

TOWN OF SNOWMASS VILLAGE
LIQUOR LICENSING AUTHORITY
REGULAR MEETING AGENDA
OCTOBER 18, 2016

CALL TO ORDER AT 4:00 P.M.

Item No. 1: ROLL CALL

Item No. 2: CLERK'S NEEDS LIST – None at this time

Item No. 3: CHANGE IN TRADE NAME: Wildwood F& B Operator LLC
Old DBA: Holiday Inn Express Snowmass Village
New DBA: Wildwood Snowmass Hotel.....Page 4

Item No. 4: CHANGE IN MANAGER: Wildwood F& B Operator LLC
Old Manager: James Morrissey
New Manager: Kevin Kennedy.....Page 10

Item No. 5: ANNUAL RENEWAL - WILDWOOD F & B OPERATOR LLC
DBA Wildwood Snowmass Hotel
Expiration Date: December 20, 2016
Registered Manager: Kevin Kennedy.....Page 23

Item No. 6: CHANGE IN MANAGER: Silvertree F & B Operator LLC
Old Manager: Allison Campbell
New Manager: Andrea Heffner.....Page 32

Item No. 7: ANNUAL RENEWAL: SILVERTREE F&B OPERATOR LLC
DBA Westin Snowmass Resort & Vue & Snowmass Kitchen
Expiration Date: December 15, 2016
Registered Manager: Andrea Heffner.....Page 47

Item No. 8: ANNUAL RENEWAL – ANDERSON RANCH ARTS CENTER
Expiration Date: November 20, 2016
Registered Manager: Jessica Cerise.....Page 56

Item No. 9: ANNUAL RENEWAL – ARTISAN RESTAURANT
Expiration Date: November 02, 2016
Registered Manager: Todd Heintz.....Page 65

Item No.10: ANNUAL RENEWAL – HIGH ALPINE RESTAURANT
Expiration Date: December 02, 2016
Registered Manager: George Gordon.....Page 73

- Item No. 11: **ANNUAL RENEWAL - THE STEW POT**
Expiration Date: November 17, 2016
Register Manager: Fletcher Duke.....Page 83
- Item No. 12: **ANNUAL RENEWAL – BIG HOSS GRILL**
Expiration Date: December 02, 2016
Registered Manager: Steve Sklar.....Page 92
- Item No. 13: **ANNUAL RENEWAL – II POGGIO**
Expiration Date: November 24, 2016
Registered Manager: Jeffery Greene.....Page 101
- Item No. 14: **ANNUAL RENEWAL – TURK PRODUCTION, LLC- D/B/A TURKS**
Expiration Date: December 10, 2016
Registered Manager: Timothy Lucca.....Page 109
- Item No. 15: **ANNUAL RENEWAL: VENGA VENGA CANTINA AND TEQUILA BAR**
Expiration Date: December 1, 2016
Registered Manager: David Peszek.....Page 115
- Item No. 16: **MODIFICATION OF PREMISES – ASPEN SKIING COMPANY**
DBA: Lynn Britt Cabin
Registered Manager: John Pfautz.....Page 122
- Item No. 17: **ANNUAL RENEWAL: ASPEN SKIING COMPANY**
DBA Lynn Britt Cabin
Expiration Date: December 20, 2016
Registered Manager: John Pfautz.....Page 132
- Item No. 18: **ANNUAL RENEWAL – ULLRHOF AND CHANGE IN MANAGERS**
Aspen Skiing Company, LLC
Expiration Date: November 01, 2016
From Manager: Paul Vallejos
To: Ryan Reisenberg.....Page 139
- Item No. 19: **CHANGE IN MANAGER: VILLAGE BARN LLC**
DBA Slice
Old Manager Scott Calliham
New Manager: Nenad Rafajolovic.....Page 162
- Item No. 20: **ANNUAL RENEWAL: VILLAGE BARN LLC**
DBA Slice
Expiration Date: December 18, 2016

Registered Manager Nenad Rafajolovic.....Page 171

Item No. 21: TRANSFER OF OWNERSHIP- **SNOWMASS ACQUISITION, CO**
To: Roaring Fork Collective, LLC - DBA Sake
Registered Manager: David Dugan.....Page 178

Item No. 22: APPROVAL OF MINUTES
• Minutes for September 13, 2016.....Page 209

Item No. 23: LIQUOR LICENSEE LIST
--Rhonda B. Coxon/Janet Tipton.....Page 211

Item No. 24: ADJOURNMENT

NOTE: ALL ITEMS AND TIMES ARE TENTATIVE AND SUBJECT TO CHANGE WITHOUT FURTHER NOTICE. PLEASE CALL THE OFFICE OF THE TOWN CLERK AT 923-3777 ON THE DAY OF THE MEETING FOR ANY AGENDA CHANGES.



**LIQUOR LICENSING AUTHORITY
DOCUMENT CHECKLIST
MODIFICATION OF PREMISES/OPTIONAL PREMISES
CHANGE OF TRADE NAME/DBA**
italics=Local Authority requirement

Name of Licensee: Wildwood F& B Operator LLC

Phone Number: (970) 925 6300

Email: jcausing@shermanhoward.com

Type of Change: Change of Trade Name _____

Date Application Received: October 13, 2016 _____

Date to Appear Before Liquor Board: October 18, 2016 _____

1. (Form DR8442) Permit Application & Report of Changes
For: Modification of premises
Addition of optional premises to H&R license
Change of location

For: Change of Trade /Corporate Name Old DBA Holiday Inn Express Snowmass Village
New DBA: Wildwood Snowmass Hotel _____

2. Certificate of Amendment from Colorado Secretary of State

Fees: Obtain appropriate fees from page 1 of Form DR 8442

STATE MODIFICATION = \$150.00	TOSV = -0-
STATE CHANGE IN LOCATION = \$150.00	TOSV CHANGE IN LOCATION = \$750.00
STATE OPTIONAL PREMISES = \$500.00	TOSV OPTIONAL PREMISES = \$75.00
STATE CHANGE OF TRADE NAME/DBA = \$50.00	TOSV CHANGE OF TRADE NAME/DBA = -0-

PERMIT APPLICATION AND REPORT OF CHANGES

CURRENT LICENSE NUMBER 42960120000
ALL ANSWERS MUST BE PRINTED IN BLACK INK OR TYPEWRITTEN
LOCAL LICENSE FEE \$ _____
APPLICANT SHOULD OBTAIN A COLORADO LIQUOR & BEER CODE BOOK TO ORDER CALL (303) 370-2165

1. Applicant is a		PRESENT LICENSE NUMBER
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company		42960120000
2. Name of Licensee Wildwood F&B Operator LLC	3. Trade Name <i>Wildwood Snowmass Hotel</i>	
4. Location Address 40 Elbert Lane		
City Snowmass Village	County Pitkin	ZIP 81615

SELECT THE APPROPRIATE SECTION BELOW AND PROCEED TO THE INSTRUCTIONS ON PAGE 2.

Section A – Manager reg/change	Section C
• License Account No. <u>42960120000</u> 1983-750 (999) <input checked="" type="checkbox"/> Manager's Registration (Hotel & Restr.)...\$75.00 2012-750 (999) <input type="checkbox"/> Manager's Registration (Tavern).....\$75.00 <input type="checkbox"/> Change of Manager (Other Licenses) NO FEE	2210-100 (999) <input type="checkbox"/> Retail Warehouse Storage Permit (ea) \$100.00 2200-100 (999) <input type="checkbox"/> Wholesale Branch House Permit (ea).... 100.00 2260-100 (999) <input checked="" type="checkbox"/> Change Corp. or Trade Name Permit (ea) .50.00 2230-100 (999) <input type="checkbox"/> Change Location Permit (ea)..... 150.00 2280-100 (999) <input type="checkbox"/> Change, Alter or Modify Premises \$150.00 x _____ Total Fee _____
Section B – Duplicate License	
• Liquor License No. _____ 2270-100 (999) <input type="checkbox"/> Duplicate License\$50.00	2220-100 (999) <input type="checkbox"/> Addition of Optional Premises to Existing H/R \$100.00 x _____ Total Fee _____ 1988-100 (999) <input type="checkbox"/> Addition of Related Facility to Resort Complex \$75.00 x _____ Total Fee _____

DO NOT WRITE IN THIS SPACE – FOR DEPARTMENT OF REVENUE USE ONLY

DATE LICENSE ISSUED	LICENSE ACCOUNT NUMBER	PERIOD
-750 (999)	-100 (999)	<div style="font-size: small;"> The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically. </div> <div style="text-align: right; font-weight: bold; font-size: large;"> TOTAL AMOUNT DUE \$ _____ .00 </div>

INSTRUCTION SHEET

FOR ALL SECTIONS, COMPLETE QUESTIONS 1-4 LOCATED ON PAGE 1

Section A

To Register or Change Managers, check the appropriate box in section A and complete question 8 on page 4. Proceed to the Oath of Applicant for signature (Please note: Hotel, Restaurant, and Tavern licensees are required to register their managers).

Section B

For a Duplicate license, be sure to include the liquor license number in section B on page 1 and proceed to page 4 for Oath of Applicant signature.

Section C

Check the appropriate box in section C and proceed below.

- 1) *For a Retail Warehouse Storage Permit*, go to page 3 complete question 5 (be sure to check the appropriate box). Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 2) *For a Wholesale Branch House Permit*, go to page 3 and complete question 5 (be sure to check the appropriate box). Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 3) *To Change Trade Name or Corporation Name*, go to page 3 and complete question 6 (be sure to check the appropriate box). Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 4) *To modify Premise*, go to page 4 and complete question 9. Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 5) *For Optional Premises or Related Facilities* go to page 4 and complete question 9. Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 6) *To Change Location*, go to page 3 and complete question 7. Submit the necessary information and proceed to page 4 for Oath of Applicant signature.

STORAGE PERMIT	5. Retail Warehouse Storage Permit or a Wholesalers Branch House Permit <input type="checkbox"/> Retail Warehouse Permit for: <input type="checkbox"/> On-Premises Licensee (Taverns, Restaurants etc.) <input type="checkbox"/> Off-Premises Licensee (Liquor stores) <input type="checkbox"/> Wholesalers Branch House Permit Address of storage premise: _____ City _____, County _____, Zip _____ Attach a deed/ lease or rental agreement for the storage premises. Attach a detailed diagram of the storage premises.	
	6. Change of Trade Name or Corporation Name <input checked="" type="checkbox"/> Change of Trade name / DBA only <input type="checkbox"/> Corporate Name Change (Attach the following supporting documents) 1. Certificate of Amendment filed with the Secretary of State, or 2. Statement of Change filed with the Secretary of State, <u>and</u> 3. Minutes of Corporate meeting, Limited Liability Members meeting, Partnership agreement.	
	Old Trade Name HOLIDAY INN EXPRESS SNOWMASS VILLAGE	New Trade Name WILDWOOD SNOWMASS HOTEL
Old Corporate Name 		New Corporate Name
CHANGE OF LOCATION	7. Change of Location NOTE TO RETAIL LICENSEES: An application to change location has a local application fee of \$750 payable to your local licensing authority. You may only change location within the same jurisdiction as the original license that was issued. Pursuant to 12-47-311 (1) C.R.S. Your application must be on file with the local authority thirty (30) days before a public hearing can be held.	
	Date filed with Local Authority _____ Date of Hearing _____	
	(a) Address of current premises _____ City _____ County _____ Zip _____	
	(b) Address of proposed New Premises (Attach copy of the deed or lease that establishes possession of the premises by the licensee) Address _____ City _____ County _____ Zip _____	
	(c) New mailing address if applicable. Address _____ City _____ County _____ State _____ Zip _____	
(d) Attach detailed diagram of the premises showing where the alcohol beverages will be stored, served, possessed or consumed. Include kitchen area(s) for hotel and restaurants.		

