

# Colorado Liquor Retail License Application

\* Note that the Division will not accept cash  Paid by check  Paid online

Uploaded to  Date   
 Movelt on

New License  New-Concurrent  Transfer of Ownership  State Property Only  Master file

- All answers must be printed in black ink or typewritten
- Applicant must check the appropriate box(es)
- Applicant should obtain a copy of the Colorado Liquor, Beer and Wine Code: [SBG.Colorado.gov/Liquor](http://SBG.Colorado.gov/Liquor)

1. Applicant is applying as a/an  Individual  Limited Liability Company  Association or Other  
 Corporation  Partnership (includes Limited Liability and Husband and Wife Partnerships)

2. Applicant If an LLC, name of LLC; if partnership, at least 2 partner's names; if corporation, name of corporation  
 Bistro 36 Eatery & Drinkery, LLC

2a. Trade Name of Establishment (DBA)  State Sales Tax Number  Business Telephone   
 Bistro 36 Eatery & Drinkery Applied For 4/4/2025 (720)510-9439

3. Address of Premises (specify exact location of premises, include suite/unit numbers)  
 2620 W. Belleview Ave

City  County  State  ZIP Code   
 Littleton Arapahoe Co 80123

4. Mailing Address (Number and Street)  City or Town  State  ZIP Code   
 PO Box 620461 Littleton Co 80162

5. Email Address   
 mike@bistro36eatery.com

6. If the premises currently has a liquor or beer license, you **must** answer the following questions

Present Trade Name of Establishment (DBA) NA	Present State License Number NA	Present Class of License NA	Present Expiration Date NA
---	------------------------------------	--------------------------------	-------------------------------

<b>Section A Nonrefundable Application Fees*</b>	<b>Section B (Cont.) Liquor License Fees*</b>
--	---

<input type="checkbox"/> Application Fee for New License .....\$1,100.00 <input checked="" type="checkbox"/> Application Fee for New License w/Concurrent Review .....\$1,200.00 <input type="checkbox"/> Application Fee for Transfer .....\$1,100.00	<input type="checkbox"/> Liquor-Licensed Drugstore (County) .....\$312.50 <input type="checkbox"/> Lodging & Entertainment - L&E (City) .....\$500.00 <input type="checkbox"/> Lodging & Entertainment - L&E (County) .....\$500.00
--	---

<b>Section B Liquor License Fees*</b>	
---------------------------------------	--

<input type="checkbox"/> Add Optional Premises to H & R.....\$100.00 X _____ Total _____ <input type="checkbox"/> Add Related Facility to Resort Complex \$75.00 X _____ Total _____ <input type="checkbox"/> Add Sidewalk Service Area..... \$75.00 <input type="checkbox"/> Arts License (City) ..... \$308.75 <input type="checkbox"/> Arts License (County) ..... \$308.75 <input type="checkbox"/> Beer and Wine License (City)..... \$351.25 <input type="checkbox"/> Beer and Wine License (County) ..... \$436.25 <input type="checkbox"/> Brew Pub License (City) ..... \$750.00 <input type="checkbox"/> Brew Pub License (County)..... \$750.00 <input type="checkbox"/> Campus Liquor Complex (City) ..... \$500.00 <input type="checkbox"/> Campus Liquor Complex (County) ..... \$500.00 <input type="checkbox"/> Campus Liquor Complex (State)..... \$500.00 <input type="checkbox"/> Club License (City)..... \$308.75 <input type="checkbox"/> Club License (County) ..... \$308.75 <input type="checkbox"/> Distillery Pub License (City) ..... \$750.00 <input type="checkbox"/> Distillery Pub License (County) ..... \$750.00 <input checked="" type="checkbox"/> Hotel and Restaurant License (City) ..... \$500.00 <input type="checkbox"/> Hotel and Restaurant License (County) ..... \$500.00 <input type="checkbox"/> Hotel and Restaurant License w/one opt premises (City) ..... \$600.00 <input type="checkbox"/> Hotel and Restaurant License w/one opt premises (County)..... \$600.00 <input type="checkbox"/> Liquor-Licensed Drugstore (City) ..... \$227.50	<input type="checkbox"/> Manager Registration - H & R ..... \$30.00 <input type="checkbox"/> Manager Registration - Tavern ..... \$30.00 <input type="checkbox"/> Manager Registration - Lodging & Entertainment..... \$30.00 <input type="checkbox"/> Manager Registration - Campus Liquor Complex ..... \$30.00 <input type="checkbox"/> Optional Premises License (City)..... \$500.00 <input type="checkbox"/> Optional Premises License (County) ..... \$500.00 <input type="checkbox"/> Racetrack License (City)..... \$500.00 <input type="checkbox"/> Racetrack License (County) ..... \$500.00 <input type="checkbox"/> Resort Complex License (City)..... \$500.00 <input type="checkbox"/> Resort Complex License (County) ..... \$500.00 <input type="checkbox"/> Related Facility - Campus Liquor Complex (City)..... \$160.00 <input type="checkbox"/> Related Facility - Campus Liquor Complex (County) ..... \$160.00 <input type="checkbox"/> Related Facility - Campus Liquor Complex (State)..... \$160.00 <input type="checkbox"/> Retail Gaming Tavern License (City) ..... \$500.00 <input type="checkbox"/> Retail Gaming Tavern License (County) ..... \$500.00 <input type="checkbox"/> Retail Liquor Store License--Additional (City)..... \$227.50 <input type="checkbox"/> Retail Liquor Store License--Additional (County) ..... \$312.50 <input type="checkbox"/> Retail Liquor Store (City)..... \$227.50 <input type="checkbox"/> Retail Liquor Store (County) ..... \$312.50 <input type="checkbox"/> Tavern License (City) ..... \$500.00 <input type="checkbox"/> Tavern License (County) ..... \$500.00 <input type="checkbox"/> Vintners Restaurant License (City) ..... \$750.00 <input type="checkbox"/> Vintners Restaurant License (County) ..... \$750.00
---	---

