## Colorado Liquor Retail License Application

New License New-Concurrent	☐ Transfer	of Ownership	State Prope	rty Only	Master file
<ul> <li>All answers must be printed in black ink or ty</li> <li>Applicant must check the appropriate box(es</li> <li>Applicant should obtain a copy of the Colora</li> </ul>	3)	Beer Code: www	v.colorado.gov/ei	nforcemen	t/liquor
1. Applicant is applying as a/an Individual	X Limited Liabil	ity Company	Association	or Other	
					Wife Partnerships)
2. Applicant If an LLC, name of LLC; if partnership, at le	ast 2 partner's nan	nes; if corporation,			
2a.Trade Name of Establishment (DBA)	& Lounge #2 I	LLC	,		Oi Talaah
Social Bar & Loun	CA				Business Telephone (303) 815-2329
Address of Premises (specify exact location of premises)		nit numbers)			(303) 613-2329
		rk Drive Unit C			
City		County	,	State	ZIP Code
Littleton		Ara	apahoe	CO	80122
4. Mailing Address (Number and Street)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	City or Town	-	State	ZIP Code
5935 Blue Sage Way		Li	ttleton	CO	80123
5. Email Address					
6. If the premises currently has a liquor or beer license,					
Present Trade Name of Establishment (DBA)	Present State	License Number	Present Class of	License	Present Expiration Date
Section A Nonrefundable A	pplication Fees*	Section B (Cont.)			Liquor License Fees*
☐ Application Fee for New License	\$1,550.00	☐ Liquor-License	ed Drugstore (Count	v)	\$312.50
☐ Application Fee for New License w/Concurrent Review		_			\$500.00
Application Fee for Transfer					\$500.00
	or License Fees*	mann .			\$75.00
☐ Add Optional Premises to H & R\$100.00 X_	The same of the sa	prompt.			\$75.00
	4 4 4	☐ Manager Regis	stration - Lodging &	Entertainme	nt\$75.00
Add Related Facility to Resort Complex \$75.00 X		☐ Manager Regis	stration - Campus L	iquor Comple	ex\$75.00
Add Sidewalk Service Area.		Optional Premi	ises License (City)		\$500.00
Arts License (City)					\$500.00
☐ Arts License (County)					\$500.00
					\$500.00
☐ Beer and Wine License (County) ☐ Brew Pub License (City)					\$500.00
Brew Pub License (County)		material Control of the Control of t			\$500.00
Campus Liquor Complex (City)					)\$160.00
☐ Campus Liquor Complex (County)					inty)\$160.00
☐ Campus Liquor Complex (State)					re)\$160.00
☐ Club License (City)					\$500.00 \$500.00
Club License (County)	\$308. <b>7</b> 5				\$227.50
☐ Distillery Pub License (City)	\$750.00				\$312.50
☐ Distillery Pub License (County)	\$750. <b>0</b> 0				\$227.50
☐ Hotel and Restaurant License (City)	\$500.00				\$312.50
Hotel and Restaurant License (County)	\$500.00	☐ Tavern License	e (City)		\$500.00
Hotel and Restaurant License w/one opt premises (City).	\$600. <b>0</b> 0				\$500.00
Hotel and Restaurant License w/one opt premises (Coun	ty)\$600. <b>0</b> 0				\$750.00
Liquor-Licensed Drugstore (City)	\$227.50				\$750.00
* Note th	nat the Divisio	n will not acco			
Questions? Visit: www.	colorado.gov/e	nforcement/liqu	or for more in	formation	n
Do not write in this	s space - For I	Department of	Revenue use	only	
League Account Number		formation	ties Date		
License Account Number Liability Date	License Issue	d Through (Expira	tion Date)	Total \$	

DR 8404 (01/22/20)

#### **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: <a href="https://www.colorado.gov/enforcement/liquor for more information">www.colorado.gov/enforcement/liquor for more information</a>

	- 14		Items submitted, please check all appropriate boxes completed or documents submitted
I.	Ar	nli	cant information
		•	Applicant/Licensee identified
			State sales tax license number listed or applied for at time of application
			License type or other transaction identified
			Return originals to local authority (additional items may be required by the local licensing authority)
		F	. All sections of the application need to be completed
			Master file applicants must include the Application for Master File form DR 8415 and applicable fees to this
		٠.	Retail License Application
II.	Di	anr	am of the premises
			No larger than 8 1/2" X 11"
			Dimensions included (does not have to be to scale). Exterior areas should show type of control (fences,
		٥.	walls, entry/exit points, etc.)
		0	Separate diagram for each floor (if multiple levels)
	2000		. Kitchen - identified if Hotel and Restaurant
			Bold/Outlined Licensed Premises
111			of property possession (One Year Needed)
ш.			Deed in name of the applicant (or) (matching question #2) date stamped / filed with County Clerk
			Lease in the name of the applicant (or) (matching question #2)
			Lease assignment in the name of the applicant (or) (matching question #2). Lease assignment in the name of the applicant with proper consent from the landlord and acceptance by the applicant
			. Other agreement if not deed or lease. (matching question #2)
13.7			
IV.	Ba		ground information (DR 8404-I) and financial documents
		A.	Complete DR 8404-I for each principal (individuals with more than 10% ownership, officers, directors,
		_	partners, members)
	Ш	В.	Fingerprints taken and submitted to the appropriate Local Licensing Authority through an approved state
			vendor. Do not complete fingerprint cards prior to submitting your application.
			The Vendors are as follows:
			IdentoGO - https://uenroll.identogo.com/
			Phone: 844-539-5539 (toll-free)
			IdentoGO FAQs: https://www.colorado.gov/pacific/cbi/identification-faqs
			Colorado Fingerprinting – http://www.coloradofingerprinting.com
			Appointment Scheduling Website: http://www.coloradofingerprinting.com/cabs/
			Phone: 720-292-2722 Toll Free: 833-224-2227
			Purchase agreement, stock transfer agreement, and/or authorization to transfer license
	Ш		List of all notes and loans (Copies to also be attached)
V.			proprietor/husband and wife partnership (if applicable)
			Form DR 4679
	Ш		Copy of State issued Driver's License or Colorado Identification Card for each applicant
VI.			prate applicant information (if applicable)
			Certificate of Incorporation
			Certificate of Good Standing
	Ш	C.	Certificate of Authorization if foreign corporation (out of state applicants only)
VII.	Pa	rtn	ership applicant information (if applicable)
			Partnership Agreement (general or limited).
		В.	Certificate of Good Standing
VIII.	Lir	nite	ed Liability Company applicant information (if applicable)
		A.	Copy of articles of organization
		B.	Certificate of Good Standing
		C.	Copy of Operating Agreement (if applicable)
			Certificate of Authority if foreign LLC (out of state applicants only)
IX.	Ma		ger registration for Hotel and Restaurant, Tavern, Lodging & Entertainment, and Campus Liquor
			licenses when included with this application
			\$75.00 fee
			Individual History Record (DR 8404-I)
			If owner is managing, no fee required