CHANGE OF MANAGER	8. Change of Manager or to Register the Manager of a Tavern or a Hotel and Restaurant liquor license. (a) Change of Manager (attach Individual History DR 8404-I H/R and Tavern only) Former manager's name <u>JAMES MORRISSEY</u> New manager's name <u>KEVIN KENNEDY</u> (b) Date of Employment: <u>11/27/2015</u> Has manager ever managed a liquor licensed establishment?..... Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Does manager have a financial interest in any other liquor licensed establishment?..... Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, give name and location of establishment _____		
	9. Modification of Premises, Addition of an Optional Premises, or Addition of Related Facility NOTE: Licensees may not modify or add to their licensed premises until approved by state and local authorities. (a) Describe change proposed _____ _____ (b) If the modification is temporary, when will the proposed change: Start _____ (mo/day/year) End _____ (mo/day/year) NOTE: THE TOTAL STATE FEE FOR TEMPORARY MODIFICATION IS \$300.00 (c) Will the proposed change result in the licensed premises now being located within 500 feet of any public or private school that meets compulsory education requirements of Colorado law, or the principal campus of any college, university or seminary? (If yes, explain in detail and describe any exemptions that apply) Yes <input type="checkbox"/> No <input type="checkbox"/> (d) Is the proposed change in compliance with local building and zoning laws?..... Yes <input type="checkbox"/> No <input type="checkbox"/> (e) If this modification is for an additional Hotel and Restaurant Optional Premises or Resort Complex Related Facility, has the local authority authorized by resolution or ordinance the issuance of optional premises? Yes <input type="checkbox"/> No <input type="checkbox"/> (f) Attach a diagram of the current licensed premises and a diagram of the proposed changes for the licensed premises. (g) Attach any existing lease that is revised due to the modification.		
MODIFY PREMISES OR ADDITION OF OPTIONAL PREMISES OR RELATED FACILITY	OATH OF APPLICANT		
	I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.		
	Signature <u><i>Robert A. ...</i></u>	Title <u>S.V.P.</u>	Date <u>10/10/16</u>
	REPORT AND APPROVAL OF LOCAL LICENSING AUTHORITY (CITY / COUNTY) The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the applicable provisions of Title 12, Articles 46 and 47, C.R.S., as amended. THEREFORE, THIS APPLICATION IS APPROVED.		
Local Licensing Authority (City or County) _____		Date filed with Local Authority _____	
Signature _____	Title _____	Date _____	
REPORT OF STATE LICENSING AUTHORITY The foregoing has been examined and complies with the filing requirements of Title 12, Article 47, C.R.S., as amended.			
Signature _____	Title _____	Date _____	

SHERMAN & HOWARD LLC
633 17TH ST STE 3000
DENVER, CO 80202-3622
PH. (970) 925-6300

2117
23-771020 6103
1342491352

DATE 10/13/2014

PAY TO THE ORDER OF Department of Revenue Colorado

Fifty only

\$ 50.00

DOLLARS

Security Features Bank



Wells Fargo Bank, N.A.
Colorado
wellsfargo.com

FOR Willwood Fib Operator, Tradename Charge



LIQUOR LICENSING AUTHORITY
DOCUMENT CHECKLIST
(Form DR-8442)
CHANGE IN MANAGEMENT
italics=Local Authority Requirement

Licensee : WILDWOOD F&B OPERATOR, LLC

Date Application Received 10/12/2016

Former Manager's Name: James Morrissey

New Manager's Name: Kevin Kennedy

1. Expiration date of Alcohol Server Certification *New Manager* Lynn Wernert 12/9/2017
2. Date to appear before Liquor Board 10/18/2016
3. (Form DR 8442) Permit Application & Report of Changes
[complete section 9 - Change of Manager]
4. (Form DR 8401) Individual History Record
5. Fingerprints
6. Management/Employment Agreement
7. Fees:

Make Check Payable to:	TOSV (H&R/Tavern only)	<input checked="" type="checkbox"/> 75.00 (application fee)
	TOSV	<input checked="" type="checkbox"/> 100.00 (for background check)
	TOSV	<input checked="" type="checkbox"/> 38.50 (for fingerprint investigation)

Dept. of Rev. (H&R/Tavern only) 75.00 (application fee)

8. *The Town Finance Departments has verified "no taxes owing" on this Application*

**PLEASE RETURN ALL FORMS AND FEES
TO RHONDA, TOWN CLERK**

PERMIT APPLICATION AND REPORT OF CHANGES

CURRENT LICENSE NUMBER 42960120000
ALL ANSWERS MUST BE PRINTED IN BLACK INK OR TYPEWRITTEN
LOCAL LICENSE FEE \$ _____
APPLICANT SHOULD OBTAIN A COLORADO LIQUOR & BEER CODE BOOK TO ORDER CALL (303) 370-2165

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<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company		42960120000
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4. Location Address 40 Elbert Lane		
City Snowmass Village	County Pitkin	ZIP 81615

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Section C

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Section B – Duplicate License	
• Liquor License No. _____ 2270-100 (999) <input type="checkbox"/> Duplicate License\$50.00	

DO NOT WRITE IN THIS SPACE – FOR DEPARTMENT OF REVENUE USE ONLY

DATE LICENSE ISSUED	LICENSE ACCOUNT NUMBER	PERIOD
-750 (999)	-100 (999)	The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.
TOTAL AMOUNT DUE		\$.00

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Section A

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STORAGE PERMIT

5. Retail Warehouse Storage Permit or a Wholesalers Branch House Permit

Retail Warehouse Permit for:

On-Premises Licensee (Taverns, Restaurants etc.)

Off-Premises Licensee (Liquor stores)

Wholesalers Branch House Permit

Address of storage premise: _____

City _____, County _____, Zip _____

Attach a deed/ lease or rental agreement for the storage premises.
Attach a detailed diagram of the storage premises.

CHANGE TRADE NAME OR CORPORATE NAME

6. Change of Trade Name or Corporation Name

Change of Trade name / DBA only

Corporate Name Change (Attach the following supporting documents)

1. Certificate of Amendment filed with the Secretary of State, or
2. Statement of Change filed with the Secretary of State, and
3. Minutes of Corporate meeting, Limited Liability Members meeting, Partnership agreement.

Old Trade Name	New Trade Name
Old Corporate Name	New Corporate Name

CHANGE OF LOCATION

7. Change of Location

NOTE TO RETAIL LICENSEES: An application to change location has a local application fee of \$750 payable to your local licensing authority. You may only change location within the same jurisdiction as the original license that was issued. Pursuant to 12-47-311 (1) C.R.S. Your application must be on file with the local authority thirty (30) days before a public hearing can be held.

Date filed with Local Authority _____ Date of Hearing _____

(a) Address of current premises _____

City _____ County _____ Zip _____

(b) Address of proposed New Premises (Attach copy of the deed or lease that establishes possession of the premises by the licensee)

Address _____

City _____ County _____ Zip _____

(c) New mailing address if applicable.

Address _____

City _____ County _____ State _____ Zip _____

(d) Attach detailed diagram of the premises showing where the alcohol beverages will be stored, served, possessed or consumed. Include kitchen area(s) for hotel and restaurants.

CHANGE OF MANAGER	8. Change of Manager or to Register the Manager of a Tavern or a Hotel and Restaurant liquor license. (a) Change of Manager (attach Individual History DR 8404-I H/R and Tavern only) Former manager's name <u>JAMES MORRISSEY</u> New manager's name <u>KEVIN KENNEDY</u> (b) Date of Employment <u>11/27/2015</u> Has manager ever managed a liquor licensed establishment?..... Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Does manager have a financial interest in any other liquor licensed establishment?..... Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, give name and location of establishment _____ _____		
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MODIFY PREMISES OR ADDITION OF OPTIONAL PREMISES OR RELATED FACILITY	OATH OF APPLICANT I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.		
	Signature 	Title <u>S.V.P</u>	Date <u>10/10/16</u>
REPORT AND APPROVAL OF LOCAL LICENSING AUTHORITY (CITY / COUNTY) The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the applicable provisions of Title 12, Articles 46 and 47, C.R.S., as amended. THEREFORE, THIS APPLICATION IS APPROVED.			
Local Licensing Authority (City or County)		Date filed with Local Authority	
Signature	Title	Date	
REPORT OF STATE LICENSING AUTHORITY The foregoing has been examined and complies with the filing requirements of Title 12, Article 47, C.R.S., as amended.			
Signature ;	Title	Date	

INDIVIDUAL HISTORY RECORD

To be completed by each individual applicant, all general partners of a partnership, and limited partners owning 10% (or more) of a partnership; all officers and directors of a corporation, and stockholders of a corporation owning 10% (or more) of the stock of such corporation; all limited liability company **MANAGING** members, and officers or other limited liability company members with a 10% (or more) ownership interest in such company and all managers of a Hotel and Restaurant or a Tavern License.

NOTICE: This individual history record provides basic information which is necessary for the licensing authority investigation. All questions must be answered in their entirety or your application may be delayed or not processed. **EVERY** answer you give will be checked for its truthfulness. A deliberate falsehood or omission will jeopardize the application as such falsehood within itself constitutes evidence regarding the character of the applicant.