Questions? Visit: [SBG.Colorado.gov/Liquor](http://SBG.Colorado.gov/Liquor) for more information

**Do not write in this space - For Department of Revenue use only**

Liability Information			
License Account Number	Liability Date	License Issued Through (Expiration Date)	Total \$

## Application Documents Checklist and Worksheet

**Instructions:** This checklist should be utilized to assist applicants with filing all required documents for licensure. **All** documents must be properly signed and correspond with the name of the applicant exactly. **All** documents must be typed or legibly printed. Upon final State approval the license will be mailed to the local licensing authority. Application fees are nonrefundable. **Questions? Visit:** [SBG.Colorado.gov/Liquor](http://SBG.Colorado.gov/Liquor) for more information

Items submitted, please check all appropriate boxes completed or documents submitted	
<b>I.</b>	<b>Applicant information</b> <input checked="" type="checkbox"/> A. Applicant/Licensee identified <input checked="" type="checkbox"/> B. State sales tax license number listed or applied for at time of application <input checked="" type="checkbox"/> C. License type or other transaction identified <input checked="" type="checkbox"/> D. Return originals to local authority (additional items may be required by the local licensing authority) <input checked="" type="checkbox"/> E. All sections of the application need to be completed <input checked="" type="checkbox"/> F. Master file applicants must include the Application for Master File form DR 8415 and applicable fees to this Retail License Application
<b>II.</b>	<b>Diagram of the premises</b> <input checked="" type="checkbox"/> A. No larger than 8½" X 11" <input checked="" type="checkbox"/> B. Dimensions included (does not have to be to scale). Exterior areas should show type of control (fences, walls, entry/exit points, etc.) <input checked="" type="checkbox"/> C. Separate diagram for each floor (if multiple levels) <input checked="" type="checkbox"/> D. Kitchen - identified if Hotel and Restaurant <input checked="" type="checkbox"/> E. Bold/Outlined Licensed Premises
<b>III.</b>	<b>Proof of property possession (One Year Needed)</b> <input type="checkbox"/> A. Deed in name of the applicant (or) (matching question #2) date stamped / filed with County Clerk <input checked="" type="checkbox"/> B. Lease in the name of the applicant (or) (matching question #2) <input checked="" type="checkbox"/> C. Lease assignment in the name of the applicant with proper consent from the landlord and acceptance by the applicant <input type="checkbox"/> D. Other agreement if not deed or lease. (matching question #2)
<b>IV.</b>	<b>Background information (DR 8404-I) and financial documents</b> <input checked="" type="checkbox"/> A. Complete DR 8404-I for each principal (individuals with more than 10% ownership, officers, directors, partners, members) <input type="checkbox"/> B. Fingerprints taken and submitted to the appropriate Local Licensing Authority through an approved State Vendor. Master File applicants submit results to the State using code 25YQHT with Identogo. <b>Do not complete fingerprint cards prior to submitting your application.</b> The Vendors are as follows: <b>Identogo</b> – <a href="https://uenroll.identogo.com/">https://uenroll.identogo.com/</a> Phone: 844-539-5539 (toll-free) <b>Colorado Fingerprinting</b> – <a href="http://www.coloradofingerprinting.com">http://www.coloradofingerprinting.com</a> Appointment Scheduling Website: <a href="http://www.coloradofingerprinting.com/cabs/">http://www.coloradofingerprinting.com/cabs/</a> Phone: 720-292-2722 Toll Free: 833-224-2227 <b>Details about the vendors and fingerprinting in Colorado can be found on CBI's website here:</b> <a href="https://cbi.colorado.gov/sections/biometric-identification-and-records-unit/employment-and-background-checks">https://cbi.colorado.gov/sections/biometric-identification-and-records-unit/employment-and-background-checks</a> <input checked="" type="checkbox"/> C. Purchase agreement, stock transfer agreement, and/or authorization to transfer license <input checked="" type="checkbox"/> D. List of all notes and loans (Copies to also be attached)
<b>V.</b>	<b>Sole proprietor/husband and wife partnership (if applicable)</b> <input type="checkbox"/> A. Form DR 4679 <input type="checkbox"/> B. Copy of State issued Driver's License or Colorado Identification Card for each applicant
<b>VI.</b>	<b>Corporate applicant information (if applicable)</b> <input type="checkbox"/> A. Certificate of Incorporation <input type="checkbox"/> B. Certificate of Good Standing <input type="checkbox"/> C. Certificate of Authorization if foreign corporation (out of state applicants only)
<b>VII.</b>	<b>Partnership applicant information (if applicable)</b> <input type="checkbox"/> A. Partnership Agreement (general or limited). <input type="checkbox"/> B. Certificate of Good Standing
