



SAMPLE PETITION FORM INFORMATION AND INSTRUCTIONS

Form 16

City Clerk's office 303-538-7230
9500 Civic Center Drive
Thornton, Colorado 80229-4326

**As requested, attached are separate sample petition forms, one for residents and one for business owners/managers, and an affidavit for the circulator(s).
Please read the following instructions before circulating the petitions:**

- This information is provided only as a guideline by the City of Thornton. Please consult your attorney if you have any legal questions concerning circulating the petitions.
- **Petitions are due to the Thornton City Clerk's office no later than 5:00 p.m. on the Friday before the hearing.**
- Please note: There are separate sample petition forms, one that can be signed by residents and one that can be signed by business owners or managers.
- The information at the top of each page needs to be completed prior to circulation.
- An affidavit for the circulator(s) needs to be attached to each petition.
- The petition pages and circulator's affidavit may be photocopied if you need additional pages.
- Carefully read the enclosed Rule VI of the Thornton Local Licensing Authority Rules of Procedure regarding procedures for circulating petitions including who may sign them.
- Please check the following with regard to the boundary map (provided by the City Clerk's office):
 - ✓ Make sure a copy of the boundary map is attached to each petition, so that potential signers can determine if their residence or business is within the boundary.
 - ✓ The centerline of the street is used as the boundary line.
 - ✓ Highlight the area surveyed on the map for each separate petition.
- Petition signers **MUST** complete all information requested. If any information is incomplete, the signature **WILL NOT** be counted. Ditto (" ") marks will not be accepted in place of information.
- The City Clerk's office will review the petitions submitted and advise you of the results prior to the hearing.
- The Local Licensing Authority will make a determination at the public hearing whether to admit petitions and/or other evidence presented.



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Excerpt from Thornton Local Licensing Authority Rules of Procedure:

RULE VI PETITIONS

- A. **Petitions circulated by the applicant and any protestants or their agents shall be submitted to the City Clerk no later than 5:00 p.m. on Friday prior to the public hearing.** The Authority may continue any hearing where the City Clerk has not had sufficient time to verify the accuracy of the petitions. The Authority may waive the three-day requirement upon a majority vote.
- B. Petitions shall be circulated within the designated relevant neighborhood and signed by residents, business owners, or managers within the designated area. Petitions must be signed with the full given name. No signatures will be accepted where the wife or husband has signed for both unless accompanied by a proper and sufficient Power of Attorney for the non-signing spouse.
- C. All signatures shall be identifiable with a residence or business address listed on the petition, together with the age of the person signing the petition and the date signed. Each individual signing a petition shall indicate his/her relationship to the relevant neighborhood (e.g. resident, business owner, employee, business manager, etc.) Signatures will not be accepted if it is not clear whether the signer is a business owner or manager or a resident of the designated area.
- D. Each petition shall contain an Affidavit signed by the circulator of the petition that the circulator personally witnessed each signature appearing on the petition, that each signature thereon is the signature of the person whose name it purports to be, that the address given opposite that person's name is the true business or residence address of the person signing the petition and that the requirements of this Rule have been complied with.
- E. All petitions shall be in substantial conformity to the format furnished by the City Clerk. Petitions will not be accepted unless a signed Affidavit is submitted for each circulator and the applicant is clearly identified on the face of each petition.
- F. All petition signers for or against the issuance of a fermented malt beverage or malt, vinous or spirituous liquor license must be 21 years of age or older.



RESIDENTIAL PETITION TO THE LOCAL LICENSING AUTHORITY

Form 16

City Clerk's office 303-538-7230
9500 Civic Center Drive
Thornton, Colorado 80229-4326

Applicant/Trade Name of Establishment:	
Proposed Location:	
Application For License Type:	
LLA Public Hearing Date:	Meeting Time: 6:00 p.m.
Location:	Thornton City Hall, 9500 Civic Center Drive in the Council Chambers.