Nan	ne	WANTED TO THE SECURITION OF THE SECURITI	Type of License	Account Nu	ımber		
7.	Is the applicant (including any of the partner stockholders or directors if a corporation) or			liability company; or offic	ers,	Yes	No
8.	Has the applicant (including any of the partn stockholders or directors if a corporation) or a. Been denied an alcohol beverage license	managers ever (in Co?		d liabili <b>ty</b> company; or of	ficers,		×
If yo	<ul> <li>b. Had an alcohol beverage license suspend</li> <li>c. Had interest in another entity that had an u answered yes to 8a, b or c, explain in detail</li> </ul>	alcohol beverage licer I on a separate sheet.					X
9.	Has a liquor license application (same licens preceding two years? If "yes", explain in det		ated within 500 feet of the prop	osed premises, been de	nied within the		×
10.	Are the premises to be licensed within 500 f Colorado law, or the principal campus of any			llsory education requirem	nents of	0	or
				Other:			
11.	Is your Liquor Licensed Drugstore (LLDS) of sales in a jurisdiction with a population of greathat begins at the principal doorway of the L way of the Licensed LLDS/RLS.	eater than (>) 10,0000	? NOTE: The distance shall be	e determined by a radius	measurement		
12.	Is your Liquor Licensed Drugstore (LLDS) of sales in a jurisdiction with a population of less that begins at the principal doorway of the Licensed LLDS/RLS.	s than (<) 10,0000? N	IOTE: The distance shall be de	etermined by a radius me	easurement		
13	a. For additional Retail Liquor Store only. Wa	s your Retail Liquor St	ore License issued on or befor	e January 1, 2016?			
13	b. Are you a Colorado resident?					X	
14.	Has a liquor or beer license ever been issue Limited Liability Company; or officers, stockl <u>current</u> financial interest in said business inc	nolders or directors if a	a corporation)? If yes, identify t	partnership; members or he name of the business	manager if a and list any	X	
15.	Does the applicant, as listed on line 2 of this a arrangement?  Ownership Lease Other (Expla	in in Detail)			iher	×	
	a. If leased, list name of landlord and tenant,			lease:			
Land	dlord PPF AMLI Littleton Village LL	.C Tena	nt Social Bar & Lou	nge #2 LLC	Expires Januar	y 20	131
	<ul> <li>b. Is a percentage of alcohol sales included</li> <li>c. Attach a diagram that designates the area partitions, entrances, exits and what each</li> </ul>	to be licensed in blace	k bold outline (including dimen	sions) which shows the			X
16.	Who, besides the owners listed in this application inventory, furniture or equipment to or for use						
Last	Name	First Name	Date of Birth	FEIN or SSN	Interest/F	ercer	ntage
Last	Name	First Name	Date of Birth	FEIN or SSN	Interest/P	ercer'	ntage
part rela	ch copies of all notes and security instrum nerships, corporations, limited liability con ting to the business which is contingent or Optional Premises or Hotel and Restaurant	npanies, etc.) will sha conditional in any w	are in the profit or gross proce ay by volume, profit, sales, gi	eeds of this establishme	ent, and any ag		
17.	Has a local ordinance or resolution authorizi	ng optional premises i	peen adopted?	rose requested (See lies	oneo foo chart)		X
18.	For the addition of a Sidewalk Service Area the local governing body authorizing use of other legal permissions.	per Regulation 47-30		he service area and doc	umentation rec		
19.	Liquor Licensed Drugstore (LLDS) applicant a. Is there a pharmacy, licensed by the Colo If "yes" a copy of license must be attact	rado Board of Pharma		's LLDS premise?			