<b>VIII.</b>	<b>Limited Liability Company applicant information (if applicable)</b> <input checked="" type="checkbox"/> A. Copy of articles of organization <input checked="" type="checkbox"/> B. Certificate of Good Standing <input checked="" type="checkbox"/> C. Copy of Operating Agreement (if applicable) <input type="checkbox"/> D. Certificate of Authority if foreign LLC (out of state applicants only)
<b>IX.</b>	<b>Manager registration for Hotel and Restaurant, Tavern, Lodging &amp; Entertainment, and Campus Liquor Complex licenses when included with this application</b> <input type="checkbox"/> A. \$30.00 fee <input checked="" type="checkbox"/> B. If owner is managing, no fee required



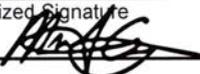
Name Michael Cote	Type of License Hotel/Restaurant Liquor	Account Number	
<b>19. Liquor Licensed Drugstore (LLDS) applicants, answer the following:</b> <b>a. Is there a pharmacy, licensed by the Colorado Board of Pharmacy, located within the applicant's LLDS premise? If "yes" a copy of license must be attached.</b> <input type="checkbox"/> <input type="checkbox"/>			
<b>20. Club Liquor License applicants answer the following: Attach a copy of applicable documentation</b> Yes No <b>a. Is the applicant organization operated solely for a national, social, fraternal, patriotic, political or athletic purpose and not for pecuniary gain?</b> <input type="checkbox"/> <input type="checkbox"/> <b>b. Is the applicant organization a regularly chartered branch, lodge or chapter of a national organization which is operated solely for the object of a patriotic or fraternal organization or society, but not for pecuniary gain?</b> <input type="checkbox"/> <input type="checkbox"/> <b>c. How long has the club been incorporated?</b> <b>d. Has applicant occupied an establishment for three years (three years required) that was operated solely for the reasons stated above?</b> <input type="checkbox"/> <input type="checkbox"/>			
<b>21. Brew-Pub, Distillery Pub or Vintner's Restaurant applicants answer the following:</b> <b>a. Has the applicant received or applied for a Federal Permit? (Copy of permit or application must be attached)</b> <input type="checkbox"/> <input type="checkbox"/>			
<b>22. Campus Liquor Complex applicants answer the following:</b> <b>a. Is the applicant an institution of higher education?</b> <input type="checkbox"/> <input type="checkbox"/> <b>b. Is the applicant a person who contracts with the institution of higher education to provide food services? If "yes" please provide a copy of the contract with the institution of higher education to provide food services.</b> <input type="checkbox"/> <input type="checkbox"/>			
<b>23. For all on-premises applicants.</b> <b>a. For all Liquor Licensed Drugstores (LLDS) the Permitted Manager must also submit an Manager Permit Application - DR 8000 and fingerprints.</b>			
Last Name of Manager Cote	First Name of Manager Michael		
<b>24. Does this manager act as the manager of, or have a financial interest in, any other liquor licensed establishment in the State of Colorado? If yes, provide name, type of license and account number.</b> Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>			
<b>25. Related Facility - Campus Liquor Complex applicants answer the following:</b> <input type="checkbox"/> <input type="checkbox"/> <b>a. Is the related facility located within the boundaries of the Campus Liquor Complex? If yes, please provide a map of the geographical location within the Campus Liquor Complex. If no, this license type is not available for issues outside the geographical location of the Campus Liquor Complex.</b> <b>b. Designated Manager for Related Facility- Campus Liquor Complex</b>			
Last Name of Manager Cote	First Name of Manager Michael		
<b>26. Tax Information.</b> Yes No <b>a. Has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or any other person with a 10% or greater financial interest in the applicant, been found in final order of a tax agency to be delinquent in the payment of any state or local taxes, penalties, or interest related to a business?</b> <input type="checkbox"/> <input checked="" type="checkbox"/> <b>b. Has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or any other person with a 10% or greater financial interest in the applicant failed to pay any fees or surcharges imposed pursuant to section 44-3-503, C.R.S.?</b> <input type="checkbox"/> <input checked="" type="checkbox"/>			
<b>27. If applicant is a corporation, partnership, association or limited liability company, applicant must list all <b>Officers, Directors, General Partners, and Managing Members</b>. In addition, applicant must list any stockholders, partners, or members with <b>ownership of 10% or more in the applicant</b>. All persons listed below must also attach form DR 8404-I (Individual History Record), and make an appointment with an approved State Vendor through their website. See application checklist, Section IV, for details.</b>			
Name Michael Cote		Position Owner	%Owned 100
Name NA	Home Address, City & State	DOB	Position %Owned
Name NA	Home Address, City & State	DOB	Position %Owned
Name NA	Home Address, City & State	DOB	Position %Owned
Name NA	Home Address, City & State	DOB	Position %Owned