1. Name of Business
 Wildwood F&B Operator LLC

2. Your Full Name (last, first, middle)
 KENNEDY, KEVIN, JOHN

3. List any other names you have used.
 N/A

4. Mailing address (if different from residence)
 PO BOX 5009, 40 ELBERT LANE, SNOWMASS VILLAGE 81615

Home Telephone
 970-403-7751

5. List all residence addresses below. Include current and previous addresses for the past five years.

STREET AND NUMBER	CITY, STATE, ZIP	FROM	TO
Current 3698 VALLEY View Rd.	Glenwood Springs, CO. 81601	10/27/2010	Present
Previous			

6. List all current and former employers or businesses engaged in within the last five years (Attach separate sheet if necessary) See Attachment

NAME OF EMPLOYER	ADDRESS (STREET, NUMBER, CITY, STATE, ZIP)	POSITION HELD	FROM	TO
Merritt Hospitality LLC	40 ELBERT LANE SNOWMASS VILLAGE CO. 81615	Assistant G.M.	11/27/15	Present
Fleisher Real Estate	981 Cowen DR., Suite B-5, Carbondale, CO 81623	Senior Property Mgr	4/1/14	11/27/15
AUBERGE RESORTS	330 E. Main St., Aspen, CO. 81611	Night Manager	2/1/13	4/1/14

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

NAME OF RELATIVE	RELATIONSHIP TO YOU	POSITION HELD	NAME OF LICENSEE
N/A			

8. Have you ever applied for, held, or had an interest in a State of Colorado Liquor or Beer License, or loaned money, furniture or fixtures, equipment or inventory, to any liquor or beer licensee? If yes, answer in detail.
 Yes No

9. Have you ever received a violation notice suspension or revocation, for a liquor law violation, or have you applied for or been denied a liquor or beer license anywhere in the U.S.? If yes, explain in detail.
 Yes No

10. 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? Include arrests for DUI and DWAI. (If yes, explain in detail.)
 Yes No

11. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? (If yes, explain in detail.)
 Yes No

12. Have you ever had any STATE issued licenses suspended, revoked, or denied including a drivers license? (If yes, explain in detail.)
 Yes No

PERSONAL AND FINANCIAL INFORMATION

Unless otherwise provided by law in 24-72-204 C.R.S., information provided below will be treated as CONFIDENTIAL. Colorado liquor licensing authorities require the following personal information in order to determine your suitability for licensure pursuant to 12-47-307 C.R.S.

13a. Date of Birth		b. Social Security Number SSN		c. Place of Birth <i>Philadelphia, Pennsylvania</i>		d. U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
e. If Naturalized, State where				f. When		g. Name of District Court	
h. Naturalization Certificate Number		i. Date of Certification		j. If an Alien, Give Alien's Registration Card Number		k. Permanent Residence Card Number	
l. Height <i>5'10</i>	m. Weight <i>195</i>	n. Hair Color <i>blond</i>	o. Eye Color <i>blue</i>	p. Sex <i>M</i>	q. Race <i>White</i>	r. Do you have a current Driver's License? If so, give number and state <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Colorado 07-065-0882</i>	

14. Financial information.

a. Total purchase price \$ _____ (if buying an existing business) or investment being made by the applying entity, corporation, partnership, limited liability company, other \$ _____

b. List the total amount of your investment in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases and fees paid \$ _____

c. Provide details of investment. You must account for the sources of ALL cash (how acquired). Attach a separate sheet if needed.

Type: Cash, Services or Equipment	Source: Name of Bank; Account Type and Number	Amount

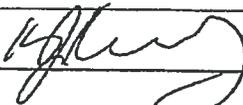
d. Loan Information (attach copies of all notes or loans)

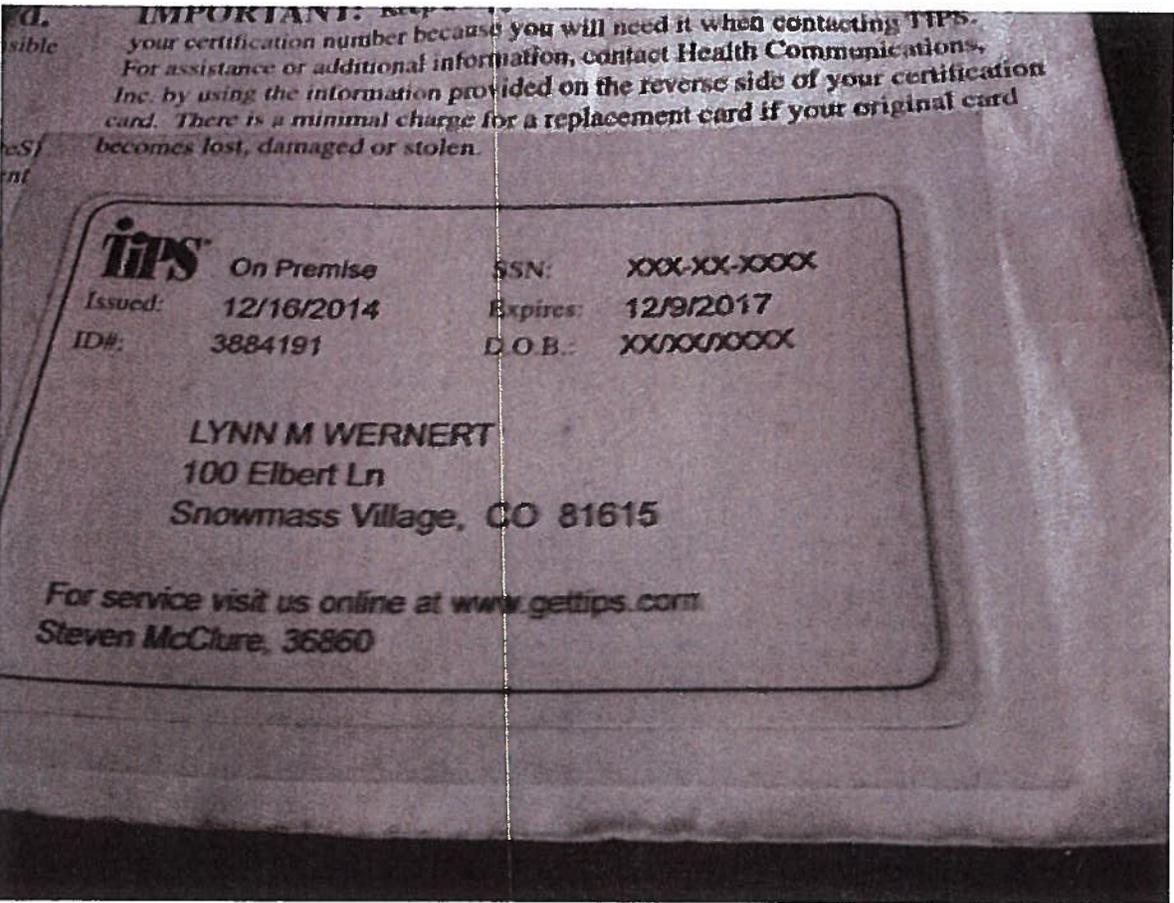
Name of Lender and Account Number	Address	Term	Security	Amount

15. Give name of bank where business account will be maintained; Account Name and Account Number; and the name or names of persons authorized to draw thereon.

Oath of Applicant

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

Authorized Signature 	Title <i>Assistant General Manager</i>	Date <i>10/7/2016</i>
---	---	--------------------------



Additional Jobs for Section 6

Name of Employer	Address	Position	From	TO
Vail Resorts	505 27th St, Glenwood Springs, CO 81601	Driver	11/15/2012	2/1/2013
Destination Resorts	855 Carriage Way, Aspen, CO 81611	Front Office Mgr	11/15/2005	9/2/20012

APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI

LEAVE BLANK

LAST NAME NAM FIRST NAME KEVIN MIDDLE NAME JOHN

ALIASES AKA

O
R
I

000490200

PD
SNOWMASS VILL, CO

DATE OF BIRTH DOR
Month

SIGNATURE OF PERSON FINGERPRINTED

RESIDENCE OF PERSON FINGERPRINTED

3698 Valley View Rd.
Glenwood Springs CO. 81601

DATE 10/16/16 SIGNATURE OFFICIAL TAKING FINGERPRINTS

EMPLOYER AND ADDRESS
Wildwood SNOWMASS
40 ELBERT LANE
SNOWMASS V. Hgwy, CO. 81615

REASON FINGERPRINTED
Liquor license

CITIZENSHIP CIT USA

SEX M RACE W HGT 5'10 WGT 195 EYES BL HAIR BL

PLACE OF BIRTH POB
Philadelphia, PA.

YOUR NO OCA

FBI NO FBI

ARMED FORCES NO MNU

SOCIAL SECURITY NO SOC

MISCELLANEOUS NO MNU

LEAVE BLANK

CLASS _____

RES _____







Kevin Kennedy
970-403-7751
Kkennedy@heihotels.com

Assistant General Manager
HEI MERRITT HOSPITALITY LLC, Snowmass Village, CO 81615

Lead all operational managers to success on daily, weekly, monthly and annual action plans related to property strategic plan. Act as General Manager in his/her absence when necessary.
Job Description

- Lead all operational managers to success on daily, weekly, monthly and annual action plans related to property strategic plan.
- Plan, organize, facilitate, attend, and/or participate in various hotel and departmental meetings. Ensure compliance of brand standard operating procedures and policies.
- Develop and manage execution of Rooms/Food and Beverage division budgets and revenue forecasts. Develop and implement controls for expense management, such as utilizing labor management tools.
- Interview, hire, train, develop, recommend performance evaluations, resolve problems, and recommend discipline and/or termination when appropriate of staff members.
- As a member of the Executive Committee for the property, the Assistant General Manager is expected to help create and execute the financial objectives of the hotel.
- Comply with attendance rules and be available to work on a regular basis.
- Perform any other job related duties as assigned.

Salary

\$63,000/year

SHERMAN & HOWARD LLC
633 17TH ST STE 3000
DENVER, CO 80202-3622
PH: (970) 925-6300

2113
23-71020 6103
1342491362

DATE 10/12/2016

PAY TO THE ORDER OF Colorado Department of Revenue

\$ 75.00

Seventy five only

DOLLARS



Wells Fargo Bank, N.A.
Colorado
wellsfargo.com

[Signature]

FOR Silvertree Fibrooperator LLC, Change Manager

SHERMAN & HOWARD LLC
633 17TH ST STE 3000
DENVER, CO 80202-3622
PH: (970) 925-6300

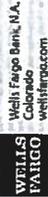
2113
23-71020 6103
1342491362

DATE 10/12/16

PAY TO THE ORDER OF Town of Snowmass Village
two hundred thirteen and 50/100

\$ 213.50

DOLLARS



Wells Fargo Bank, N.A.
Colorado
wellsfargo.com

[Signature]

FOR Silvertree Fibrooperator



LIQUOR LICENSING AUTHORITY
DOCUMENT CHECKLIST

ANNUAL RENEWAL – HOTEL AND RESTAURANT LICENSE

Wildwood Fibopavator LLC 10/12/2016 12/20/2016
Date Received Lic. Exp. Date
Wildwood Snowmass Hotel
Name of Applicant Email Address jcausing@SAH.com

1. Registered Manager: Kevin Kennedy
2. Name designated T.I.P.S. Certified staff person Lynn Werner
Expiration Date: 12/9/2017
3. Form DR8400 (This form comes from the State of Colorado. If you don't receive one from the State, please request a DR8404 form from the Town Clerk)
4. Copy of Most Current Certificate of Good Standing (Must be within 2 years)
Date filed 10/4/2016 (The Clerk does **NOT** have this information)
Change of Managers/Owners/Officers/Board Members? Yes ___ No
5. Affidavit of Possession of Premises
No Change in Premises
25% of gross income from food
6. Fees: TOSV \$ 225.00 STATE \$ 500.00
7. ___ Inspection Reports: This is done by the Town Clerk
Police ___ Police Dept.
Fire ___ Fire Dept.
Health ___ Environmental Health
8. ___ The Town Finance Departments has verified "no taxes owing" on this Application (The Clerk will do this)

Updated 03-09-15

RETAIL LIQUOR OR 3.2 BEER
 LICENSE RENEWAL APPLICATION

Fees Due	
Renewal Fee	\$600.00
Storage Permit \$100 x _____	_____
Optional Premise \$100 x _____	_____
Related Resort \$75 x _____	_____
Amount Due/Paid	

HOLIDAY INN EXPRESS SNOWMASS VILLAGE
 PO BOX 5009
 SNOWMASS VILLAGE CO 81615-5009

Also check payable to Colorado Department of Revenue. Tax State may convert your check to a one-time electronic business transaction. Your bank account may be debited as early as the second day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department may debit the payment amount directly from your bank account electronically.