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. 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.?  27. If applicant is a corporation, partnership, association or limited liability company, applicant must list all Officers, Directors, General Partners and Managing Members. In addition, applicant must list any stockholders, partners, or members with ownership of 10% or more in the applicant. All persons listed below must also attach form DR 8404-1 (Individual History Record), and make an appointment with an approve State Vendor through their website. See application checklist, Section IV, for details.  Name  Steve Cominsky  Name  Home Address, City & State  DOB  Position  Wowne  Name  Home Address, City & State  DOB  Position  Wowne  Topporations - the President, Vice-President, Secretary and Treasurer must be accounted for above (Include ownership percentage if applicable)  "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 lock 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 state of the page of the properties of the page o		404 (01122120)						
a. Is the applicant organization operated solely for a retironal social, featural, paticles, purposes and not for pacunary gain?    The property of the paticles of the paticles of the paticles of anathonal organization which is operated solely for the object of a paticle of retironal organization or accessly, but not for pecuniary gain?    The property of the paticles of the pati	Nan	ne		Type of Licen	se	Account Number		
a. Is the applicant organization operated solely for a retironal social, featural, paticles, purposes and not for pacunary gain?    The property of the paticles of the paticles of the paticles of anathonal organization which is operated solely for the object of a paticle of retironal organization or accessly, but not for pecuniary gain?    The property of the paticles of the pati	20.	Club Liquor License applicants answ	ver the following: Attach:	a copy of applicable d	ocumentation		Vos	No
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 particulor or financial organization or society, but not for pecuniary gain?  c. How long has the club been incorporated?  d. Has applicant occupied an adaption for three years (there years required) that was operated solely for the reasons stated above?  21. Strew-Pub. Distiller, Pub or Virbiner's Restaurant applicants answer the following: a. Has the applicant operated or adeptived for a frequent Permit? (Copy or permit or application must be attached)  22. Campus Liquor Complex applicants in adeptive the following: a. Has the applicant of person the countract with the institution of higher education?  b. Is the applicant a parson with compared that the institution of higher education to provide food services.  23. For all on-premises applications: a. Hold and Restaurant Lodging and Entertainment, Tavem Licanse and Campus Liquor Complex, the Registered Manager must also submit an Individual History Record  - DR 8404-1 and fingerprint submitted to approved State Vendor through the Vendor's website. See application checklist, Section IV, for details  b. For all Logicu Liberase Dropsices (LIDS) the Permitted Manager must also submit an a Manager Permit Application  - DR 8000 and fingerprints.  24. Does this manager and as the manager of a naw a financial interest in, any other liquor licensed establishment in the State of Yes N Colorado If Iyes, provide name, typis of license and account number.  First Name of Manager  25. Related Facility Campus Liquor Complex.  If yes, financy campus Liquor Complex is provided and the State of Yes N Colorado If Iyes, provide name, typis of license and account number.  16. Designated Manager for Related Facility Campus Liquor Complex.  17. If yes, finance of the provided interest in the applicant in the Campus Liquor Complex.  18. Designated Manager for Related Facility—Campus Liquor Complex.  18. Designated Manager for Related						none and not for necurion, as		INC
object of a patriotic or fraterial organization or society, but not for pecuniary gain?  c. How long has the club bean incorporated?  d. Has applicant occupied an establishment for three years (three years required that was operated solely for the reasons stated above?  d. Has applicant occupied an establishment for three years (three years required that was operated solely for the reasons stated above?  2. Serw-Pub. Distillery Pub or Vininer's Restaurant applicants answer the following:  a. Has the applicant is nestroined on higher education?  b. Is the applicant a person who contracts with the institution of higher education to provide food services?  b. Is the applicant a person who contracts with the institution of higher education to provide food services.  They'ses' please provide a copy of the contract with the Institution of higher education to provide food services.  3. For all organization and the provide of the contract with the Institution of higher education to provide food services.  3. For all organization and the Institution of higher education to provide food services.  3. For all Organization and the Institution of higher education to provide food services.  3. For all Organization and the Institution of higher education to provide food services.  3. For all Organization and the Institution of higher education to provide food services.  3. For all Organization and the Institution of higher education to provide food services.  3. For all Liquic Licensed Disperse of the Contract of the Institution of higher education to provide food services.  3. For all Organization and the Institution of higher education of the Institution of higher education and the Institution of higher education of the Institution of higher education of the Institution of higher education and the Institution of higher education of the Institution of higher education of the Institution of higher education of the Institution of higher education in the Institution of higher education in the Institution of higher education in t		b. Is the applicant organization a rec	ularly chartered branch le	odge or chanter of a na	tional organization	which is operated solely for	the L	
c. How long has the club been incorporated? d. Has applicant occupied an establishment of three years required) that was operated solely for the reasons stated above?  [11. Brew-Pub. Distillery Pub or Vinther's Restaurant applicants answer the following: a. Has the applicant proceived or applied for a Pederal Permit? (Copy of permit or application must be attached)  [22. Campus Liquor Complex applicants shares the following: a. Is the applicant an institution of higher education?  [33. Is the applicant a person who contracts with the institution of higher education to provide food services?  [34. If Yes? please provide a copy of the contract with the institution of higher education to provide food services.  [35. For all chypermises applicants. a. Hotel and Restaurant. Lodging and Entertainment. Tavern License and Campus Liquor Complex, the Registered Manager must also submit are individual History Record  - OR 8404-4 and fingerprint submitted to approved State Vendor through the Vendor's website. See application checklist, Section IV, for details. b. For all Liquor Licensed Drugstows (LLDS) the Permitted Manager must also submit an individual History Record  - OR 8404-4 and fingerprints.  - OR 8404-4 and fingerprints attended to approved State Vendor through the Vendor's website. See application checklist, Section IV, for details. b. For all Liquor Licensed Drugstows (LLDS) the Permitted Manager must also submit an Manager Permit Application  - OR 8400-4 and fingerprints.  - OR 8404-4 and fingerprint submitted to approved State Vendor through the Vendor's website. See application checklist, Section IV, for details. b. For all Liquor Licensed Drugstows (LLDS) the Permitted Manager Permit Application in Manager Permit Application.  - OR 8404-8 and Finger Permitted Manager Permitted		object of a patriotic or fraternal or	ganization or society, but r	not for pecuniary gain?	tional organization	willon is operated solely for	ile	
d. Has applicant occupied an establishment for three years included that was operated solely for the reasons stated above?  1. Stew-Pub. Distillery Pub or Vininer's Restaurant applicants answer the following: 1. Has the applicant received or applied for a Federal Permit" (Copy of permit or explication must be altached)  2. Campus Liquor Compex applicants unswer the following: 1. Is the applicant an institution of higher education?  2. Is the applicant a person who contracts with the institution of higher education to provide food services?  3. For all carpermises applicants. 2. Hotel and Restaurant Lodging and Entertainment, Tovern License and Campus Liquor Complex, the Registered Manager must also submit an Part of the Restaurant Lodging and Entertainment, Tovern License and Campus Liquor Complex, the Registered Manager must also submit an Manager Permit Application. 2. PR 6004 and fingerprints unswer the following: 3. For all Capital License and publicants and provide State Vendor through the Vendor's website. See application checklist, Section IV, for details b. For all Liquor Licensed Drugstoves LLDS) the Permitted Manager must also submit an Manager Permit Application. 2. PR 6004 and fingerprints. 2. First Name of Manager  2. Cominsky  2. Does this manager set as the manager of or have a financial interest in, any other liquor licensed establishment in the State of Yes. N Colorado? If yes, provide name type of therese and decount number.  3. Related Facility Compute Liquor Complex 4. Person of Manager Complex applicants makes the following: 4. First Name of Manager  4. The relative form of the geographical location with the Campus Liquor Complex. 5. Designated Manager for Related Facility-Campus Liquor Complex. 6. Designated Manager for Related Facility-Campus Liquor Complex. 6. Designated Manager for Related Facility-Campus Liquor Complex. 6. Designated Manager for Related Facility-Campus Liquor Comple				, , , , , , , , , , , , , , , , , , , ,				
21. Brew-Pub. Distillery Pub or Vintner's Restaurant applicants answer the following:  a. Has the applicant received or applies for a florarial Permit? (Copy of permit or application must be attached)  22. Campus Liquer Complex applicants answer the following:  a. Is the applicant a institution of higher education?  b. Is the applicant a person who sociracts with the institution of higher education to provide food services.  3. For all on-premises applicants:  3. For all on-premises applicants an institution of higher education to provide food services.  3. For all on-premises applicants and the contract with the institution of higher education to provide food services.  3. For all on-premises applicants are contract with the institution of higher education to provide food services.  3. For all on-premises applicants.  3. For all on-premises applicants are contract with the institution of higher education to provide food services.  3. For all on-premises applicants are contract with the institution of higher education to provide food services.  3. For all on-premises applicants are contract with the institution of higher education to provide food services.  3. For all on-premises applicants are contract with the contract with the contract with the contract of the contract o				e years required) that w	as operated solely f	or the reasons stated above?		
a. Has the applicant received or applied for a Federal Permit' (Gopy of permit or application must be attached)  Let Campus Lupic Complex applicants answer the following: a. Is the applicant an institution of higher education?  Let the applicant a person who accuracts with the institution of higher education to provide food services.  Byear plans a provide a copy of the contract with the institution of higher education to provide food services.  For all on-premises applicants. a. Had an institution of higher education to provide food services.  For all on-premises applicants. a. Had an institution of higher education to provide food services.  For all on-premises application and the provide and provide and provide and fragerprise application checklist. Section IV, for details before all Liquor Licensed Drugstones (LLOS) the Permitted Manager must also submit an Manager Permit Application.  PR 6000 and finger provise.  Let Name of Manager  Cominsky  Cominsky  Steve  24. Does this manager act as the manager of, or have a financial interest in, any other liquor licensed establishment in the State of Yes N Colorado? If yes, provide name, type of License and account number.  S. Related Facility - Campus Liquor Complex applicants answer the following: a. Is the related facility boarsed within the boundaries of the Campus Liquor Complex?  If yes, places provide a major of the geographical location within the Campus Liquor Complex.  If yes, places provide a major of the geographical location of the Campus Liquor Complex.  B. Designated Manager for Related Facility - Campus Liquor Complex.  First Name of Manager  Cominsky  Steve  26. Tax Information. 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 finited to pay any fees or surranges imposed pursuant to section 44-3-503, C.R.S.?  17. If applicant is a corporation, partnership, association or limited liability compa	21.		TO SERVICE THE PROPERTY OF THE	THE RESIDENCE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	do operated objery i	01 010 10000110 000100 00000		