Name Michael Cote	Type of License Hotel/Restaurant Liquor	Account Number
----------------------	--	----------------

\*\* If applicant is owned 100% by a parent company, please list the designated principal officer on above.  
 \*\* Corporations - the President, Vice-President, Secretary and Treasurer must be accounted for above (Include ownership percentage if applicable)  
 \*\* If total ownership percentage disclosed here does not total 100%, applicant must check this box:  
 Applicant affirms that no individual other than these disclosed herein owns 10% or more of the applicant and does not have financial interest in a prohibited liquor license pursuant to Article 3 or 5, C.R.S.

**Oath Of Applicant**

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Colorado Liquor or Beer Code which affect my license.

Authorized Signature 	Printed Name and Title Michael Cote	Date 04/01/2025
---	--	--------------------

**Report and Approval of Local Licensing Authority (City/County)**

Date application filed with local authority 4.7.25	Date of local authority hearing (for new license applicants; cannot be less than 30 days from date of application) 5.14.25
---	---

**For Transfer Applications Only** - Is the license being transferred valid? Yes No

The Local Licensing Authority Hereby Affirms that each person required to file DR 8404-I (Individual History Record) or a DR 8000 (Manager Permit) has been:

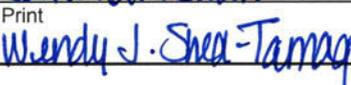
- Fingerprinted
- Subject to background investigation, including NCIC/CCIC check for outstanding warrants

That the local authority has conducted, or intends to conduct, an inspection of the proposed premises to ensure that the applicant is in compliance with and aware of, liquor code provisions affecting their class of license (Check One)

- Date of inspection or anticipated date \_\_\_\_\_
- Will conduct inspection upon approval of state licensing authority

- Is the Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 1,500 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of > 10,000? Yes No
  - Is the Liquor Licensed Drugstore(LLDS) or Retail Liquor Store (RLS) within 3,000 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of < 10,000?
- NOTE:** The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.
- Does the Liquor-Licensed Drugstore (LLDS) have at least twenty percent (20%) of the applicant's gross annual income derived from the sale of food, during the prior twelve (12) month period?