BEFORE SIGNING THIS PETITION YOU NEED TO CONFIRM THE FOLLOWING:

- You are at least twenty-one (21) years of age.
- You have signed your name only (first, middle and last name). You cannot sign for another individual.
- You are a resident within the designated area* (**see attached map**).
- You have not signed another petition concerning the same application.
- You have specified the correct address for your residence.
- You have read the petition in its entirety and understand its meaning.
- The petition circulator has witnessed your signature.
- Check the **YES** column if you support this type of license being issued and/or the existing outlets do not adequately serve the reasonable requirements of the designated area.
- Check the **NO** column if you oppose this type of license being issued and/or the existing outlets adequately serve the reasonable requirements of the designated area.

SIG #	Please SIGN and PRINT your Full Name	Complete Home Address including Space or Apartment No.	Resident of *Area?	Age <small>(21 or older)</small>	Today's Date	YES ✓	NO ✓
1	Signature: _____ Printed Name: _____	_____					
2	Signature: _____ Printed Name: _____	_____					
3	Signature: _____ Printed Name: _____	_____					
4	Signature: _____ Printed Name: _____	_____					
5	Signature: _____ Printed Name: _____	_____					
6	Signature: _____ Printed Name: _____	_____					
7	Signature: _____ Printed Name: _____	_____					



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Applicant:	
Trade Name of Establishment:	
Proposed Location:	
License Type:	

SIG #	Please SIGN and PRINT your Full Name	Complete Home Address including Space or Apartment No.	Resident of *Area?	Age (21 or older)	Today's Date	YES ✓	NO ✓
1	Signature: _____ Printed Name: _____	_____ _____ _____					
2	Signature: _____ Printed Name: _____	_____ _____ _____					
3	Signature: _____ Printed Name: _____	_____ _____ _____					
4	Signature: _____ Printed Name: _____	_____ _____ _____					
5	Signature: _____ Printed Name: _____	_____ _____ _____					
6	Signature: _____ Printed Name: _____	_____ _____ _____					
7	Signature: _____ Printed Name: _____	_____ _____ _____					
8	Signature: _____ Printed Name: _____	_____ _____ _____					
9	Signature: _____ Printed Name: _____	_____ _____ _____					
10	Signature: _____ Printed Name: _____	_____ _____ _____					



RESIDENTIAL PETITION TO THE LOCAL LICENSING AUTHORITY

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AFFIDAVIT 21 YEARS OF AGE

Applicant:	
Trade Name of Establishment:	
Proposed Location:	
License Type:	

AFFIDAVIT

I, _____ do hereby state that I was the circulator of said petition consisting of _____ pages including this page, and further state that I personally witnessed each signature appearing on said petition, and that each signature thereon is the signature of the person whose name it purports to be; further, that the address given opposite that person's name is the true address of the person signing; that every person who signed, represented himself or herself to be twenty-one (21) years of age or older; that each person signing the petition read or had read to him the statement appearing on that page one (1) hereof, and understood the nature of the petition. I also hereby swear or 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:	Date Signed
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SEAL	Subscribed and sworn to before me by:
	in the County of Adams, State of Colorado, this _____ day of _____, 20
	Notary Public:
	My Commission Expires:



BUSINESS PETITION TO THE LOCAL LICENSING AUTHORITY

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Applicant/Trade Name of Establishment:	
Proposed Location:	
Application For License Type:	
LLA Public Hearing Date:	Meeting Time: 6:00 p.m.
Location:	Thornton City Hall, 9500 Civic Center Drive in the Council Chambers.

BEFORE SIGNING THIS PETITION YOU NEED TO CONFIRM THE FOLLOWING:

- You are at least twenty-one (21) years of age.
- You are a owner or manager of a business within the designated area (**see attached map**).
- You have specified the correct address for your business.
- The petition circulator has witnessed your signature.
- Check the **YES** column if you support this type of license being issued and/or the existing outlets do not adequately serve the reasonable requirements of the designated area.
- You have signed your name only (first, middle and last name). You cannot sign for another individual.
- You have not signed another petition concerning the same application.
- You have read the petition in its entirety and understand its meaning.
- Check the **NO** column if you oppose this type of license being issued and/or the existing outlets adequately serve the reasonable requirements of the designated area.

