



**Temporary Permit Pending Transfer of Ownership  
AFFIDAVIT OF PREVIOUS OWNER**

I, \_\_\_\_\_, being duly sworn and upon oath, do state the following:

1. I am the owner of the City and State Liquor Licenses listed in the name of \_\_\_\_\_ for the licensed premises located at \_\_\_\_\_
2. A sale of said license is being negotiated with \_\_\_\_\_
3. As transferor, I hereby consent to the Temporary Permit Pending Transfer of Ownership of said license, and request that the City approve the same.
4. I agree to leave the liquor license on the premises until transfer is completed and/or until the temporary permit expires.
5. If the transfer is not completed, I am aware that I may only re-enter the license upon notification and acceptance by the City of Centennial.
6. I am aware that the Temporary Permit does not go into effect until the permit is actually issued to the applicant, and that I, the current licensee, am responsible for the premises until that time.
7. I certify that all accounts for alcohol beverages sold to the applicant are paid.

\_\_\_\_\_  
Transferor of License

State of Colorado                    )  
  ) ss.  
County of \_\_\_\_\_)

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

by \_\_\_\_\_.

Witness my hand and official seal.

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

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



**APPLICATION FOR TEMPORARY PERMIT  
PENDING TRANSFER OF OWNERSHIP**

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

Date Transfer of Ownership filed with License Clerk: \_\_\_\_\_

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

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

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

Name of applicant(s): \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

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 and attach.

(2\*) List name, address and date of birth of each partner on separate sheet and attach.

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

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

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

Business Telephone: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

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

- Financial Questionnaire
- Affidavit Concerning Criminal History for each principal
- Affidavit of Previous Owner

\_\_\_\_\_  
Date Applicant's Signature