The foregoing application has been examined; and the premises, business to be conducted, and character of the applicant are satisfactory. We do report that such license, if granted, will meet the reasonable requirements of the neighborhood and the desires of the adult inhabitants, and will comply with the provisions of Title 44, Article 4 or 3, C.R.S., and Liquor Rules. **Therefore, this application is approved.**

Local Licensing Authority for City of Littleton	Telephone Number 303-795-3780	<input checked="" type="checkbox"/> Town, City <input type="checkbox"/> County
Signature 	Print Jothi Ravindran	Title Commission Chair
Signature 	Print Wendy J. Shea-Tamag	Title Deputy City Clerk

To Whom it may Concern:

In Response to Question 14 on my  
Liquor license application for the City of Littleton,  
I Answered yes.

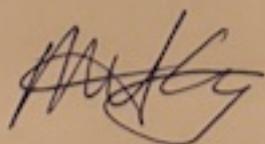
This is Because before leasing this Space at  
2620 W. Belleview Ave, Littleton, Co. 80123, I had  
leased another Space under the name Barcuterie, LLC.  
We never started Construction on this Space &  
Ultimately Cancelled the lease, and dissolved that LLC.

I was approved for a liquor license under  
that LLC, but it is not needed as the lease  
was cancelled & I am now at the 2620 W.  
Belleview, Ave, Littleton, Co. 80123 Applying for  
the liquor license pertaining to this question.

Please reach out to me with further questions,  
Comments or Concerns.

Respectfully,

Michael Cote



5/2/2025

## Tax Check Authorization, Waiver, and Request to Release Information

I, Michael Cote

am signing this Tax Check Authorization, Waiver and Request to Release Information (hereinafter

“Waiver”) on behalf of

(the “Applicant/Licensee”)

Applicant/Licensee

to permit the Colorado Department of Revenue and any other state or local taxing authority to release information and documentation that may otherwise be confidential, as provided below. If I am signing this Waiver for someone other than myself, including on behalf of a business entity, I certify that I have the authority to execute this Waiver on behalf of the Applicant/Licensee.

The Executive Director of the Colorado Department of Revenue is the State Licensing Authority, and oversees the Colorado Liquor Enforcement Division as his or her agents, clerks, and employees. The information and documentation obtained pursuant to this Waiver may be used in connection with the Applicant/Licensee’s liquor license application and ongoing licensure by the state and local licensing authorities. The Colorado Liquor Code, section 44-3-101. et seq. (“Liquor Code”), and the Colorado Liquor Rules, 1 CCR 203-2 (“Liquor Rules”), require compliance with certain tax obligations, and set forth the investigative, disciplinary and licensure actions the state and local licensing authorities may take for violations of the Liquor Code and Liquor Rules, including failure to meet tax reporting and payment obligations.

The Waiver is made pursuant to section 39-21-113(4), C.R.S., and any other law, regulation, resolution or ordinance concerning the confidentiality of tax information, or any document, report or return filed in connection with state or local taxes. This Waiver shall be valid until the expiration or revocation of a license, or until both the state and local licensing authorities take final action to approve or deny any application(s) for the renewal of the license, whichever is later. Applicant/Licensee agrees to execute a new waiver for each subsequent licensing period in connection with the renewal of any license, if requested.

By signing below, Applicant/Licensee requests that the Colorado Department of Revenue and any other state or local taxing authority or agency in the possession of tax documents or information, release information and documentation to the Colorado Liquor Enforcement Division, and is duly authorized employees, to act as the Applicant’s/Licensee’s duly authorized representative under section 39-21-113(4), C.R.S., solely to allow the state and local licensing authorities, and their duly authorized employees, to investigate compliance with the Liquor Code and Liquor Rules. Applicant/Licensee authorizes the state and local licensing authorities, their duly authorized employees, and their legal representatives, to use the information and documentation obtained using this Waiver in any administrative or judicial action regarding the application or license.

Name (Individual/Business)

Michael Cote/ Bistro 36 Drinkery & Eatery, LLC

Social Security Number/Tax Identification Number

Home Phone Number

Business/Work Phone Number

(720)510-9439

Street Address

City

State

ZIP Code

Littleton

CO

80123

Printed name of person signing on behalf of the Applicant/Licensee

Michael Cote

Applicant/Licensee's Signature (Signature authorizing the disclosure of confidential tax information)

Date Signed



04/01/2025

**Privacy Act Statement**

Providing your Social Security Number is voluntary and no right, benefit or privilege provided by law will be denied as a result of refusal to disclose it. § 7 of Privacy Act, 5 USCS § 552a (note).

