



PROCEDURE FOR TEMPORARY PERMIT PENDING  
TRANSFER OF OWNERSHIP  
LIQUOR OR 3.2 BEER LICENSED BUSINESS

This procedure is designed to assist you in complying with the Town of Foxfield licensing requirements. If you have any questions during the application period, please call the Town Clerk, 303-680-1544. You may obtain application forms and information from the Town Clerk.

**Note: Application for Transfer of Ownership must be made in conjunction with this application for Temporary Permit.**

\* \* \* \* \*

1. Fill out APPLICATION FOR TEMPORARY PERMIT PENDING TRANSFER OF OWNERSHIP (black ink, print or type) and attach the following documents:
  1. Financial Questionnaire
  2. Affidavit Concerning Criminal History for each principal
  3. Affidavit of Previous Owner
2. Within five days after **receipt** of the complete application, the Town Clerk will approve or deny the permit.

IN ALL CASES, AN APPLICATION IS CONSIDERED TO BE “**RECEIVED**” ON THE DATE IT IS FIRST SUBMITTED, IN TOTAL, TO THE TOWN CLERK FOR CONSIDERATION.

3. State approval is not required for Temporary Permits. Approval or denial is at the discretion of the Town Clerk.
4. The permit is valid until such time as the application to transfer ownership of the license to the applicant is granted or denied, or one hundred and twenty (120) days from date of issuance, whichever first occurs. The Town Clerk, at his/her discretion, may extend the temporary permit for a period of up to sixty (60) days.

TOWN OF FOXFIELD  
APPLICATION FOR TEMPORARY PERMIT  
PENDING TRANSFER OF OWNERSHIP

I, \_\_\_\_\_, being duly sworn, affirm that I have applied to the Town of Foxfield for a Transfer of Ownership.

Date Transfer of Ownership filed with Town Clerk \_\_\_\_\_

Classification of License \_\_\_\_\_

Present Trade Name of Establishment (DBA) \_\_\_\_\_

Present State License No \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name(s) of Applicant \_\_\_\_\_

Address of Application \_\_\_\_\_

Applicant is a: Corporation (1\*) \_\_\_\_\_ Individual \_\_\_\_\_ Partnership (2\*) \_\_\_\_\_

- (1\*) List name, address and date of birth of President, Vice President, Secretary, Treasurer and managing officers on separate sheet
- (2\*) List name, address and date of birth of each partner on separate sheet

Proposed Trade Name of Establishment (DBA) \_\_\_\_\_

State Sales Tax No \_\_\_\_\_ Social Security No \_\_\_\_\_

Address of Premises \_\_\_\_\_

Mailing Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Email \_\_\_\_\_

I will be operating, and in control of, the licensed establishment during the transfer period. I have attached the following required documents:

1. Financial Questionnaire
2. Affidavit Concerning Criminal History for each principal
3. Affidavit of Previous Owner

\_\_\_\_\_  
Signature of Applicant Date

Subscribed and affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
at \_\_\_\_\_, Colorado.

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

My commission expires \_\_\_\_\_