22. Campus Liquor Complex applicants answer the following:  a. Is the applicant a institution of higher education?  b. Is the applicant a person who contracts with the institution of higher education to provide food services.  23. For all on-premises applicants.  a. Hotel and Restaurant. Ludging and Entertainment, Tavem License and Campus Liquor Complex, the Registered Manager must also submit an Individual History Record.  - DR 8404-1 and fingerprint submitted to approved State Vandor through the Vendor's website. See application checklist, Section IV, for details.  b. For all Liquor Licensed Organizations (LDS) the Permitted Manager must also submit an Manager Permit Application.  - DR 8404-1 and fingerprint submitted to approved State Vandor through the Vendor's website. See application checklist, Section IV, for details.  b. For all Liquor Licensed Prospectives.  Cominsky  24. Does this manager set as the manager of . or have a financial interest in, any other liquor licensed establishment in the State of Yes. N Colorado? If yes, provide mana, eye, of tisense and account number.  55. Related Facility - Campus Liquor Complex applicants answer the following:  a. Is the related facility bosted within the boundaries of the Campus Liquor Complex.  First Name of Manager  If yes, please provide a map of the geographical location within the Campus Liquor Complex.  b. Designated Manager for Related Facility - Campus Liquor Complex.  First Name of Manager  Cominsky  Steve  26. Tax Information.  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, director in the applicant in the late of the payment of any state of tools uses, pensificate or the applicant use it last officers or such as a continuous entered to a business?  b. Has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members, (LLC), or any other pers					ication must be atta	ached)		
b. Is the applicant a person who contracts with the institution of higher education to provide food services?    "Yes" please provide a copy of the contract with the Institution of higher education to provide food services.   To rail on-premises applicants.   To Redd-1 and fingerprints submitted to approved State Vendor through the Vendor's website. See application checklist, Section IV, for details be. For all Lucius Licensed Ingerprints.   To Redd-1 and fingerprints.   To Redd-1 and fingerprints	22.							-
If "yes" please provide a copy of the contract with the institution of higher education to provide food services.  3. For all on-premises applicants.  3. Hotel and Restaurant Lodging and Entertainment, Tavern License and Campus Liquor Complex, the Registered Manager must also submit an Individual History Record  - DR 8404-1 and fingerprints submitted to approved State Vendor through the Vendor's website. See application checklist, Section IV, for details be. For all Licent Licensed Integroses (LLCS) the Permitted Manager must also submit an Manager Permit Application  - DR 8000 and fingerprints.  21. Pose this manager act as the manager of or have a financial interest in, any other liquor licensed establishment in the State of Yes N Colorado' It yes, provide name, type of license and account number.  22. Cominsky  23. Does this manager act as the manager of itense and account number.  24. Does this manager act as the manager of itense and account number.  25. Related Facility - Campus Liquor Complex applicants enswer the following:  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 locense type is not an able for issues outside the geographical location of the Campus Liquor Complex.  b. Designated Manager for Related Facility - Campus Liquor Complex.  First Name of Manager  Cominsky  18. Tax Information.  28. Tax Information.  29. A Has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or any payment of any state or local times, penalties, or interest related to a business?  50. Has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or on more in the applicant in a contraction, partnership, association or limited liability company, applicant must list all Officers, Directors, General Partners and Managing Members. In addition, appli		a. Is the applicant an institution of hi	gher education?					
23. For all on-premises applicants, a. Hotel and Restaurant. Louding and Entertainment, Tavern License and Campus Liquor Complex, the Registered Manager must also submit ar Individual History Record - DR 8404 and fingerprint submitted to approved State Vendor through the Vendor's website. See application checklist, Section IV, for details b. For all Liquor Licensed Drugstores (LLDS) the Permitted Manager must also submit an Manager Permit Application - PR 8000 and fingerprints.    PR 8400 and fingerprints   Provide name   P								
a. Hotel and Restaurant. Lodging and Entertainment, Tavam Liconse and Campus Liquor Complex, the Registered Manager must also submit an Individual History, Record  - DR 8404-1 and fingerprint submitted to approved State Vendor through the Vendor's website. See application checklist. Section IV, for details  - DR 8000 and fingerprints  - DR 8000 and fingerprints  - DR 8000 and fingerprints  - Steve  24. Does this manager act as the manager of, or have a financial interest in, any other liquor licensed stabilishment in the State of Yes N Colorado? Myes, provide name, type of license and account number.  25. Related Facility - Campus Liquor Complex applicants answer the following:  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. Designated Manager for Related Facility. Campus Liquor Complex.  First Name of Manager  Cominsky  Steve  26. Tax Information.  **As the applicant, including its manager, partners, officer, directors, slockholders, 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. Has the applicant, including its manager, partners, officer, directors, slockholders, 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 44-5-503, C.R.S.?  27. If applicant is a corporation, partnership, association or limited liability company, applicant must list all Officers, Directors, General Partners and Managing Members. It is addition, applicant must list any stockholders, pertners, or members with ownership of 10% or more in the	23.		or the contract with the r	nstitution of higher et	aucation to provid	e lood services.		
Individual History Record  - DR 8404 and fingerprint submitted to approved State Vendor through the Vendor's website. See application checklist. Section IV, for details  - DR 8000 and fingerprints.  Lest Name of Manager  Cominsky  Tirst Name of Manager  Cominsky  Steve  24. Does this manager set as the manager of, or have a financial interest in, any other liquor licensed establishment in the State of Yes N Colorado? If yes, provide name, type of license and account number.  25. Related Facility - Campus Liquor Complex applicants answer the following:  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. Designated Manager for Related Facility- Campus Liquor Complex  - State Information.  a. Has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or any other presson 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. Has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or any other presson with a 10% or greater financial interest in the applicant failed to pay any fees or surcharges imposed pursuants to section 44-3-503, C.R.S.?  27. If applicant is a corporation pertnership, association or limited isability company, applicant must list all Officers, Directors, General Partners and Managing Members. In addition, applicant must list any stockholders, members with ownership of 10% or more in the applicant. All persons listed below must also attach form DR 8404-1 (Individual History Record), and make an appointment with an approve State Vendor through their website. See app			d Entertainment, Tavern L	icense and Campus License	guor Complex, the I	Registered Manager must al	so submi	it an
D. For all Liquor Licensed Drugstores (LDS) the Permitted Manager must also submit an Manager Permit Application  - DR 8000 and fingerprints.  Last Name of Manager  Cominsky  24. Does this manager act as the manager of, or have a financial interest in, any other liquor licensed establishment in the State of Yes N Colorado? If yes, provide name, type of license and account number.  25. Related Facility - Campus Liquor Complex applicants answer the following:  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. Designated Manager for Related Facility- Campus Liquor Complex  Entry Information.  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. 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 443-503, C.R.S.?  27. If applicant is a corporation, partnership, association or limited liability company, applicant must list all Officers, Directors, General Partners and Managing Members. In addition, applicant must list any stockholders, partners, or members with ownership of 10% or more in the applicant. All persons listed below must also attach form DR 8404-1 (Individual History Record), and make an appointment with an approve State Vendor through their website. See application checkliss, Section IV. for cetals.  Name  Home Address, City & State  DOB Posi		Individual History Record						
- DR 8000 and fingerprints.  Lest Name of Manager  Cominsky  24. Does this manager act as the manager of, or have a financial interest in, any other liquor licensed establishment in the State of Yes N Colorado? If yes, provide amas, type of license and account number.  25. Related Facility - Campus Liquor Complex applicants answer the following:  a. Is the related facility in the boundaries of the Campus Liquor Complex?  If yes, please provide a map of the age-organical 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. Designated Manager  Cominsky  First Name of Manager  Cominsky  Steve  26. Tax Information.  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, penalities, or interest related to a business?  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, been found in final order of a tax agency to be delinquent in the payment of any state or local taxes, penalities, or interest related to a business?  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 pey any fees or surcharges imposed pursuant to section 44-3-503, C.R.S.?  27. If applicant is a corporation, partnership, association or limited liability company, applicant must list all Officers, Directors, General Partners and Managing Members. In addition, applicant must list any stockholders, partners, or members with ownership of 10% or more in the applicant. All persons li							V, for deta	ails.
Stave   Pirst Name of Manager   Stave			(LLDS) the Permitted Man	ager must also submit a	n Manager Permit A	Application		
Cominsky  24. Does this manager act as the manager of, or have a financial interest in, any other liquor licensed establishment in the State of Yes N Colorado? If yes, provide name, type of license and account number.  25. Related Facility - Campus Liquor Complex applicants answer the following:  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 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. Designated Manager  Cominsky  Steve  26. Tax Information.  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. 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.?  27. If applicant is a corporation, partnership, association or limited liability company, applicant must list all Officers, Directors, General Partners and Managing Members. In addition, applicant must list any stockholders, partners, or members with ownership of 10% or more in the applicant. All persons listed below must also attach form DR 8404-1 (Individual History Record), and make an appointment with an approve State Vendor through their website. See application checklis. Section IV. for datalis.  Name  Home Address. City & State  DOB  Position  96 Owne  1 fapplicant is owned 100% by a parent company, please list the designated princi	ast		-	First Name of	Manager			
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.    25. Related Facility - Campus Liquor Complex a opticants answer the following:   a. Is the related facility tocated 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. Designated Manager for Related Facility - Campus Liquor Complex.     ast Name of Manager			kv.		agu	Stava		
25. Related Facility - Campus Liquor Complex applicants answer the following:  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. Designated Manager for Related Facility- Campus Liquor Complex  Last Name of Manager  Corninsky  Steve  26. Tax Information.  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, bear 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. 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.?  27. If applicant is a corporation, partnership, association or limited liability company, applicant must list all Officers, Directors, General Partners and Managing Members. In addition, applicant must list any stockholders, partners, or members with ownership of 10% or more in the applicant. All persons listed below must also attach form DR 8404-1 (Individual History Record), and make an appointment with an approve State Vendor through their website. See application enecklist, Section IV. for details.  Name  Home Address, City & State  DOB Position  96Owne  Name  Home Address, City & State  DOB Position  96Owne  1f applicant is owned 100% by a parent company, please list the designated principal officer on above.  1f Applicant affirms that no individual other than those disclosed herel does not total 100%, applicant must check this box:	24			interest in any other lin	unr licensed establ		Vac	Ne
25. Related Facility - Campus Liquor Complex applicants answer the following:  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.  b. Designated Manager for Related Facility- Campus Liquor Complex.  ast Name of Manager  Cominsky  Steve  26. Tax Information.  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. 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 a business?  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.?  27. If applicant is a corporation, partnership, association or limited liability company, applicant must list all Officers, Directors, General Partners and Managing Members. In addition, applicant must list any stockholders, partners, or members with ownership of 10% or more in the applicant. All persons listed below must also attach form DR 840-41 (Individual History Record), and make an appointment with an approve State Vendor through their website. See application checklist, Section IV. for details.  Name  Home Address, City & State  DOB Position  %Owne  Home Address, City & State  DOB Position  %Owne  "If applicant is owned 100% by a parent company, please list the designated principal officer on above.  Corporations - the President, Vice-President, Secretary and Tres					doi noonood ootdor	ioninoni in the otate of	X	
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. Designated Manager for Related Facility- Campus Liquor Complex  ast Name of Manager  Cominsky  Steve  16. Tax Information.  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. 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.?  17. If applicant is a corporation, partnership, association or limited liability company, applicant must list all Officers, Directors, General Partners and Managing Members. In addition, applicant must list any stockholders, partners, or members with ownership of 10% or more in the applicant. All persons listed below must also attach form DR 8404-1 (Individual History Record), and make an appointment with an approve State Vendor through their website. See application checklist, Section IV. for details.  Benne  Steve Cominsky  Home Address, City & State  DOB  Position  Home Address, City & State  DOB  Position  Wowne  Hame  Home Address, City & State  DOB  Position  Wowne  If applicant is owned 100% by a parent company, please list the designated principal officer on above.  Corporations - the President, Vice-President, Secretary and Treesurer must be accounted for above (Include ownership percentage disclosed here does not total 100%, applicant must check thi	25.							F
If yes, please provide a map of the geographical location within the Campus Liquor Complex.  If no, this license type is not evalable for issues outside the geographical location of the Campus Liquor Complex.  D. Designated Manager for Related Facility- Campus Liquor Complex  ast Name of Manager  Corninsky  Steve  16. Tax Information.  a. Has the applicant, including its manager, partners, officer, directors, slockholders, 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. Has the applicant, including its manager, partners, officer, directors, slockholders, 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 saction 44-3-503, C.R.S.?  7. If applicant is a corporation, partnership, association or limited liability company, applicant must list all Officers, Directors, General Partners and Managing Members. In addition, applicant must list any stockholders, partners, or members with ownership of 10% or more in the applicant. All persons listed below must also attach form DR 8404-1 (Individual History Record), and make an appointment with an approve State Vendor through their website. See application checklist, Section IV, for details.  Idense  Steve Cominsky  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 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								
If no, this license type is not available for issues outside the geographical location of the Campus Liquor Complex.  b. Designated Manager for Related Facility- Campus Liquor Complex    Steve								
Cominsky  Cominsky  Steve  26. Tax Information.  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. 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.?  17. If applicant is a corporation, partnership, association or limited liability company, applicant must list all Officers, Directors, General Partners and Managing Members. In addition, applicant must list any stockholders, pertners, or members with ownership of 10% or more in the applicant. All persons listed below must also attach form DR 8404-1 (Individual History Record), and make an appointment with an approve State Vendor through their website. See application checklist, Section IV, for details.  Name  Home Address, City & State  DOB  Position  Wowne  Home Address, City & State  DOB  Position  Wowne  Home Address, City & State  DOB  Position  Wowne  Tif 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)  Tif 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 second process.						or Complex.		
26. Tax Information.  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. 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.?  27. If applicant is a corporation, partnership, association or limited liability company, applicant must list all Officers, Directors, General Partners and Managing Members. In addition, applicant must list any stockholders, partners, or members with ownership of 10% or more in the applicant. All persons listed below must also attach form DR 8404-1 (Individual History Record), and make an appointment with an approve State Vendor through their vebsite. See application checklist, Section IV. for cetalls.  Name  Home Address, City & State  DOB  Position  %Owne  Name  Home Address, City & State  DOB  Position  %Owne  *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 applicant affirms that no individual other than those disclosed here in owns 10% or more of the applicant and does not have financial interest in a part of the applicant and does not have financial interest in a part of the applicant and does not have financial interest in a part of the applicant and does not have financial interest in a part of the applicant and does not have financial interest in a part of the applicant and does not have financial interest in a part of the part of the applicant		b. Designated Manager for Related	Facility- Campus Liquor C	omplex				
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. 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.?  27. If applicant is a corporation, partnership, association or limited liability company, applicant must list all Officers, Directors, General Partners and Managing Members. In addition, applicant must list any stockholders, partners, or members with ownership of 10% or more in the applicant. All persons listed below must also attach form DR 8404-1 (Individual History Record), and make an appointment with an approve State Vendor through their website. See application checklist, Section IV. for cetalls.  Name  Home Address, City & State  DOB  Position  Wowne  Wame  Home Address, City & State  DOB  Position  Wowne  Wame  Home Address, City & State  DOB  Position  Wowne  Wame  Home Address, City & State  DOB  Position  Wowne  Wame  Home Address, City & State  DOB  Position  Wowne  Wiff 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 flotal ownership percentage, disclosed here does not total 100%, applicant must check this box:  Applicant affirms that no individual other than these disclosed here in owns 10% or more of the applicant and does not have financial interest in a state of the properties of the properties of the person with the properties of the properties of the person with	ast	Name of Manager		First Name of	Manager			
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. 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.?  27. If applicant is a corporation, partnership, association or limited liability company, applicant must list all Officers, Directors, General Partners and Managing Members. In addition, applicant must list any stockholders, partners, or members with ownership of 10% or more in the applicant. All persons listed below must also attach form DR 8404-1 (Individual History Record), and make an appointment with an approve State Vendor through their website. See application checklist, Section IV. for details.  Name  Home Address, City & State  DOB  Position  Wowne  Home Address, City & State  DOB  Position  Wowne  Home Address, City & State  DOB  Position  Wowne  *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 disclosed here does not total 100%, applicant must check this box:  Applicant affirms that no individual other than these disclosed here in owns 10% or more of the applicant and does not have financial interest in a state of the applicant and does not have financial interest in a state of the applicant and does not have financial interest in a state of the applicant and does not have financial interest in a state of the applicant and does not have financial interest in a state of the applicant a		Cominsi	ky			Steve		
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. 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.?  27. If applicant is a corporation, partnership, association or limited liability company, applicant must list all Officers, Directors, General Partners and Managing Members. In addition, applicant must list any stockholders, partners, or members with ownership of 10% or more in the applicant. All persons listed below must also attach form DR 8404-1 (Individual History Record), and make an appointment with an approve State Vendor through their website. See application checklist, Section IV, for details.  Name  Steve Cominsky  Name  Home Address, City & State  DOB  Position  Wowne  Name  Home Address, City & State  DOB  Position  Wowne  Teleplicant 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 disclosed here does not total 100%, applicant must list all Officers on the president percentage if applicable)  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 state of the page of the properties of the president interest in a state of the page of the properties of the president interest in a state of the page of the president of the pre	26.	Tax Information.					Yes	No
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.?  27. If applicant is a corporation, partnership, association or limited liability company, applicant must list all Officers, Directors, General Partners and Managing Members. In addition, applicant must list any stockholders, partners, or members with ownership of 10% or more In the applicant. All persons listed below must also attach form DR 8404-1 (Individual History Record), and make an appointment with an approve State Vendor through their website. See application checklist, Section IV. for details.  Name  Home Address, City & State  DOB  Position  Wowne  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 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 second to the properties of the applicant and does not have financial interest in a second to the properties of the applicant and does not have financial interest in a second to the page of the applicant and does not have financial interest in a second to the page of the applicant and does not have financial interest in a second to the page of the applicant and does not have financial interest in a second to the page of the applicant and does not have financial interest in a second to the page of		a. Has the applicant, including its ma	anager, partners, officer, d	irectors, stockholders, r	members (LLC), ma	anaging members (LLC), or a	any 🔲	X
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.?  27. If applicant is a corporation, partnership, association or limited liability company, applicant must list all Officers, Directors, General Partners and Managing Members. In addition, applicant must list any stockholders, partners, or members with ownership of 10% or more in the applicant. All persons listed below must also attach form DR 8404-1 (Individual History Record), and make an appointment with an approve State Vendor through their website. See application checklist, Section IV, for details.  Name  Steve Cominsky  Home Address, City & State  DOB  Position  %Owne  Name  Home Address, City & State  DOB  Position  %Owne  The Address of the Address of 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 obeck 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 state of the applicant and does not have financial interest in a state of the applicant and does not have financial interest in a state of the applicant and does not have financial interest in a state of the applicant and does not have financial interest in a state of the applicant and does not have financial interest in a state of the applicant and does not have financial interest in a state of the applicant and does not have financial interest in a state of the applicant and does not have financial interest in a state of the applicant and does not have financial interest in a state of the applicant and does not have financial interest in a state					final order of a tax	agency to be delinquent in t	he	
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.?  27. If applicant is a corporation, partnership, association or limited liability company, applicant must list all Officers, Directors, General Partners and Managing Members. In addition, applicant must list any stockholders, partners, or members with ownership of 10% or more in the applicant. All persons listed below must also attach form DR 8404-1 (Individual History Record), and make an appointment with an approve State Vendor through their website. See application checklist, Section IV, for details.  Name  Steve Cominsky  Home Address, City & State  DOB  Position  %Owne  Home Address, City & State  DOB  Position  %Owne  * 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 partner of the applicant and does not have financial interest in a partner of the applicant and does not have financial interest in a partner of the applicant and does not have financial interest in a partner of the applicant and does not have financial interest in a partner of the applicant and does not have financial interest in a partner of the applicant and does not have financial interest in a partner of the applicant and does not have financial interest in a partner of the applicant and does not have financial interest in a partner of the applicant and does not have financial interest in a partner of the applicant and does not have financial interest in a partner of the applicant and does not have financial interest in a partner of the applica		payment of any state or local taxe	s, penalties, or interest re	lated to a business?				
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.?  27. If applicant is a corporation, partnership, association or limited liability company, applicant must list all Officers, Directors, General Partners and Managing Members. In addition, applicant must list any stockholders, partners, or members with ownership of 10% or more in the applicant. All persons listed below must also attach form DR 8404-1 (Individual History Record), and make an appointment with an approve State Vendor through their website. See application checklist, Section IV, for details.  Name  Steve Cominsky  Name  Home Address, City & State  DOB  Position  %Owne  Name  Home Address, City & State  DOB  Position  %Owne  Name  Home Address, City & State  DOB  Position  %Owne  Tild 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 second content of the applicant and does not have financial interest in a second content and does not have financial interest in a second content and does not have financial interest in a second content and does not have financial interest in a second content and does not have financial interest in a second content and does not have financial interest in a second content and does not have financial interest in a second content and does not have financial interest in a second content and does not have financial interest in a second content and does not have financial interest in a second content and conte		h Has the applicant including its me	anager nariance officer d	icoctore stookholders	nomboro (LLC) me	anagina mambara (LLC), ar i	201	1
27. If applicant is a corporation, partnership, association or limited liability company, applicant must list all Officers, Directors, General Partners and Managing Members. In addition, applicant must list any stockholders, partners, or members with ownership of 10% or more in the applicant. All persons listed below must also attach form DR 8404-I (Individual History Record), and make an appointment with an approve State Vendor through their website. See application checklist, Section IV, for details.  Name  Steve Cominsky  Name  Home Address, City & State  DOB  Position  %Owne  Name  Home Address, City & State  DOB  Position  %Owne  Name  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 partner of the applicant and does not have financial interest in a partner of the applicant and does not have financial interest in a partner of the applicant and does not have financial interest in a partner of the applicant and does not have financial interest in a partner of the applicant and does not have financial interest in a partner of the applicant and does not have financial interest in a partner of the applicant and does not have financial interest in a partner of the applicant and does not have financial interest in a partner of the applicant and does not have financial interest in a partner of the applicant and does not have financial interest in a partner of the applicant and does not have financial interest in a partner of the applicant and does not have financial interest in a partner of the applicant and does not have financial interest in a partner of the partner of the pa								
and Managing Members. In addition, applicant must list any stockholders, partners, or members with ownership of 10% or more in the applicant. All persons listed below must also attach form DR 8404–I (Individual History Record), and make an appointment with an approve State Vendor through their website. See application checklist, Section IV, for details.  Name  Steve Cominsky  Home Address, City & State  DOB  Position  WOwne  Name  Home Address, City & State  DOB  Position  WOwne  Name  Home Address, City & State  DOB  Position  WOwne  Name  Home Address, City & State  DOB  Position  WOwne  Toporations - 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 part of the applicant and does not have financial interest in a part of the applicant and does not have financial interest in a part of the applicant and does not have financial interest in a part of the applicant and does not have financial interest in a part of the applicant and does not have financial interest in a part of the applicant and does not have financial interest in a part of the applicant and does not have financial interest in a part of the applicant and does not have financial interest in a part of the applicant and does not have financial interest in a part of the applicant and does not have financial interest in a part of the applicant and does not have financial interest in a part of the applicant and does not have financial interest in a part of the applicant and does not have financial interest in a part of the applicant and does not have financial interest in a part of the applicant and does not have financial interest in a part of the applicant and does not have financial interest in a part of the applicant and does not ha				pproduct control to port a	ny roos or our crising	or improved parodont to ooo		
and Managing Members. In addition, applicant must list any stockholders, partners, or members with ownership of 10% or more in the applicant. All persons listed below must also attach form DR 8404–I (Individual History Record), and make an appointment with an approve State Vendor through their website. See application checklist, Section IV, for details.  Name  Steve Cominsky  Home Address, City & State  DOB  Position  WOwne  Name  Home Address, City & State  DOB  Position  WOwne  Name  Home Address, City & State  DOB  Position  WOwne  *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 position owns 10% or more of the applicant and does not have financial interest in a position owns 10% or more of the applicant and does not have financial interest in a position owns 10% or more of the applicant and does not have financial interest in a position owns 10% or more of the applicant and does not have financial interest in a position owns 10% or more of the applicant and does not have financial interest in a position owns 10% or more of the applicant and does not have financial interest in a position own 10% or more of the applicant and does not have financial interest in a position own 10% or more of the applicant and does not have financial interest in a position own 10% or more of the applicant and does not have financial interest in a position own 10% or more of the applicant and does not have financial interest in a position own 10% or more of the applicant and does not have financial interest in a position own 10% or more of the applicant and does not have financial interest								
applicant. All persons listed below must also attach form DR 8404-I (Individual History Record), and make an appointment with an approve State Vendor through their website. See application checklist, Section IV, for details.  Name  Steve Cominsky  Name Home Address, City & State DOB Position %Owne  Name Home Address, City & State DOB Position %Owne  Name Home Address, City & State DOB Position %Owne  Templicant is owned 100% by a parent company, please list the designated principal officer on above. Toporations - the President, Vice-President, Secretary and Treasurer must be accounted for above (Include ownership percentage if applicable) Teleficial 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 position of the president and does not have financial interest in a position of the applicant and does not have financial interest in a position of the applicant and does not have financial interest in a position of the applicant and does not have financial interest in a position of the applicant and does not have financial interest in a position of the applicant and does not have financial interest in a position of the applicant and does not have financial interest in a position of the applicant and does not have financial interest in a position of the applicant and does not have financial interest in a position of the applicant and does not have financial interest in a position of the applicant and does not have financial interest in a position of the applicant and does not have financial interest in a position of the applicant and does not have financial interest in a position of the applicant and does not have financial interest in a position of the applicant and does not have financial interest in a position of the applicant and does not have financial interest in a position of the applicant and does not have financial interest i	27.							ers,
State Vendor through their website. See application checklist, Section IV, for details.  Name  Steve Cominsky  Name Home Address, City & State DOB Position %Owne  Name Home Address, City & State DOB Position %Owne  Name Home Address, City & State DOB Position %Owne  Name Home Address, City & State DOB Position %Owne  Name Home Address, City & State DOB Position %Owne  *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		applicant. All persons listed belo	w must also attach form I	OR 8404-1 (Individual F	listory Record), and	d make an appointment with	an appr	ovec
Name    Steve Cominsky   Home Address, City & State   DOB   Position   %Owner   %Own		State Vendor through their website.	See application checklist	, Section IV, for details		a mano em esponimient mu	an app.	
Name Home Address, City & State DOB Position %Owne  Name Home Address, City & State DOB Position %Owne  Name Home Address, City & State DOB Position %Owne  Name Home Address, City & State DOB Position %Owne  Name Home Address, City & State DOB Position %Owne  ** 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	Nam							
Name  Home Address, City & State  DOB  Position  %Owne  Name  Home Address, City & State  DOB  Position  %Owne  Name  Home Address, City & State  DOB  Position  %Owne  ** 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		Steve Cominsky						
Name  Home Address, City & State  DOB  Position  *Owne  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	lam	ne	Home Address, City	y & State	DOB	Position	%Ov	wned
Name  Home Address, City & State  DOB  Position  **Owne  The Address of the Addre	Vam	ne	Home Address, City	V & State	DOB	Position	%Ov	wnec
Name  Home Address, City & State  DOB  Position  * Owne  * 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								
Home Address, City & State  DOB  Position  * 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	Jam	ne .	Home Address City	/ & State	DOB	Position	%Ov	wner
* 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	·		Tione / daico, Oil	G Citato		T GOILLOTT	7001	111100
* 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	lam	ne	Home Address, City	y & State	DOB	Position	%Ov	vnec
* 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								
** 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	* If	applicant is owned 100% by a parent	company, please list the	designated principal offi	cer on above.			
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	* C	orporations - the President, Vice-Presi	ident, Secretary and Treas	urer must be accounted	for above (Include	ownership percentage if appli	cable)	
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	* If	total ownership percentage disclosed	here does not total 100%	, applicant must check	this box:			
prohibited liquor license pursuant to Article 3 or 5, C.R.S.	×	Applicant affirms that no individual	other than these disclosed	herein owns 10% or m	ore of the applican	t and does not have financia	l interest	in a

DR 8404 (01/22/20)

Name		Type of License	Account Number
	0	ath Of Applicant	
I declare under penalty of perjury in the se knowledge. I also acknowledge that it is r Colorado Liquor or Beer Code which affe	econd degree that this app my responsibility and the r	lication and all attachments are true,	correct, and complete to the best of my loyees to comply with the provisions of the
Authorized Signature	Printed N	lame and Title Steve Cominsky -	- Owner 08/31/2021
Repo	t and Approval of L	ocal Licensing Authority (	
Date application filed with local authority	Date of local authori	ty hearing (for new license applicants; ca	annot be less than 30 days from date of apolication)
been:  Fingerprinted Subject to background investiga That the local authority has conducted, o and aware of, liquor code provisions affect (Check One) Date of inspection or anticipated	tion, including NCIC/CCIC r intends to conduct, an in cting their class of license	C check for outstanding warrants aspection of the proposed premises t	Record) or a DR 8000 (Manager Permit) has to ensure that the applicant is in compliance with
☐ Will conduct inspection upon application. ☐ Is the Liquor Licensed Drugstors premises sales in a jurisdiction with the conduction of th	e (LLDS) or Retail Liquor	Store (RLS) within 1,500 feet of ano	other retail liquor license for off-
Is the Liquor Licensed Drugstore premises sales in a jurisdiction of		Store (RLS) within 3,000 feet of anot	ther retail liquor license for off-
		asurement that begins at the principa rincipal doorway of the Licensed LLC	al doorway of the LLDS/RLS premises DS/RLS.
Does the Liquor-Licensed Drugs from the sale of food, during the		twenty percent (20%) of the application?	ant's gross annual income derived
	eet the reasonable require	ements of the neighborhood and the	acter of the applicant are satisfactory. We do a desires of the adult inhabitants, and will comply approved.
Local Licensing Authority fo	ofhitlet	Telephone Number	153 Frown, City Coupty
Signature	Print		DIHAMTHI MATA Date
Signature	Print	<b>\( \)</b>	the du later Mulh Date

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

Information (hereinafter "Waiver") on behalf of <b>Social Bar + Lounger</b> (the "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 loca 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.
Social BAR+ Lowice #2 LLC Address
240 VILLAGE PARK DR. # C  State (0 80122  Business/Work Phone Number 303-815-2329
Printed name of person signing on behalf of the Applicant/Licensee  STENE Com/NSKY  Applicant/Licensee's Signature (Signature authorizing the discussure of confidential tax information)  Date signed  8/31/202
Privacy Act Statement  Providing your Social Securit Number is voluntary and no right, benefit or privilege provided by law will be denied as

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

Name of Business  Social BAR + Lound	SE #	2 LLC	Home Phone Number			
Your Full Name (last, first, middle)			3. List any other names y	You have used	NA HA	27:5
DAWN M. Com/i	sidence	/	DAWN C	ofe, one	711/	VVIS
List current residence address.	Include	any previous address	202 W			ecan/
Street and Nu		any previous address	City, State, Z		From	To
					7/2009	PRESONI
vious		1	4		1/200/	1100001
List all employment within the I	ast five	vears Include any se	f-amployment (Attach con	arate sheet if naces	ean)	
Name of Employer or Busin		THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAME	umber, City, State, Zip)	Position Held	From	To
NGLEWIDOD HIGH SO	400%	3800 S. LOGAN	V ST	COUNSAIDE	2011	PRESEN
		ENGLEH	1000 (0 B0113			
Name of Relative  Name Of Relative		Relationship to You  HUSBAND	Position Hel	ld A	ame of Lice	ensee Lande #
				e, or loaned money,	□Y€	es No
Have you ever applied for, held furniture, fixtures, equipment of						

bail for any offense in criminal or military court or do you have any charges pending? (If yes, explain in detail.)  Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? (If yes, explain in detail.)  Personal and Financial information in detail.)  Personal and Financial information in the personal information required in question #13 will be treated as confidential. The personal formation required in question #13 is solely fin identification numerate.		Type	<b>V</b> No
2. Have you ever had any professional license suspended, revoked, or denied? (If yes, explain in detail.)  Personal and Financial Information  nless otherwise provided by law, the personal information required in question #13 will be treated as confidential. The personal	courter any charges pending? (if yes, explain in detail.)		ANG
Personal and Financial Information  nless otherwise provided by law, the personal information required in question #13 will be treated as confidential. The personal	Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? (If yes, explain in detail.)	□Yes	No
Personal and Financial Information  Ness otherwise provided by law, the personal information required in question #13 will be treated as confidential. The personal	Have you ever had any professional license suspended, revoked, or denied? (If yes, explain in detail,)	□ Yes	MNO
nless otherwise provided by law, the personal information required in question #13 will be treated as confidential. The personal formation required in question #13 is solely for identification oursease.	Personal and Financial Information		AINO
formation required in question #13 is solely for identification numbers.	ess otherwise provided by law, the personal information required in question #13 will be treated as confidential. Th	e perso	nal
	rmation required in question #13 is solely for identification purposes	10 pc. 50	101

Authorized Signature

| DAWN M. Cominsky Man A6ER | 9/12/2021

### **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

separate sheet if necessary to ena Name of Business Social BAR+ Lour	ble you to answer question	Home Phone Number	С	ellular N		
. Your Full Name (last, first, middle) STEPHEN コ. Co	MINSKY	3. List any other names	you have used	d		
. Mailing address (if different from resi	dence)					
5. List current residence address.	Include any previous addre	eses within the last <b>five</b> ver	ars (Attach s	enarate	sheet if nece	ssarv)
Street and Numb		City, State, Zi		oparato	From	To
6. List all employment within the la	et five years. Include any s	olf employment (Attach se	narate sheet	if neces	ssan/)	
Name of Employer or Busines		umber, City, State, Zip)	Position		From	То
(C MANAGEMENT +	5935 BLUE SA	GE WAY	OWNE	1		PRESE
DEVELOP MEN	LITTETON	co 80123				
7. List the name(s) of relatives wo	rking in or holding a financia Relationship to You	al interest in the Colorado a			ustry. Name of Lice	nsee
Name of Relative	WIFE	m6R/S				
DAWN COMINSKY	NITE	morqui		<i></i>		#14
8. Have you ever applied for, held furniture, fixtures, equipment or CURRENTLY HOURSCOLL BAR+ C	inventory to any licensee?  LIQUOR LICEI  OWN 6E # 1 LL	(If yes, answer in detail.)  NSE AND OU  LOCATED			116	es No
3625 W. Bou	ILES AVE #	9 evocation for a liquor law v				es <b>D</b> No

b. 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? (If yes, explain in detail.)	Yes	MNo
Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? (If yes, explain in detail.)	Yes	MN
Have you ever had any professional license suspended, revoked, or denied? (If yes, explain in detail.)  Personal and Financial Information	Yes	VN
ormation required in question #13 is solely for identification purposes.		
Oath of Applicant		
Oath of Applicant  eclare under penalty of periury that this application and all attachments are true, correct, and complete to the behorized Signature  Print Signature  STENE COMINSKY  Title  Title	st of my kn	owled



2 31 T 30 00000 R EM AO CC MANAGEMENT & DEVELOPEMENT CORP LLC

Questions or comments?
Call our Key Business Resource Center
1-888-KEY4BIZ (1-888-539-4249)

Enroll in Online Banking today at Key.com.

Access your available accounts, transfer funds and view your transactions right from your PC.

#### **KeyNotes**

Change in Terms: Small Business Debit Card and Electronic Funds Transfer Services Agreement and Disclosures

At KeyBank, we want to be sure that you are aware of any changes to your Small Business Debit Card and Electronic Funds Transfer Services Agreement and Disclosures.

As of November 1, 2021, our Agreement for Small Business Debit Card and Electronic Funds Transfer Services has been updated and this Account will no longer receive provisional credit for a disputed transaction(s). However, you will not be responsible for unauthorized transactions when you safeguard your Card from risk of loss or theft and promptly report any loss or theft once discovered.

Please retain this information with your Account opening Agreement and Disclosure documents.

CC MANAGEMENT & DEVELOPEMENT CORP LLC

Ending balance 8-31-21	\$103,468.59
5 Subtractions	-7,899.89
1 Addition	+2,500.00
Beginning balance 7-31-21	\$108,868.48

#### **Additions**

Dep	osits Date	Serial #	Source	
	8-3		Deposit Branch 0030 Colorado	\$2,500.00
			Total additions	\$2,500.00

Subtractions

Paper Checks

\* check missing from sequence

 Check
 Date
 Amount
 Check
 Date

 1223
 8-3
 \$3,000.00
 1224
 8-25

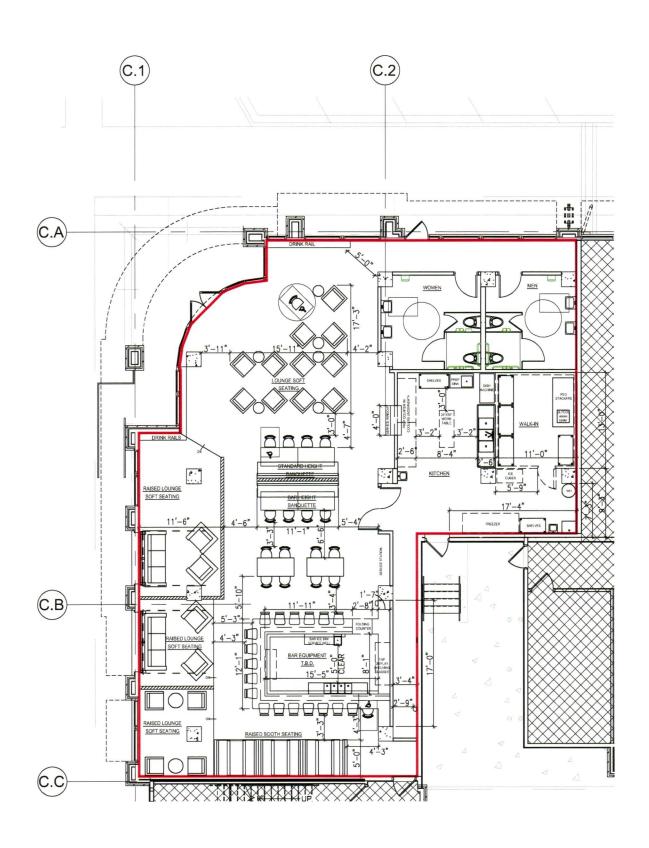
Paper Checks Paid

**Amount** 

1,747.50

\$4,747.50







240 VILLAGE PARK DRIVE LITTLETON, CO PROJECT NO: SCALE: DATE:

DRAWING NO:

2014 1/8"=1'-0" 08.31.2021 SP3.4