## Individual History Record

To be completed by the following persons, as applicable: sole proprietors; general partners regardless of percentage ownership, and limited partners owning 10% or more of the partnership; all principal officers of a corporation, all directors of a corporation, and any stockholder of a corporation owning 10% or more of the outstanding stock; managing members or officers of a limited liability company, and members owning 10% or more of the company; and any intended registered manager of Hotel and Restaurant, Tavern and Lodging and Entertainment class of retail license

**Notice:** This individual history record requires information that is necessary for the licensing investigation or inquiry. All questions must be answered in their entirety or the license application may be delayed or denied. If a question is not applicable, please indicate so by "N/A". **Any deliberate misrepresentation or material omission may jeopardize the license application.** (Please attach a separate sheet if necessary to enable you to answer questions completely)

Name of Business

Bistro 36 Eatery & Drinkery, LLC

Home Phone Number

Cellular Number

Your Full Name (last, first, middle)

Cote, Michael, Jean

List any other names you have used

NA

Mailing address (if different from residence)

NA

Email Address

mike@bistro36eatery.com

1. List current residence address. Include any previous addresses within the last five years. (Attach separate sheet if necessary)

Current Street and Number

Current City, State, ZIP

From:

August 2020

To:

Present

Previous Street and Number

Previous City, State, ZIP

From:

December 2015

To:

August 2020

**Individual History Record (Continued)**

**2. List all employment within the last five years. Include any self-employment. (Attach separate sheet if necessary)**

Name of Employer or Business

Hungry Goat Scratch Kitchen and Wine Bar

Address (Street, Number, City, State, ZIP)

102 Market Street, Morrison, Co. 80465

Position Held

General Manager

From:

June 2022

To:

Present

Name of Employer or Business

Jersey Mike's Subs

Address (Street, Number, City, State, ZIP)

Multiple

Position Held

Director of Operations

From:

January 2022

To:

June 2022

Name of Employer or Business

Olive Garden Italian Kitchen

Address (Street, Number, City, State, ZIP)

5380 S. Wadsworth Blvd, Littleton, Co. 80123

Position Held

Manager

From:

February 2008

To:

January 2022

**3. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry.**

Name of Relative

NA

Relationship to You:

Position Held

Name of Licensee

Name of Relative

NA

Relationship to You:

Position Held

Name of Licensee

**Individual History Record (Continued)**

Name of Relative NA	Relationship to You: 
Position Held 	Name of Licensee 
Name of Relative NA	Relationship to You: 
Position Held 	Name of Licensee 

4. Have you ever applied for, held, or had an interest in a Colorado Liquor or Beer License, or loaned money, furniture, fixtures, equipment or inventory to any licensee? .....  Yes  No

(If yes, answer in detail.)

I had a liquor licnse in Jefferson county. Upon moving the business to city limits and county of Arapahoe, I never used the previous approved license and have since surrendered it.

5. Have you ever received a violation notice, suspension, or revocation for a liquor law violation, or have you applied for or been denied a liquor or beer license anywhere in the United States?.....  Yes  No

(If yes, answer in detail.)

NA

6. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending?.....  Yes  No

(If yes, answer in detail.)

NA

7. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence?.....  Yes  No

(If yes, answer in detail.)

NA

**Individual History Record (Continued)**

8. Have you ever had any professional license suspended, revoked, or denied?.....  Yes  No

(If yes, answer in detail.)

NA
----

**Personal and Financial Information**

Unless otherwise provided by law, the personal information required in this section will be treated as confidential. The personal information required in this section is solely for identification purposes.

Date of Birth	Social Security Number	Place of Birth		
[REDACTED]	[REDACTED]	[REDACTED]		
U.S. Citizen <input checked="" type="radio"/> Yes <input type="radio"/> No	If Naturalized, state where	When		
	NA	NA		
Name of District Court	Naturalization Certificate Number	Date of Certification		
NA	NA	NA		
If an Alien, Give Alien's Registration Card Number	Permanent Residence Card Number			
NA	NA			
Height	Weight	Hair Color	Eye Color	Gender
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Do you have a current Driver's License/ID? If so, give number and state. ....  Yes  No

Driver's License Number	Driver's License State
[REDACTED]	[REDACTED]

**Financial Information**

9. Total purchase price or investment being made by the applying entity, corporation, partnership, limited liability company, other.....

10. List the total amount of the **personal** investment, made by the person listed on page 1 in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases or fees paid.....