PLEASE VERIFY & UPDATE ALL INFORMATION BELOW

Licensee Name WILDWOOD F&B OPERATOR LLC		DRA Wildwood Snowmass Hotel	
Liquor License # 42960120000	License Type Hotel & Restaurant (city)	Sales Tax License # 42960120000	Expiration Date 12/20/2016
Operating Manager KEVIN KENNEDY	Date of Birth 3/12/1979	Home Address 3698 VALLEY VIEW ROAD, GLENWOOD SPRINGS, CO 81601	
Manager Phone Number 970-403-7751	Email Address KENNEDY@HEHOTELS.com		
Street Address 40 ELBERT LANE SNOWMASS VILLAGE CO 81615			Phone Number 9709233520
Mailing Address PO BOX 5009 SNOWMASS VILLAGE CO 81615-5009			

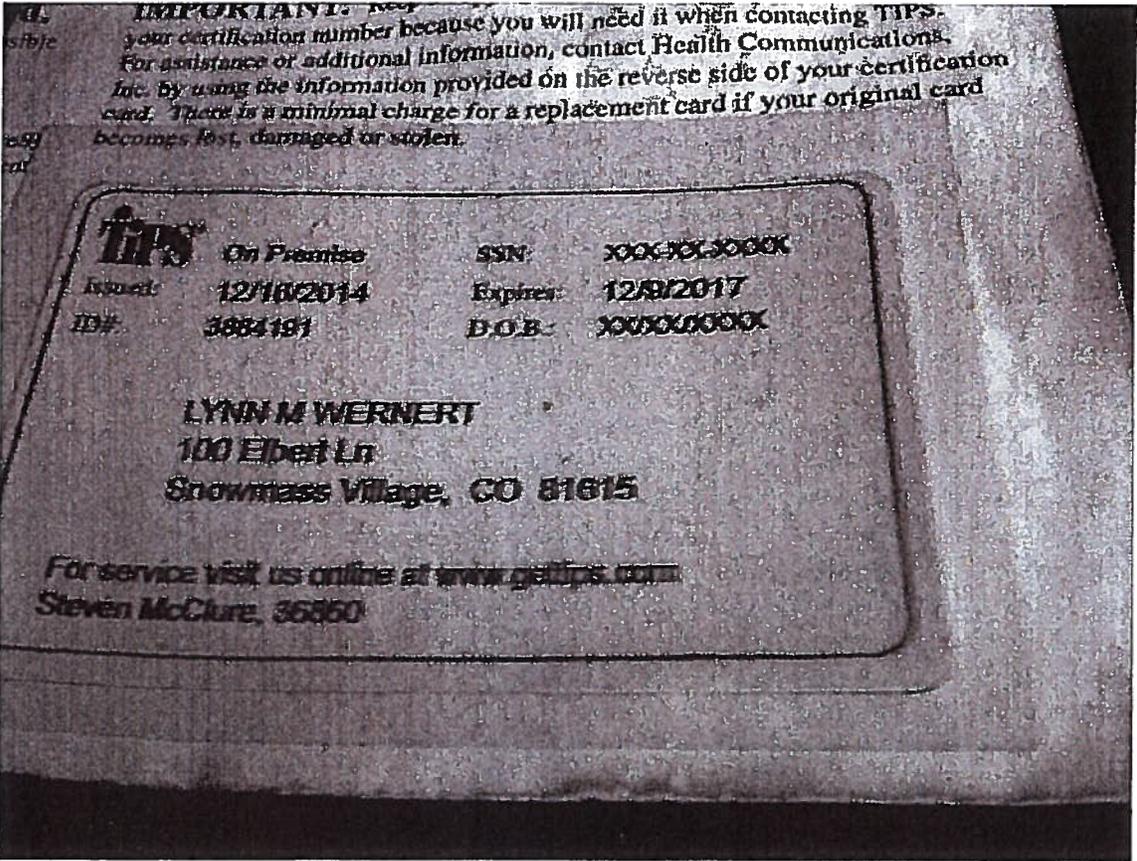
- Do you have legal possession of the premises at the street address above? YES NO
 Is the premises owned or rented? Owned Rented* *If rented, expiration date of lease June 30, 2017 ^{with annual renewal options}
35. Since the date of filing of the last application, has there been any change in financial interest (new notes, loans, owners, etc.) or organizational structure (addition or deletion of officers, directors, managing members or general partners)? If yes, explain in detail and attach a listing of all liquor businesses in which these new lenders, owners (other than licensed financial institutions), officers, directors, managing members, or general partners are materially interested. YES NO
NOTE TO CORPORATION, LIMITED LIABILITY COMPANY AND PARTNERSHIP APPLICANTS: If you have added or deleted any officers, directors, managing members, general partners or persons with 10% or more interest in your business, you must complete and return immediately to your Local Licensing Authority, Form DR 8177: Corporation, Limited Liability Company or Partnership Report of Changes, along with all supporting documentation and fees.
3. Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been convicted of a crime? If yes, attach a detailed explanation. YES NO
4. Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been denied an alcohol beverage license, had an alcohol beverage license suspended or revoked, or had interest in any entity that had an alcohol beverage license denied, suspended or revoked? If yes, attach a detailed explanation. YES NO
5. Does the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) have a direct or indirect interest in any other Colorado liquor license, including loans to or from any licensee or interest in a loan to any licensee? If yes, attach a detailed explanation. YES NO

AFFIRMATION & CONSENT
 I declare under penalty of perjury in the second degree that this application and all attachments are true, correct and complete to the best of my knowledge.

Type or Print Name of Applicant/Authorized Agent of Business ROBERT GEIMER	Title S.V.P
Signature <i>Robert Geimer</i>	Date 10/10/2016

REPORT & APPROVAL OF CITY OR COUNTY LICENSING AUTHORITY
 The foregoing application has been examined and the premises, business conducted and character of the applicant are satisfactory, and we do hereby report that such license, if granted, will comply with the provisions of Title 12, Articles 46 and 47, C.R.S. THEREFORE THIS APPLICATION IS APPROVED.

Local Licensing Authority For	Date
Signature	Title
	Attest



IMPORTANT! Keep your certification number because you will need it when contacting TIPS. For assistance or additional information, contact Health Communications, Inc. by using the information provided on the reverse side of your certification card. There is a minimal charge for a replacement card if your original card becomes lost, damaged or stolen.

TIPS On Premises SSN: XXX-XX-XXXX
Issued: 12/16/2014 Expires: 12/31/2017
ID#: 3884191 D.O.B: XXXX0000X

LYNN M WERNERT
100 Elbert Ln
Snowmass Village, CO 81615

For service visit us online at www.gallips.com
Steven McClure, 36860

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,
WILDWOOD F&B OPERATOR, L.L.C.

is an entity formed or registered under the law of DELAWARE , has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20111357983 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/30/2016 that have been posted, and by documents delivered to this office electronically through 10/04/2016 @ 12:21:45 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 10/04/2016 @ 12:21:45 in accordance with applicable law. This certificate is assigned Confirmation Number 9865978 .



Secretary of State of the State of Colorado

*****End of Certificate*****
Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/bt/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



P.O. Box 5010, Snowmass Village, CO 81615
970-923-3777 FAX: 970-923-6083

WILDWOOD SNOWMASS HOTEL
PO BOX 5009
Snowmass Village, CO 81615

State Tax ID: 42960120000

Town of Snowmass Village Liquor Renewal

This letter is being sent to you as a reminder. You should also be receiving your Liquor Renewal application from the state. Please return all forms (local and state) to the Clerk's office 45 days prior to your License expiration date.

Liquor License Expires on: 12/20/2016

Business Information

Please make any necessary corrections to the information listed below:

Business Name or DBA: _____ WILDWOOD SNOWMASS HOTEL _____

Physical Address: 40 Elbert Lane, Snowmass Village, CO _____

Mailing Address: PO BOX 5009, Snowmass Village, CO 81615 _____

State Tax ID #: 42960120000 _____

Business Owner: Wildwood F&B Operator LLC _____

Manager/Contact Name: _____ Kevin Kennedy _____

Business Phone: 970-923-8400 _____

Business Email: _____ KKENNEDY@HEIHOTELS.COM _____

Designated TIPS Server: _____ Lynn Wernert _____

TIPS Certification Expiration Date: _____ 12/9/2017 _____

Return all forms to the Town of Snowmass Village for approval
DO NOT send anything to the State Office.

SHERMAN & HOWARD LLC
633 17TH ST STE 3000
DENVER, CO 80202-3822
PH: (970) 925-6300

2110
23-7/1020 6103
1342491562

DATE 10/12/2014

PAY TO THE ORDER OF TOSV \$ 225.00

two hundred twenty five and 00/100 DOLLARS



WELLS FARGO
Wells Fargo Bank, N.A.
Colorado
wellsfargo.com

FOR Wildwood Fib Operator Renewal

SHERMAN & HOWARD LLC
633 17TH ST STE 3000
DENVER, CO 80202-3822
PH: (970) 925-6300

2112
23-7/1020 6103
1342491562

DATE 10/12/14

PAY TO THE ORDER OF Department of Revere Colorado \$ 500.00

Five hundred Only DOLLARS



WELLS FARGO
Wells Fargo Bank, N.A.
Colorado
wellsfargo.com

FOR Wildwood Fib Operator Liqueur License Renewal

SHERMAN & HOWARD

730 East Durant Avenue #200, Aspen, Colorado 81611-1557
Telephone: 970.925.6300 Fax: 970.925.1181 www.shermanhoward.com

Cheryl Heiberger
Sherman & Howard L.L.C.
Direct Dial Number: 970.300.0117
E-mail: cheiberger@shermanhoward.com

TRANSMITTAL LETTER

Via Hand Delivery

Rhonda Coxon, Town Clerk
Town of Snowmass Village
130 Kearns Road
Snowmass Village, CO 81615

DATE: October 12, 2016

RE: Liquor License Applications

I AM SENDING TO YOU THE FOLLOWING LIQUOR LICENSE APPLICATIONS:

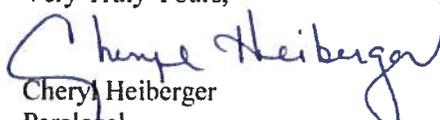
1. Change in Management Application for Silvertree F&B Operator LLC
2. Liquor Licensing Annual Renewal for Hotel & Restaurant Liquor License for Silvertree F&B Operator LLC
3. Change in Management Application for Wildwood F&B Operator LLC
4. Liquor Licensing Annual Renewal for Hotel & Restaurant Liquor License for Wildwood F&B Operator LLC

THIS IS SENT TO YOU:

For processing for the October 18th, 2016 Liquor License Hearing

REMARKS: Please contact our office if you need anything further on this matter.

Very Truly Yours,


Cheryl Heiberger
Paralegal

Enclosures as recited
086002.001

License ID: 50065

State Tax ID: 42960110000

Amount Paid:\$225.00



Town of
SNOWMASS Village

State of Colorado By The Authority of

Town of Snowmass Village

Restaurant / Hotel Liquor License

To Sell At Retail Malt, Vinous & Spirituous Liquor

Wildwood F & B Operator, LLC DBA Wildwood Snowmass Hotel
PO BOX 5009, Snowmass Village, CO 81615

This License is to certify that the above establishment of the State of Colorado, has applied to sell Liquor at their premises, having paid the Town Treasurer the stated amount. Therefore, the applicant is hereby licensed to sell Liquors containing more than 3.2% Alcohol by weight for consumption on premise.

This License is issued subject to the Laws of the State of Colorado and especially under the provisions of Article 47 of Title 12. Colorado Revised Statutes. as amended.

This License is valid for the date period of 12/21/2016 to 12/20/2017, unless revoked sooner as provided by Law.

IN TESTIMONY WHEREOF, The Liquor Licensing Authority has hereunto subscribed its name by its officers duly authorized on _____.

Clerk

Town of Snowmass Village
Liquor Licensing Authority

POST IN A CONSPICUOUS PLACE



**LIQUOR LICENSING AUTHORITY
DOCUMENT CHECKLIST
(Form DR-8442)
CHANGE IN MANAGEMENT**
italics=Local Authority Requirement

Licensee : SILVERTREE F&B OPERATOR, LLC

Date Application Received 10/12/2016

Former Manager's Name: Allison Campbell

New Manager's Name: Andrea Heffner

1. Expiration date of Alcohol Server Certification **New Manager** Anissa V. House 12/2/2017
2. Date to appear before Liquor Board 10/18/2016
3. **(Form DR 8442) Permit Application & Report of Changes**
[complete section 9 - Change of Manager]
4. **(Form DR 8401) Individual History Record**
5. Fingerprints
6. Management/Employment Agreement
7. Fees:

Make Check Payable to:	TOSV (H&R/Tavern only)	<input checked="" type="checkbox"/> 75.00 (application fee)
	TOSV	<input checked="" type="checkbox"/> 100.00 (for background check)
	TOSV	<input checked="" type="checkbox"/> 38.50 (for fingerprint investigation)

Dept. of Rev. (H&R/Tavern only) 75.00 (application fee)

8. **The Town Finance Departments has verified "no taxes owing" on this Application**

**PLEASE RETURN ALL FORMS AND FEES
TO RHONDA, TOWN CLERK**

PERMIT APPLICATION AND REPORT OF CHANGES

CURRENT LICENSE NUMBER 42960110000
ALL ANSWERS MUST BE PRINTED IN BLACK INK OR TYPEWRITTEN
LOCAL LICENSE FEE \$ _____
APPLICANT SHOULD OBTAIN A COLORADO LIQUOR & BEER CODE BOOK TO ORDER CALL (303) 370-2165

1. Applicant is a		PRESENT LICENSE NUMBER
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company		42960110000
2. Name of Licensee Silvertree F&B Operator LLC	3. Trade Name Westin Snowmass Resort, Vue and Snowmass Kitchen	
4. Location Address 100 Elbert Lane		
City Snowmass Village	County Pitkin	ZIP 81615

SELECT THE APPROPRIATE SECTION BELOW AND PROCEED TO THE INSTRUCTIONS ON PAGE 2.

Section A – Manager reg/change

Section C

• License Account No. <u>42960110000</u> 1983-750 (999) <input checked="" type="checkbox"/> Manager's Registration (Hotel & Restr.)...\$75.00 2012-750 (999) <input type="checkbox"/> Manager's Registration (Tavern).....\$75.00 <input type="checkbox"/> Change of Manager (Other Licenses) NO FEE	2210-100 (999) <input type="checkbox"/> Retail Warehouse Storage Permit (ea) \$100.00 2200-100 (999) <input type="checkbox"/> Wholesale Branch House Permit (ea).... 100.00 2260-100 (999) <input type="checkbox"/> Change Corp. or Trade Name Permit (ea) . 50.00 2230-100 (999) <input type="checkbox"/> Change Location Permit (ea)..... 150.00 2280-100 (999) <input type="checkbox"/> Change, Alter or Modify Premises \$150.00 x _____ Total Fee _____ 2220-100 (999) <input type="checkbox"/> Addition of Optional Premises to Existing H/R \$100.00 x _____ Total Fee _____ 1988-100 (999) <input type="checkbox"/> Addition of Related Facility to Resort Complex \$75.00 x _____ Total Fee _____
Section B – Duplicate License	
• Liquor License No. _____ 2270-100 (999) <input type="checkbox"/> Duplicate License\$50.00	

DO NOT WRITE IN THIS SPACE – FOR DEPARTMENT OF REVENUE USE ONLY

DATE LICENSE ISSUED	LICENSE ACCOUNT NUMBER	PERIOD
-750 (999)	-100 (999)	The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.
TOTAL AMOUNT DUE		\$.00

INSTRUCTION SHEET

FOR ALL SECTIONS, COMPLETE QUESTIONS 1-4 LOCATED ON PAGE 1

Section A

To Register or Change Managers, check the appropriate box in section A and complete question 8 on page 4. Proceed to the Oath of Applicant for signature (Please note: Hotel, Restaurant, and Tavern licensees are required to register their managers).

Section B

For a Duplicate license, be sure to include the liquor license number in section B on page 1 and proceed to page 4 for Oath of Applicant signature.

Section C

Check the appropriate box in section C and proceed below.

- 1) *For a Retail Warehouse Storage Permit*, go to page 3 complete question 5 (be sure to check the appropriate box). Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 2) *For a Wholesale Branch House Permit*, go to page 3 and complete question 5 (be sure to check the appropriate box). Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 3) *To Change Trade Name or Corporation Name*, go to page 3 and complete question 6 (be sure to check the appropriate box). Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 4) *To modify Premise*, go to page 4 and complete question 9. Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 5) *For Optional Premises or Related Facilities* go to page 4 and complete question 9. Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 6) *To Change Location*, go to page 3 and complete question 7. Submit the necessary information and proceed to page 4 for Oath of Applicant signature.

STORAGE PERMIT

5. Retail Warehouse Storage Permit or a Wholesalers Branch House Permit

Retail Warehouse Permit for:

- On-Premises Licensee (Taverns, Restaurants etc.)
- Off-Premises Licensee (Liquor stores)

Wholesalers Branch House Permit

Address of storage premise: _____

City _____, County _____, Zip _____

Attach a deed/ lease or rental agreement for the storage premises.
Attach a detailed diagram of the storage premises.

CHANGE TRADE NAME OR CORPORATE NAME

6. Change of Trade Name or Corporation Name

- Change of Trade name / DBA only
- Corporate Name Change (Attach the following supporting documents)
 1. Certificate of Amendment filed with the Secretary of State, or
 2. Statement of Change filed with the Secretary of State, and
 3. Minutes of Corporate meeting, Limited Liability Members meeting, Partnership agreement.

Old Trade Name	New Trade Name
Old Corporate Name	New Corporate Name

CHANGE OF LOCATION

7. Change of Location

NOTE TO RETAIL LICENSEES: An application to change location has a local application fee of \$750 payable to your local licensing authority. You may only change location within the same jurisdiction as the original license that was issued. Pursuant to 12-47-311 (1) C.R.S. Your application must be on file with the local authority thirty (30) days before a public hearing can be held.

Date filed with Local Authority _____ Date of Hearing _____

(a) Address of current premises _____

City _____ County _____ Zip _____

(b) Address of proposed New Premises (Attach copy of the deed or lease that establishes possession of the premises by the licensee)

Address _____

City _____ County _____ Zip _____

(c) New mailing address if applicable.

Address _____

City _____ County _____ State _____ Zip _____

(d) Attach detailed diagram of the premises showing where the alcohol beverages will be stored, served, possessed or consumed. Include kitchen area(s) for hotel and restaurants.

CHANGE OF MANAGER	8. Change of Manager or to Register the Manager of a Tavern or a Hotel and Restaurant liquor license. (a) Change of Manager (attach Individual History DR 8404-I H/R and Tavern only) Former manager's name <u>ALLISON CAMPBELL</u> New manager's name <u>ANDREA HEFFNER</u>		
	(b) Date of Employment <u>6/6/2014</u> Has manager ever managed a liquor licensed establishment?..... Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Does manager have a financial interest in any other liquor licensed establishment?..... Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, give name and location of establishment _____		
MODIFY PREMISES OR ADDITION OF OPTIONAL PREMISES OR RELATED FACILITY	9. Modification of Premises, Addition of an Optional Premises, or Addition of Related Facility NOTE: Licensees may not modify or add to their licensed premises until approved by state and local authorities.		
	(a) Describe change proposed _____		
	(b) If the modification is temporary, when will the proposed change: Start _____ (mo/day/year) End _____ (mo/day/year) NOTE: THE TOTAL STATE FEE FOR TEMPORARY MODIFICATION IS \$300.00		
	(c) Will the proposed change result in the licensed premises now being located within 500 feet of any public or private school that meets compulsory education requirements of Colorado law, or the principal campus of any college, university or seminary? (If yes, explain in detail and describe any exemptions that apply) Yes <input type="checkbox"/> No <input type="checkbox"/>		
	(d) Is the proposed change in compliance with local building and zoning laws?..... Yes <input type="checkbox"/> No <input type="checkbox"/>		
	(e) If this modification is for an additional Hotel and Restaurant Optional Premises or Resort Complex Related Facility, has the local authority authorized by resolution or ordinance the issuance of optional premises? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	(f) Attach a diagram of the current licensed premises and a diagram of the proposed changes for the licensed premises. (g) Attach any existing lease that is revised due to the modification.		
OATH OF APPLICANT I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.			
Signature 	Title <u>S.V.P</u>	Date <u>10/10/16</u>	
REPORT AND APPROVAL OF LOCAL LICENSING AUTHORITY (CITY / COUNTY) The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the applicable provisions of Title 12, Articles 46 and 47, C.R.S., as amended. THEREFORE, THIS APPLICATION IS APPROVED.			
Local Licensing Authority (City or County)		Date filed with Local Authority	
Signature	Title	Date	
REPORT OF STATE LICENSING AUTHORITY The foregoing has been examined and complies with the filing requirements of Title 12, Article 47, C.R.S., as amended.			
Signature	Title	Date	



On Premise SSN: XXX-XX-XXXX
Issued: 12/9/2014 Expires: 12/2/2017
ID#: 3879826 D.O.B.: XXXXXXXX

ANISSA V HOUSE
1000 Elbert Ln
Carbondale, CO 81623

For service visit us online at www.gettips.com
Steven McClure, 36860



HEALTH COMMUNICATIONS INC.
1400 Key Blvd., Suite 700
Arlington, VA 22209
703-524-1200
www.gettips.com

This card was issued for successful completion of the TIPS program.

Signature: Anissa House

INDIVIDUAL HISTORY RECORD

To be completed by each individual applicant, all general partners of a partnership, and limited partners owning 10% (or more) of a partnership; all officers and directors of a corporation, and stockholders of a corporation owning 10% (or more) of the stock of such corporation; all limited liability company **MANAGING** members, and officers or other limited liability company members with a 10% (or more) ownership interest in such company and all managers of a Hotel and Restaurant or a Tavern License.

NOTICE: This individual history record provides basic information which is necessary for the licensing authority investigation. All questions must be answered in their entirety or your application may be delayed or not processed. EVERY answer you give will be checked for its truthfulness. A deliberate falsehood or omission will jeopardize the application as such falsehood within itself constitutes evidence regarding the character of the applicant.				
1. Name of Business Silvertree F&B Operator LLC				
2. Your Full Name (last, first, middle) Andrea Heffner			3. List any other names you have used. Andrea Clarke Heffner, Andrea Clark Heffner, A	
4. Mailing address (if different from residence) 100 Elber Lane, Snowmass, CO 81615			Home Telephone 970-987-3007 andrea.heffner@westinsnowmass	
5. List all residence addresses below. Include current and previous addresses for the past five years. <i>See attached</i>				
STREET AND NUMBER		CITY, STATE, ZIP	FROM	TO
Current 211 Overlook Ridge		Carbondale, CO 81623	7/19/16	present
Previous 115 Austin Place, 130 Juniper Trail, 530 Evans C		Sandy Springs, GA 30328, Carbondale, CO	12/11/15, 10/1	7/6/16, 11/1/1
6. List all current and former employers or businesses engaged in within the last five years (Attach separate sheet if necessary) <i>See attached</i>				
NAME OF EMPLOYER	ADDRESS (STREET, NUMBER, CITY, STATE, ZIP)	POSITION HELD	FROM	TO
Westin Snowmass	100 Elbert Lane, Snowmass, CO 81615	Dir of Sales & Marke	6/6/16	present
The St. Regis Atlanta	88 West Paces Ferry Rd, Atlanta, GA 30305	Dir of Sales & Marke	9/27/15	5/27/16
The Hotel Jerome	310 Main St, Aspen, CO 81611	Dir of Sales & Marke	8/18/13	9/25/15
7. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry.				
NAME OF RELATIVE	RELATIONSHIP TO YOU	POSITION HELD	NAME OF LICENSEE	
8. Have you ever applied for, held, or had an interest in a State of Colorado Liquor or Beer License, or loaned money, furniture or fixtures, equipment or inventory, to any liquor or beer licensee? If yes, answer in detail. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
9. Have you ever received a violation notice suspension or revocation, for a liquor law violation, or have you applied for or been denied a liquor or beer license anywhere in the U.S.? If yes, explain in detail. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

10. 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? Include arrests for DUI and DWAI. (If yes, explain in detail.)
 Yes No

11. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? (if yes, explain in detail.)
 Yes No

12. Have you ever had any STATE issued licenses suspended, revoked, or denied including a drivers license? (If yes, explain in detail.)
 Yes No

PERSONAL AND FINANCIAL INFORMATION

Unless otherwise provided by law in 24-72-204 C.R.S., information provided below will be treated as CONFIDENTIAL. Colorado liquor licensing authorities require the following personal information in order to determine your suitability for licensure pursuant to 12-47-307 C.R.S.

13a. Date of Birth	b. Social Security Number SSN	c. Place of Birth <i>Boston, MA</i>	d. U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. If Naturalized, State where <i>N/A</i>	f. When	g. Name of District Court	
h. Naturalization Certificate Number	i. Date of Certification	j. If an Alien, Give Alien's Registration Card Number	k. Permanent Residence Card Number
l. Height <i>5'5"</i>	m. Weight <i>150</i>	n. Hair Color <i>Brown</i>	o. Eye Color <i>Hazel</i>
p. Sex <i>F</i>	q. Race <i>White</i>	r. Do you have a current Driver's License? If so, give number and state <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>92 041 7133 CO</i>	

14. Financial Information.

a. Total purchase price \$ _____ (if buying an existing business) or investment being made by the applying entity, corporation, partnership, limited liability company, other \$ _____

b. List the total amount of your investment in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases and fees paid \$ _____

c. Provide details of investment. You must account for the sources of ALL cash (how acquired). Attach a separate sheet if needed.

Type: Cash, Services or Equipment	Source: Name of Bank; Account Type and Number	Amount

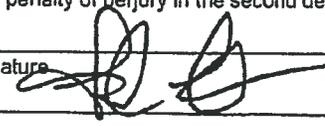
d. Loan Information (attach copies of all notes or loans)

Name of Lender and Account Number	Address	Term	Security	Amount

15. Give name of bank where business account will be maintained; Account Name and Account Number; and the name or names of persons authorized to draw thereon.

Oath of Applicant

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

Authorized Signature 	Title <i>Dir. of Sales & Marketing</i>	Date <i>10-4-16</i>
---	---	------------------------

Andrea Heffner: Individual History Record

Past Residences (Continued)

211 Overlook Ridge, Carbondale, CO 81623	July 19, 2016-present
115 Austin Place, Sandy Springs, GA 30328	Dec 11, 2015 -July 1, 2016
130 Juniper Trail, Carbondale, CA 81623	Oct 1, 2014-Dec 1, 2015
530 Evans Ct, Basalt, CO 81621	Oct 1, 2013-Sept 30, 2015
1438 Hailstone Dr, Heber City, UT 84032	June 1, 2011-July 31, 2013

Andrea Heffner: Individual History Record

Past Employment (Continued)

Name of Employer/Address: St. Regis Deer Valley 2300 Deer Valley Drive E, Park City, UT 84060

Position: Director of Sales and Marketing

Dates: From May 2011 to August 2011

APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI

LEAVE BLANK

SIGNATURE OF APPLICANT

RESIDENCE OF APPLICANT

211 Overlook Ridge

Carbondale CO 81623

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

10-6-14

EMPLOYER AND ADDRESS
Western Massachusetts
180 State Lane
Springmass, Co MA 01615

finger license

LAST NAME

Heffer

FIRST NAME

Anders

MIDDLE NAME

Clark

ALIASES AKA

CITIZENSHIP

US

YOUR NO

FBI NO

ARMED FORCES NO

SOCIAL SECURITY NO

000490200

SNOWMASS VILL, CO

SEX: F, RACE: W, HT: 5'4", WT: 140, EYES: BRL, HAIR: BRN, PLACE OF BIRTH: Boston, MA

LEAVE BLANK

CLASS

REL

1 R THUMB	2 R INDEX	3 R MIDDLE	4 R RING	5 R LITTLE

Employment
Description

Current Salary:

Director of Sales
Westin Snowmass-WSN
Sales/Marketing
Full-time
Job Title

Director of Sales
Requisition Number
3792

Area of Interest
Sales/Marketing
FT / PT
Full-time

Location
Westin Snowmass-WSN
100 Elbert Lane, Snowmass Village, Colorado 81615

Job Description

Responsible for total room, banquet, catering, and room rental revenue, yield strategies, implementation and accountable to a market performance and meeting budget, forecast, and optimal business mix targets. Strategies to include market mix, pricing, status, and direct sales. The development and solicitation of business from all markets to ensure the necessary advance bookings needed for a successful and profitable operation for the hotel.

Job Description

* Direct the solicitation efforts of the sales staff through effective oral and written communication while overseeing rate, date and space commitments for group room sales within the hotel.

* Recruit, Interview, hire, train, recommend performance evaluations, resolve problems, provide open communication and recommend discipline and/or termination when appropriate.

* Ensure training programs are conducted regularly and HEI standards of performance are met. Give guidance and counsel staff toward improvement.

* Compile and/or direct the preparation of reports pertaining to the operation of the Sales Department to include, but not limited to the annual and monthly forecast, lead management system, group booking pace report, star reports and sales meeting minutes.

* Coordinate ongoing research of the travel industry to detect market trends and related information for development of new marketing strategies. Make reasonable recommendations to improve potential from various markets.

* Develop and conduct persuasive verbal sales presentations to prospective clients.

* Initiate preparation of computerized annual business plan and execute plans as outlined, critically examining and adjusting as deemed necessary by current market conditions.

* Organize and/or attend scheduled sales department, executive committee, and related meetings.

* Knowledge of travel industry, current market trends and economic factors.

* Ability to access, understand and accurately input information using a moderately complex computer system.

* Direct and manage all group, transient, and catering/banquet sales activities to maximize revenue for the hotel.

* Prepare, implement and compile data for the strategic sales plan, monthly reports, annual goals, sales budget, forecasts and other reports as directed/required.

* Develop rates, group sales and catering deployment strategies through review of competitive data, demand analysis and mix management.

- * Professionally represent the hotel in community and industry organizations and events.
- * Oversee departmental matters as they relate to federal, state, and local employment and civil rights laws.
- * Comply with attendance rules and be available to work on a regular basis.
- * Perform any other job related duties as assigned.

Experience, Skills and knowledge

- * Bachelor's degree preferred.
- * 5+ years of sales leadership in similar sized operation preferred.
- * Proficiency in Microsoft Word, Excel, and Delphi.
- * Knowledge of computer accounting programs, math skills, as well as budgetary analysis capabilities required.
- * Extensive knowledge of sales skills, revenue management, recruitment, supervision, training, and motivation of managers.
- * Ability to effectively listen, communicate and perform diplomacy with internal and external customers and staff in all situations.
- * Ability to stand and move throughout the hotel property and continuously perform essential job functions with or without reasonable accommodation.
- * Command of the English language both written and verbal.

Benefits

HEI Hotels and Resorts is committed to providing a comprehensive benefits plan that offers you choices for your physical, mental and financial wellness, creating value in your most important investment - you!

For your physical and mental wellness we offer competitive Medical, Dental and Vision Insurance programs geared to you and your family's needs as well as Vacation/Sick/Holiday benefits. For your financial wellness HEI provides a wide array of coverage, including Supplemental, Spousal and Child Life Insurance and Short and Long-Term Disability. In addition, our 401(k) Savings Plan with matching funds, and discounts through our 'YouDecide' and Hotel Room Discount programs provide additional incentives for choosing HEI as the employer of your future. HEI Hotels & Resorts is an equal opportunity employer. We evaluate qualified applicants without regard to race, color, religion, sex, national origin, disability, veteran status, and other legally protected characteristics.

FOR Silverthorn Fiberoptics LLC, Change Manager

Security fee only



Wells Fargo Bank, N.A.
Colorado
wellsfargo.com

DOLLARS



PRINTED
IN
COLORADO

PAY TO THE ORDER OF Colorado Department of Revenue

\$ 75.00

DATE 10/12/2016

23-7/1020 8103
1342481352

SHERMAN & HOWARD LLC
633 17TH ST STE 3000
DENVER, CO 80202-3822
PH. (970) 925-6300

2115

SHERMAN & HOWARD LLC
633 17TH ST STE 3000
DENVER, CO 80202-3822
PH. (970) 925-6300

2113

23-7/1020 8103
1342481352

DATE 10/12/16

PAY TO THE ORDER OF

Tom of Summers Village
two hundred thirteen and 50/100

\$ 213.50

DOLLARS

WELLS FARGO
Colorado
wellsfargo.com



FOR Silverthorn Fiberoptics



LIQUOR LICENSING AUTHORITY
DOCUMENT CHECKLIST

ANNUAL RENEWAL – HOTEL AND RESTAURANT LICENSE

Silvertree F&B Operator LLC 10/12/2016 12/15/2016
Date Received Lic. Exp. Date
Name of Applicant Email Address jcausing@SAH.com

1. Registered Manager: ANDREA HEFFNER
2. Name designated T.I.P.S. Certified staff person ANISSA V. HOUSE
Expiration Date: 12/2/2017
3. Form DR8400 (This form comes from the State of Colorado. If you don't receive one from the State, please request a DR8404 form from the Town Clerk)
4. Copy of Most Current Certificate of Good Standing (Must be within 2 years)
Date filed 10/4/2016 (The Clerk does **NOT** have this information)
Change of Managers/Owners/Officers/Board Members? Yes ___ No
5. Affidavit of Possession of Premises
No Change in Premises
25% of gross income from food
6. Fees: TOSV \$ 225.00 STATE \$ 500.00
7. ___ Inspection Reports: This is done by the Town Clerk
Police ___ Police Dept.
Fire ___ Fire Dept.
Health ___ Environmental Health
8. ___ The Town Finance Departments has verified "no taxes owing" on this Application (The Clerk will do this)

RETAIL LIQUOR OR 3.2 BEER
 LICENSE RENEWAL APPLICATION

Fees Due	
Renewal Fee	\$500.00
Storage Permit \$100 x _____	_____
Optional Premise \$100 x _____	_____
Related Resort \$75 x _____	_____
Amount Due/Paid	

WESTIN SNWMASS RSRT, VUE &
 SNOWMASS KITCHEN
 PO BOX 5009
 SNOWMASS VILLAGE CO 81615-5009

Make check payable to Colorado Department of Revenue. The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department may collect the payment amount directly from your banking account electronically.

PLEASE VERIFY & UPDATE ALL INFORMATION BELOW

Licensee Name SILVERTREE F&B OPERATOR LLC		DBA WESTIN SNOWMASS RSRT, VUE & SNWMASS KITCHEN	
Liquor License # 42960110000	License Type Hotel & Restaurant (city)	Sales Tax License # 42980110000	Expiration Date 12/15/2016
Operating Manager ANDREA HEFFNER		Date of Birth	Home Address 211 Overlook Ridge, Carbondale Co 81623
Manager Phone Number 970 987 3007		Email Address andrea.heffner@westhnsnowmass.com	
Street Address 100 ELBERT LANE SNOWMASS VILLAGE CO 81615			Phone Number 9709233520
Mailing Address PO BOX 5009 SNOWMASS VILLAGE CO 81615-5009			

- Do you have legal possession of the premises at the street address above? YES NO
 Is the premises owned or rented? Owned Rented* *If rented, expiration date of lease June 30, 2017 ^{with annual renewals}
34. Since the date of filing of the last application, has there been any change in financial interest (new notes, loans, owners, etc.) or organizational structure (addition or deletion of officers, directors, managing members or general partners)? If yes, explain in detail and attach a listing of all liquor businesses in which these new lenders, owners (other than licensed financial institutions), officers, directors, managing members, or general partners are materially interested. YES NO
NOTE TO CORPORATION, LIMITED LIABILITY COMPANY AND PARTNERSHIP APPLICANTS: If you have added or deleted any officers, directors, managing members, general partners or persons with 10% or more interest in your business, you must complete and return immediately to your Local Licensing Authority, Form DR 8177: Corporation, Limited Liability Company or Partnership Report of Changes, along with all supporting documentation and fees.
3. Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been convicted of a crime? If yes, attach a detailed explanation. YES NO
4. Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been denied an alcohol beverage license, had an alcohol beverage license suspended or revoked, or had interest in any entity that had an alcohol beverage license denied, suspended or revoked? If yes, attach a detailed explanation.
 YES NO **EXHIBIT A ATTACHED.**
5. Does the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) have a direct or indirect interest in any other Colorado liquor license, including loans to or from any licensee or interest in a loan to any licensee? If yes, attach a detailed explanation. YES NO

AFFIRMATION & CONSENT

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

Type or Print Name of Applicant/Authorized Agent of Business ROBERT GEIMER	Title S.V.P
Signature <i>Robert Geimer</i>	Date 10/10/14

REPORT & APPROVAL OF CITY OR COUNTY LICENSING AUTHORITY

The foregoing application has been examined and the premises, business conducted and character of the applicant are satisfactory, and we do hereby report that such license, if granted, will comply with the provisions of Title 12, Articles 46 and 47, C.R.S. THEREFORE THIS APPLICATION IS APPROVED.

Local Licensing Authority For	Date
Signature	Title
	Attest

EXHIBIT "A"

Silvertree F&B Operator LLC, d/b/a Westin Snowmass Resort, failed a State of Colorado compliance check on March 3, 2016, and received a ten (10) day suspension. Five (5) days were served by payment of a fine in lieu of suspension. Five (5) days of the suspension were held in abeyance for a period of one (1) year from June 29, 2016 (date of approval of agreement) until June 29, 2017.

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

SILVERTREE F&B OPERATOR, L.L.C.

is an entity formed or registered under the law of DELAWARE , has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20111357955 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/30/2016 that have been posted, and by documents delivered to this office electronically through 10/04/2016 @ 12:20:13 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 10/04/2016 @ 12:20:13 in accordance with applicable law. This certificate is assigned Confirmation Number 9865973 .



A handwritten signature in blue ink that reads "Wayne W. Williams".

Secretary of State of the State of Colorado

*****End of Certificate*****
Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



**LIQUOR LICENSING AUTHORITY
ANNUAL RENEWAL AFFIDAVIT
POSSESSION OF PREMISES**

Silvertree F&B Operator, LLC d/b/a Westin Snowmass Resort, Vue and
Snowmass Kitchen
Name of Business Establishment

I do hereby swear and affirm the following, which apply to my liquor license.

1. Hotel and Restaurant Liquor Licensees: That during the past year, at least 25% of the gross revenues from the operation of my establishment was derived from the sale of meals.
2. All Liquor Licensees: That I will have possession of the licensed premises, through lease or deed, during the term of my liquor license.
3. All Liquor Licensees: That no physical changes have been made to the licensed premises.
4. Corporate Licensees: That the corporation is in good standing with the State.



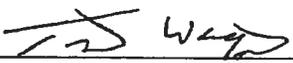
Andrea Heffner

10.11.16
Date

STATE OF COLORADO }
 } s.s.
COUNTY OF PITKIN }

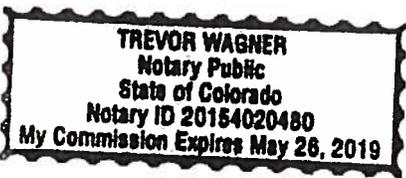
Subscribed and sworn to before me this 11th day of October, 2016.

Witness my hand and official seal:



Notary

My Commission expires: May 26th 2019





On Premise

SSN: XXX-XX-XXXX

Issued: 12/9/2014

Expires: 12/2/2017

ID#: 3879826

D.O.B.: XXXX/XXXX

ANISSA V HOUSE
1000 Elbert Ln
Carbondale, CO 81623

For service visit us online at www.gettips.com
Steven McClure, 36860



HEALTH COMMUNICATIONS INC.

1400 Key Blvd., Suite 700

Arlington, VA 22209

703-524-1200

www.gettips.com

This card was issued for successful completion of the TIPS program.

Signature: _____

Anissa House



P.O. Box 5010, Snowmass Village, CO 81615
970-923-3777 FAX: 970-923-6083

Westin Snowmass Resort & Vue & Snowmass Kitchen State Tax ID: 42960110000

PO BOX 5009
Snowmass Village, CO 81615

Town of Snowmass Village Liquor Renewal

This letter is being sent to you as a reminder. You should also be receiving your Liquor Renewal application from the state. Please return all forms (local and state) to the Clerk's office 45 days prior to your License expiration date.

Liquor License Expires on: 12/15/2016

Business Information

Please make any necessary corrections to the information listed below:

Business Name or DBA: Westin Snowmass Resort & Vue & Snowmass Kitchen

Physical Address: 100 Elbert lane, Snowmass Village, CO

Mailing Address: PO BOX 5009, Snowmass Village, CO 81615

State Tax ID #: 42960110000

Business Owner: ~~Silvertree Prop. Co~~ Silvertree F&B operator LLC

Manager/Contact Name: ~~John Robert Cumow~~ ANDREA HEFFNER

Business Phone: 970-923-8240

Business Email: ~~john.cumow@westin.com~~ ANDREA.HEFFNER@WESTINSNOWMASS.COM

Designated TIPS Server: ~~Bridget Johnson~~ ANISSA V. HOUSE

TIPS Certification Expiration Date: ~~SEP 24 2016 12:00AM~~ 12/2/2017

**Return all forms to the Town of Snowmass Village for approval
DO NOT send anything to the State Office.**

SHERMAN & HOWARD LLC
633 17TH ST STE 3000
DENVER, CO 80202-3622
PH. (970) 925-6300

2114

23-7/1020 8108
1342491352

DATE 10/12/16

\$ 225.00

Town of Snowmass Village
two hundred twenty five only

DOLLARS



Security
Printed on
Demand
Paper

WELLS FARGO
WELLS FARGO
Wells Fargo Bank, N.A.
Colorado
wellsfargo.com

FOR Silvertree Fib operator LLC
Renewal

MP

SHERMAN & HOWARD LLC
633 17TH ST STE 3000
DENVER, CO 80202-3622
PH. (970) 925-6300

2116

23-7/1020 8108
1342491352

DATE 10/12/2016

\$ 500.00

Colorado Department of Revenue
Five hundred only

DOLLARS



Security
Printed on
Demand
Paper

WELLS FARGO
WELLS FARGO
Wells Fargo Bank, N.A.
Colorado
wellsfargo.com

FOR Silvertree Fib operator LLC
Renewal

MP

License ID: 50019

State Tax ID: 42960110000

Amount Paid:\$225.00



Town of
SNOWMASS Village
State of Colorado By The Authority of

Town of Snowmass Village

Lodging Liquor License

To Sell At Retail Malt, Vinous & Spirituous Liquor

Westin Snowmass Resort & Vue & Snowmass Kitchen
100 Elbert Lane, Snowmass Village, CO 81615

This License is to certify that the above establishment of the State of Colorado, has applied to sell Liquor at their premises, having paid the Town Treasurer the stated amount. Therefore, the applicant is hereby licensed to sell Liquors containing more than 3.2% Alcohol by weight for consumption on premise.

