Please take a moment to help us improve your experience with the City Clerk’s Office and Liquor Licensing Team. When you're done, please send or email it to our office.

NEW LICENSE □ LICENSE RENEWAL □ SPECIAL EVENT PERMIT □ OTHER □

**Timeliness, Service and Environment**

How did you obtain your application forms?  
☐ City Clerk Dept. Website  
☐ State of Colorado Website  
☐ City Clerk’s Office  
☐ Other ________________________

Was your application handled efficiently?  
☐ Yes  
☐ No  
☐ Explain: ________________________

Circle the items you were notified of below:  

- Submittal Deadlines: 45 days before meetings  
- Documents missing from application/15 day deadline  
- Hearing date  
- Boundaries for neighborhood survey/petitioning  
- Findings of fact  
- State License received by the Local Authority  
- Manager Registration/Modification of Premises/Trade Name Change  
- Were you able to obtain copies of the following items on the Website?  
  - ☐ Fee Schedules and submittal deadlines  
  - ☐ Current Agenda/Minutes  
  - ☐ Rules of Procedure for LLA  
  - ☐ Forms/State Liquor Code  

Was your item placed on the Consent Agenda?  
☐ Yes  
☐ No  

If so, do you consider this an improvement to being required to attend the meeting?  
☐ Yes  
☐ No  

Were you able to obtain copies of the following items on the Website?  
☐ Yes  
☐ No  

Did you know that the Police Department conducts quarterly Alcohol Server Training Classes and you can sign up with the City Clerk’s Office?

Please rate our customer service? 5=Superior 4=Excellent 3=Good 2=Poor 1=Bad  
Courteous Attitude  
☐ 5  ☐ 4  ☐ 3  ☐ 2  ☐ 1

Responsiveness  
☐ 5  ☐ 4  ☐ 3  ☐ 2  ☐ 1

Knowledgeable  
☐ 5  ☐ 4  ☐ 3  ☐ 2  ☐ 1

Overall Rating  
☐ 5  ☐ 4  ☐ 3  ☐ 2  ☐ 1

**Additional Comments or Suggestions for Improvements:**

__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________

**About You (optional)**

Establishment: ___________________________  E-mail: ___________________________

Address: ___________________________  Phone: ___________________________

City, State, ZIP Code: ___________________________

Thank you for your participation!

*Email to: Clerk@cityofloveland.org or FAX to: 970-962-2901*