**NOTE: If corporate investment only, please skip to and complete question 12**  
**NOTE: Question 10 should reflect the total of questions 11 and 13**

**Personal and Financial Information (Continued)**

**11. Provide details of the personal investment described in question 10. You must account for all of the sources of this investment. (Attach a separate sheet if needed)**

Type: Cash, Services or Equipment	Account Type
Bank Name	Amount
Type: Cash, Services or Equipment	Account Type
NA	
Bank Name	Amount
Type: Cash, Services or Equipment	Account Type
NA	
Bank Name	Amount
Type: Cash, Services or Equipment	Account Type
NA	
Bank Name	Amount

**12. Provide details of the corporate investment described in question 9. You must account for all of the sources of this investment. (Attach a separate sheet if needed)**

Type: Cash, Services or Equipment	Loans	Account Type
Bank Name	Amount	
Type: Cash, Services or Equipment	Loans	Account Type
NA		
Bank Name	Amount	
Type: Cash, Services or Equipment	Loans	Account Type
NA		
Bank Name	Amount	

**13. Loan Information (Attach copies of all notes or loans)**

Name of Lender	Address
NA	NA
Term	Security
NA	NA
	Amount
	NA

**Personal and Financial Information (Continued)**

Name of Lender		Address
NA		
Term	Security	Amount
Name of Lender		Address
NA		
Term	Security	Amount
Name of Lender		Address
NA		
Term	Security	Amount

**Oath of Applicant**

I declare under penalty of perjury that this application and all attachments are true, correct, and complete to the best of my knowledge.

Authorized Signature



Print Signature

MICHAEL COTE

Title

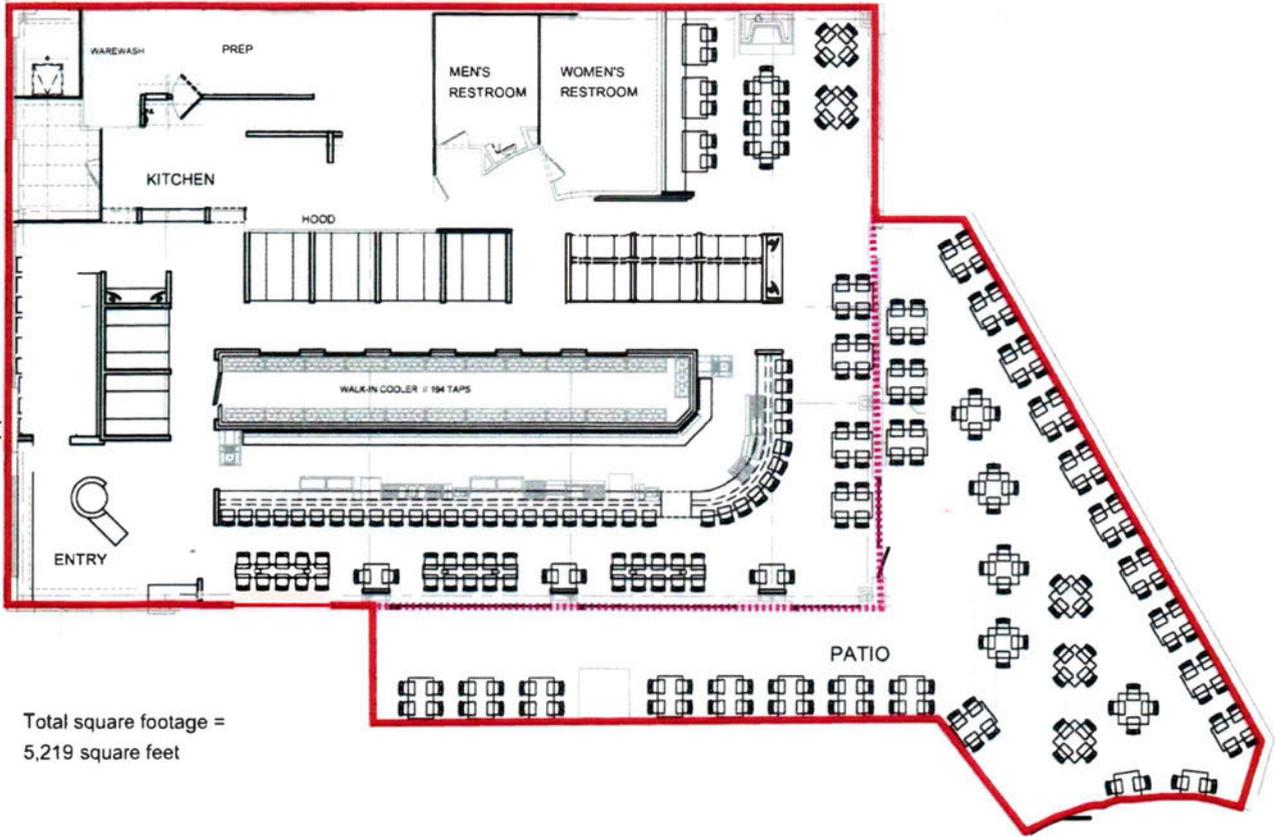
owner

Date (MM/DD/YY)

04/01/2025

Approximate 87'

Approximate 59' 11 2/3"



Total square footage =  
5,219 square feet

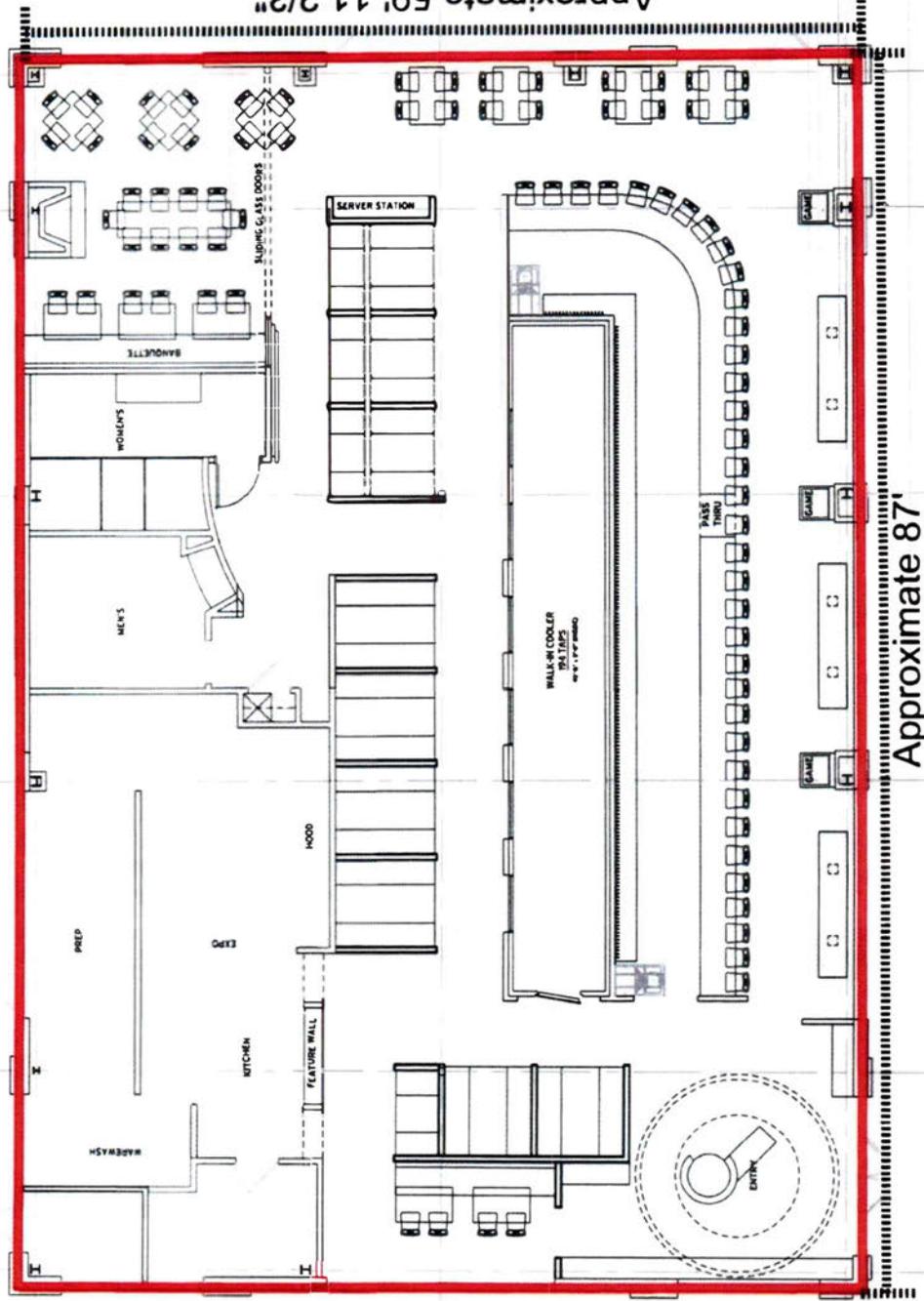


1

# SITE PLAN

1/8" = 1'-0"

PROPOSED HOTEL & RESTAURANT LICENSED PREMISES



Approximate 59' 11 2/3"

Total square footage =  
5,219 square feet

Approximate 87'

