



Off-Premise Permit Application

Dealer Information			
Dealer/Licensed Name		Dealer Number	
Street Address of Primary Location	Fax Number ()	Phone Number ()	
Dealer Email	City	County	Zip
<p>AN OFF-PREMISE PERMIT MUST BE OBTAINED NO LATER THAN FOURTEEN CALENDAR DAYS PRIOR TO THE OFF-PREMISE EVENT. FORMS RECEIVED AFTER THIS PERIOD, WILL BE ASSESSED A LATE FEE.</p> <p><input type="checkbox"/> Class One – Limited Sales Activity Off-Premise Permit</p> <p><input type="checkbox"/> Class Two – Full Sales Activity Off-Premise Permit</p>			
Off-Premise Location Information			
Name of Show		Name of Facility/Site	
Street Address of Off-Premise Sale Location		City	
County		Zip	Phone Number (If available) ()
Off-Premise Sale Date Information			
Sale Starting Date *		Sale Ending Date *	
Sale Contact Person(s)			
Sale Contact Person Cell Number(s)		Email Address	
Applicable Regulation and Statute			
<p>Sale cannot exceed six days, except for the National Western Stock Show, Colorado State Fair and Denver Auto Show which cannot exceed 20 days. Consecutive permits at the same location will not be allowed without prior board approval.</p> <p>Any date falling on a Sunday subjects the applicant to the provisions of the Sunday closing law. This permit should NOT be construed as permitting Sunday sales in violation of that law.</p>			
<p> A motor vehicle/powersports dealer must make an off-premise permit readily-available for inspection by any person at the off-premise location during the entire period that the permit is valid.</p>			
<p>I, the undersigned, have read and understand the above regulation and statute governing off-premise sales. I hereby apply for an off-premise permit and agree to abide by provisions of the Dealer Law (Article 6, Title 12, C.R.S.) and Regulations and the Sunday Closing Law.</p>			
Signature of Owner, Co-Partner, LLC Mgr, Corp Officer or General Mgr		Title	Date (MM/DD/YY)
Print Name of Owner, Co-Partner, LLC Mgr, Corp Officer or General Mgr			
For State Approving Authority Use Only — Do Not Write Below This Line			
This application is hereby approved.			
Signature of Approving Authority		Title	Date (MM/DD/YY)
Liability Code 2560	Make Check Payable To: Colorado Department of Revenue		Fee \$