SIG #	Please SIGN and PRINT your Full Name and check appropriate box	Complete Business Address & Business Name	Age <small>(21 or older)</small>	Today's Date	YES ✓	NO ✓
1	Signature: _____ Print Name _____ <input type="checkbox"/> Owner <input type="checkbox"/> Manager	Business Address: _____ Business Name: _____				
2	Signature: _____ Print Name _____ <input type="checkbox"/> Owner <input type="checkbox"/> Manager	Business Address: _____ Business Name: _____				
3	Signature: _____ Print Name _____ <input type="checkbox"/> Owner <input type="checkbox"/> Manager	Business Address: _____ Business Name: _____				
4	Signature: _____ Print Name _____ <input type="checkbox"/> Owner <input type="checkbox"/> Manager	Business Address: _____ Business Name: _____				
5	Signature: _____ Print Name _____ <input type="checkbox"/> Owner <input type="checkbox"/> Manager	Business Address: _____ Business Name: _____				
6	Signature: _____ Print Name _____ <input type="checkbox"/> Owner <input type="checkbox"/> Manager	Business Address: _____ Business Name: _____				



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Applicant:	
Trade Name of Establishment:	
Proposed Location:	
License Type:	

SIG #	Please SIGN and PRINT your Full Name and check appropriate box	Complete Business Address & Business Name	Age <small>(21 or older)</small>	Today's Date	YES ✓	NO ✓
1	Signature: _____ Print Name _____ <input type="checkbox"/> Owner <input type="checkbox"/> Manager	Business Address: _____ Business Name: _____				
2	Signature: _____ Print Name _____ <input type="checkbox"/> Owner <input type="checkbox"/> Manager	Business Address: _____ Business Name: _____				
3	Signature: _____ Print Name _____ <input type="checkbox"/> Owner <input type="checkbox"/> Manager	Business Address: _____ Business Name: _____				
4	Signature: _____ Print Name _____ <input type="checkbox"/> Owner <input type="checkbox"/> Manager	Business Address: _____ Business Name: _____				
5	Signature: _____ Print Name _____ <input type="checkbox"/> Owner <input type="checkbox"/> Manager	Business Address: _____ Business Name: _____				
6	Signature: _____ Print Name _____ <input type="checkbox"/> Owner <input type="checkbox"/> Manager	Business Address: _____ Business Name: _____				
7	Signature: _____ Print Name _____ <input type="checkbox"/> Owner <input type="checkbox"/> Manager	Business Address: _____ Business Name: _____				
8	Signature: _____ Print Name _____ <input type="checkbox"/> Owner <input type="checkbox"/> Manager	Business Address: _____ Business Name: _____				
9	Signature: _____ Print Name _____ <input type="checkbox"/> Owner <input type="checkbox"/> Manager	Business Address: _____ Business Name: _____				
10	Signature: _____ Print Name _____ <input type="checkbox"/> Owner <input type="checkbox"/> Manager	Business Address: _____ Business Name: _____				



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AFFIDAVIT

I, _____ do hereby state that I was the circulator of said petition consisting of _____ pages including this page, and further state that I personally witnessed each signature appearing on said petition, and that each signature thereon is the signature of the person whose name it purports to be; further, that the address given opposite that person's name is the true address of the person signing; that every person who signed, represented himself or herself to be twenty-one (21) years of age or older; that each person signing the petition read or had read to him the statement appearing on that page one (1) hereof, and understood the nature of the petition. I also hereby swear or 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:	Date Signed
--------------------	--------------------

SEAL	Subscribed and sworn to before me by:
	in the County of Adams, State of Colorado, this _____ day of _____, 20____
	Notary Public:
	My Commission Expires: