Finance Department

Tax & Licensing Division
15151 E. Alameda Parkway, Ste. 1100
Aurora, Colorado 80012
303.739.7057

ADDENDUM TO LIQUOR APPLICATION

Licensee Name: _____

Location Address: _____

CHECK ALL THAT APPLY:

☐ **CABARET LICENSE APPLICATION**

☐ **MODIFICATION OF PREMISES APPLICATION**

☐ **PROPOSED HOURS OF OPERATION: (Indicate a.m. & p.m.)**

Monday:_____ **Friday:**_____

Tuesday:_____ **Saturday:**_____

Wednesday:_____ **Sunday:**_____

Thursday:_____

TO BE COMPLETED BY CITY OF AURORA PLANNING DEPARTMENT

A. Zoning Classification: _____

B. Is the Item Checked Above: ☐ Approved ☐ Denied

Documents reviewed by: _____ on: _____

ADDITIONAL COMMENTS:

_____

TO BE COMPLETED BY CITY OF AURORA BUILDING DIVISION

Is the Item Checked Above: ☐ Approved ☐ Denied

Documents reviewed by: _____ on: _____

ADDITIONAL COMMENTS:

_____