days of operation for this establishment?
3. Estimate of what the seating capacity of this establishment will be?
4. Have you applied for an "occupation load" for the interior and exterior space from the city of Craig?
5. Do you have an emergency plan for your business (exit locations, fire suppression etc.)?
6. How many individuals will be employed at this proposed establishment and how many will be full-time vs part-time?
7. Describe each owner's past training and experience in the sale and service of alcohol, including any special or certified training received.
8. Describe your proposed Registered Manager or Manager of Record's past training and experience in the sale and service of alcohol, including any special or certified training received.
9. Beside state-approved Responsible Vendor training classes, what other types of training are proposed for the employees in the safe and legal sale and service of alcohol beverages?
10. What policies and procedures do you have in place to determine a patron's level of intoxication?
11. What policies and procedures do you have in place to refuse service to a patron?
12. Describe any other types of training or operating procedures that employees will be following in the day to day operations of this proposed establishment.

13. What methods will be used in checking identification for proper age of patrons (at the door, at the bar, etc.) and how will underage patrons be identified so as not to be served alcohol (hand stamp, wrist band, etc.)?
14. What types of entertainment will be offered, if any, at this establishment (i.e. music, pool, dance floor etc.)?
15. Do you plan to have any exterior amplified sound?
16. What types of security, if any, will be provided at this establishment?
17. What time will your kitchen close each night? Describe your food plans after your kitchen closes.
18. What is the estimated ratio of food to alcohol sales at this establishment?
19. If you have an outside patio, what additional means of control (added staff, fencing, sightline, etc.) will you employ?
20. If you plan on hosting a "private party", what extra measures will you take regarding security, staffing, and control of noise and alcohol service? A "private party" is described as, "an event where there is a single contact person who represents group of people who are gathering for social and/or business reasons, then event continues after 10PM, there will be both underage and of-age people present, and there will be enough people to constitute an occupancy capacity of 75% or greater."

#### OATH OF APPLICANT

I declare under penalty of perjury in the second degree that this application, my answers, 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 know and to comply with the provisions of the State of Colorado Liquor and Beer Codes, State Liquor Regulations, and all City of Craig Rules, Regulations, and Codes which affect my liquor license.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



**LIQUOR LICENSING AUTHORITY  
ZONING VERIFICATION FORM  
NEW LICENSE APPLICATION**

Liquor License Applicant Completes Top Portion

Applicant: \_\_\_\_\_ Trade Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Premises Address: \_\_\_\_\_

Liquor Application Type: ☐ New ☐ Modification ☐ License Type Change

Liquor License Type: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Responsive to C.R.S. 12-47-313(1) and (III)(c)** which states in part “ No application for the issuance of any license...shall be received or acted upon...(c) For a location in an area where the sale of alcohol is contemplated is not permitted under the applicable zoning laws of the municipality, city and county or county;”

**NOTE:** This review is for zoning purposes only and is not approval for any change of occupancy use pertaining to the building code. A separate building permit is required for building modifications to include a change of use or occupancy. If you have questions regarding the permitting process, please call the Building Department at 970-826-2013.

City of Craig Building Department Completes Area Below

Zone district: \_\_\_\_\_

Is the sale of alcohol permitted on this property? \_\_\_YES \_\_\_NO

Is the consumption of alcohol permitted on this property? \_\_\_YES \_\_\_NO

Is production of alcohol permitted on this property? \_\_\_YES \_\_\_NO

Was a special or conditional use permit required on this property? \_\_\_YES \_\_\_NO

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_





## CITY OF CRAIG STATEMENT OF FOOD SERVICE

Pursuant to the State of Colorado Liquor Code, the Applicant hereby certifies that they have read and fully understand the following excerpts of law:

### **Hotel-Restaurant Liquor License**

“(a) Restaurants shall sell alcohol beverages as provided in this section only to customers of the restaurant and only if meals are actually and regularly served and provide not less than twenty-five percent of the gross income from sales of food and drink of the business of the license premises over any period of time of at least one year.”

“(b) Hotels shall sell alcohol beverages as provided in this section only to customers of the hotel and, except in hotel rooms, only on the licensed premises where meals are actually and regularly served and provide not less than twenty-five percent of the gross income from sales of food and drink of the business of the licensed premises over any period of time of at least one year.”

“(c) Any hotel and restaurant licensee who is open for business and selling alcohol beverages by the drink shall serve meals between the hours of 8 a.m. and 8 p.m. and meals or light snacks and sandwiches after 8 p.m.; except that nothing in this paragraph (c) shall be construed to require a licensee to be open for business between the hours of 8 a.m. and 8 p.m.”

### **Brew Pub Liquor License, Distillery Pub, Vintners Restaurant**

“...licensee shall sell malt, vinous, and spirituous liquors for on-premises consumption only if at least fifteen percent of the gross on-premises food and drink income of the business of the licensed premises is from the sale of food.”

### **Tavern, Beer and Wine, Lodging and Entertainment**

“...licensees shall have sandwiches and light snacks available for consumption **on the premises** during business hours, but need not have meals available for consumption.”

Pursuant to State Regulations, the Applicant certifies that they shall at all times, when meals are required to be served, maintain on the premises adequate personnel, foodstuffs and other necessary facilities, equipment and supplies for the preparation and serving of meals as defined by 12-47-103(20) C.R.S., as amended.

## OATH OF APPLICANT

I declare under penalty of perjury in the second degree that I acknowledge that it is my responsibility and the responsibility of my agents and employees to know and to comply with the provisions of the Colorado Liquor and Beer Codes, State Liquor Regulations, and all City of Craig Rules, Regulations, and Codes which affect my liquor license.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# AFFIDAVIT CIRCULATOR

I, \_\_\_\_\_, do hereby certify that I was the circulator of the attached petitions and further, that I personally witnessed each signature appearing on the petitions. To the best of my knowledge, each signature thereon is the signature of the person whose name it purports to be, each address given opposite each name is the true address of the person that signed, that each person who signed the petition represented himself or herself to be 21 years of age or older, and that each person who signed the petition had the opportunity to read, or have read to them, the petition in its entirety and understands its meaning. I also hereby affirm that no promises, threats or inducements were employed whatsoever in connection with the presentation of this petition and that every signature appearing hereon was completely free and voluntarily given.

\_\_\_\_\_  
Circulator

State of Colorado        )  
                                  ) SS.  
County of Moffat        )

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

## PETITION TO THE CITY OF CRAIG LIQUOR LICENSING AUTHORITY

I, the undersigned, am aware that an application for a \_\_\_\_\_ liquor license has been filed with the city of Craig liquor licensing authority by: \_\_\_\_\_

\_\_\_\_\_ dba \_\_\_\_\_, and proposed to be located at \_\_\_\_\_. I am at least 21 years of age and am a resident, owner or manager of a business located within the defined neighborhood boundaries of the proposed liquor establishment. I have indicated below whether I consider the granting of the above mentioned liquor license to be desirable and necessary for the reasonable requirements of the neighborhood:

Signature	Printed Name	Address	Resident, Business Owner or Manager	Date Signed	Yes √	No √
1.						
2.						
3.						
4.						
5.						
6.						
7.						
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