This License is issued subject to the Laws of the State of Colorado and especially under the provisions of Article 47 of Title 12. Colorado Revised Statutes. as amended.

This License is valid for the date period of 12/16/2016 to 12/15/2017, unless revoked sooner as provided by Law.

IN TESTIMONY WHEREOF, The Liquor Licensing Authority has hereunto subscribed its name by its officers duly authorized on _____.

Clerk

Town of Snowmass Village
Liquor Licensing Authority

POST IN A CONSPICUOUS PLACE



SNOWMASS VILLAGE
LIQUOR LICENSING AUTHORITY
DOCUMENT CHECKLIST
ANNUAL RENEWAL
ARTS LIQUOR LICENSE

Anderson Ranch Arts Center
Name of Applicant

8/3/2016
Date Received

11/20/2016
Lic. Exp. Date

PHONE NUMBER: 970 923 3181 Email: kwindle@andersonranch.org

1. Registered Manager: Jessica Cerise
2. **Name designated T.I.P.S. Certified staff person** Jessica Cerise
3. Form **DR8400** (This form comes from the State of Colorado. If you don't receive one from the State, please request a DR8404 form from the Deputy Town Clerk)
4. Copy of Most Current Certificate of Good Standing (Must be within 2 years)
Date filed _____ (The Deputy does **NOT** have this information)
Change of Managers/Owners/Officers/Board Members? Yes ___ No ___
5. **Affidavit of Possession of Premises**
No Change in Premises
25% of gross income from food
6. Fees: TOSV \$ 191²⁵ STATE \$ 308⁷⁵
7. _____ *Inspection Reports: This is done by the Deputy Town Clerk*
Police Dept. _____
Fire Dept. _____
Health Dept. _____
8. **The Town Finance Departments has verified "no taxes owing" on this Application**

Last up-dated 12-24-10

**RETAIL LIQUOR OR 3.2 BEER
 LICENSE RENEWAL APPLICATION**

Fees Due	
Renewal Fee	\$308.75
Storage Permit \$100 x _____	_____
Optional Premise \$100 x _____	_____
Related Resort \$75 x _____	_____
Amount Due/Paid	

ANDERSON RANCH ARTS CENTER
 PO BOX 5598
 SNOWMASS VILLAGE CO 81615-5598

Make check payable to: Colorado Department of Revenue. The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department may collect the payment amount directly from your banking account electronically.

PLEASE VERIFY & UPDATE ALL INFORMATION BELOW

RETURN TO CITY OR COUNTY LICENSING AUTHORITY BY DUE DATE

Licensee Name ANDERSON RANCH ARTS CENTER		DBA ANDERSON RANCH ARTS CENTER	
Liquor License # 04311790001	License Type Arts License (city)	Sales Tax License # 04311790001	Expiration Date 11/20/2016
Due Date 10/06/2016			
Operating Manager Jessica Cerise	Date of Birth 03-25-1974	Home Address 421 Free Silver Ct Aspen CO 81611	
Manager Phone Number 970-923-3181		Email Address cc@andersonranch.org / kwindt@andersonranch.org	
Street Address 5263 OWL CRK RD SNOWMASS VILLAGE CO 81615			Phone Number 970-923-3181
Mailing Address PO BOX 5598 SNOWMASS VILLAGE CO 81615-5598			

- Do you have legal possession of the premises at the street address above? YES NO
 Is the premises owned or rented? Owned Rented* *If rented, expiration date of lease _____
- Since the date of filing of the last application, has there been any change in financial interest (new notes, loans, owners, etc.) or organizational structure (addition or deletion of officers, directors, managing members or general partners)? If yes, explain in detail and attach a listing of all liquor businesses in which these new lenders, owners (other than licensed financial institutions), officers, directors, managing members, or general partners are materially interested. YES NO
NOTE TO CORPORATION, LIMITED LIABILITY COMPANY AND PARTNERSHIP APPLICANTS: If you have added or deleted any officers, directors, managing members, general partners or persons with 10% or more interest in your business, you must complete and return immediately to your Local Licensing Authority, Form DR 8177: Corporation, Limited Liability Company or Partnership Report of Changes, along with all supporting documentation and fees.
- Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been convicted of a crime? If yes, attach a detailed explanation. YES NO
- Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been denied an alcohol beverage license, had an alcohol beverage license suspended or revoked, or had interest in any entity that had an alcohol beverage license denied, suspended or revoked? If yes, attach a detailed explanation. YES NO
- Does the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) have a direct or indirect interest in any other Colorado liquor license, including loans to or from any licensee or interest in a loan to any licensee? If yes, attach a detailed explanation. YES NO

AFFIRMATION & CONSENT

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

Type or Print Name of Applicant/Authorized Agent of Business Jessica Cerise	Title operations Manager
Signature 	Date 8.29.16

REPORT & APPROVAL OF CITY OR COUNTY LICENSING AUTHORITY

The foregoing application has been examined and the premises, business conducted and character of the applicant are satisfactory, and we do hereby report that such license, if granted, will comply with the provisions of Title 12, Articles 46 and 47, C.R.S. **THEREFORE THIS APPLICATION IS APPROVED.**

Local Licensing Authority For	Date
Signature	Title
	Attest

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

ANDERSON RANCH ARTS FOUNDATION

is a

Nonprofit Corporation

formed or registered on 03/14/1973 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871268418 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/19/2016 that have been posted, and by documents delivered to this office electronically through 08/26/2016 @ 13:26:42 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 08/26/2016 @ 13:26:42 in accordance with applicable law. This certificate is assigned Confirmation Number 9808155 .



Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



P.O. Box 5010, Snowmass Village, CO 81615
970-923-3777 FAX: 970-923-6083

Anderson Ranch Arts Center
PO BOX 5598
Snowmass Village, CO 81615

State Tax ID: 0431179

Town of Snowmass Village Liquor Renewal

This letter is being sent to you as a reminder. You should also be receiving your Liquor Renewal application from the state. Please return all forms (local and state) to the Clerk's office **45 days prior** to your License expiration date.

10/1/16

Liquor License Expires on: 11/20/2016

Business Information

Please make any necessary corrections to the information listed below:

Business Name or DBA: Anderson Ranch Arts Center

Physical Address: 5263 Owl Creek Road, Snowmass Village, CO

Mailing Address: PO BOX 5598, Snowmass Village, CO 81615

State Tax ID #: 0431179

Business Owner: Anderson Ranch Arts Center

Manager/Contact Name: KAITLIN WINDLE / JESSICA CERISE

Business Phone: 970 923-3181

Business Email: kwindle@andersonranch.org / jcerise@andersonranch.org

Designated TIPS Server: Jessica Cerise

TIPS Certification Expiration Date: Sep 27 2015 12:00AM

**Return all forms to the Town of Snowmass Village for approval
DO NOT send anything to the State Office.**

Close Window

This card is only valid for use online - and cannot be used as proof of certification except from within Certification Manager



eTIPS On Premise 2.0 SSN: XXX-XX-XXXX

Issued: 09/23/2015

Expires: 09/23/2018

ID: 408817E

D.O.B.: XX/XX/XXXX

Jessica Cerise

Anderson Ranch Arts Center Accounting
Po Box 5598 5263 Owl Crk Rd
Snowmass Village, CO 81615-5598 USA

Not valid for Responsible Vendor Training



**LIQUOR LICENSING AUTHORITY
ANNUAL RENEWAL AFFIDAVIT
POSSESSION OF PREMISES**

Anderson Ranch Arts Center
Name of Business Establishment

I do hereby swear and affirm the following, which apply to my liquor license.

1. Hotel and Restaurant Liquor Licensees: That during the past year, at least 25% of the gross revenues from the operation of my establishment was derived from the sale of meals.
2. All Liquor Licensees: That I will have possession of the licensed premises, through lease or deed, during the term of my liquor license.
3. All Liquor Licensees: That no physical changes have been made to the licensed premises.
4. Corporate Licensees: That the corporation is in good standing with the State.

[Signature]
Owner or Registered Manager

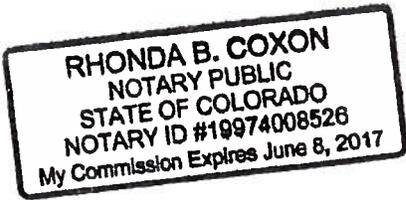
9/26/16
Date

STATE OF COLORADO }
} s.s.
COUNTY OF PITKIN }

Subscribed and sworn to before me this 26 day of Sep, 2016.

Witness my hand and official seal:

[Signature]
Notary



My Commission expires: _____

7125

To: Colorado Dept of Liquor Enforcement Divis 8/30/2016

ANDERSON RANCH ARTS CENTER

INVOICE NUMBER	DATE	DESCRIPTION	AMOUNT	DISCOUNT	NET AMOUNT
Liquor License	8/29/2016	liquor license renewal	\$308.75	\$0.00	\$308.75
Totals:			\$308.75	\$0.00	\$308.75

ANDERSON RANCH ARTS CENTER
P.O. BOX 5598
5263 OWL CREEK RD.
SNOWMASS VILLAGE, CO 81615-5598
PH 970-923-3181

ALPINE BANK
15 KEARNS ROAD
SNOWMASS VILLAGE, CO 81615
82-340/1021

7125

CHECK DATE CHECK NO.
8/30/2016 7125

CHECK AMOUNT

PAY ****Three hundred eight and 75/100 Dollars****

\$ 308.75**

TO THE ORDER OF Colorado Dept of Liquor Enforcement Division
1375 Sherman St.
Denver, CO 80261

2 SIGNATURES REQUIRED OVER \$2500.00



AUTHORIZED SIGNATURE

MP Security Features included MP Details on Back

7137

To: Town of Snowmass Village

8/30/2016

ANDERSON RANCH ARTS CENTER

INVOICE NUMBER	DATE	DESCRIPTION	AMOUNT	DISCOUNT	NET AMOUNT
Liquor License	8/29/2016	liquor license renewal	\$191.25	\$0.00	\$191.25
		Totals:	\$191.25	\$0.00	\$191.25

ANDERSON RANCH ARTS CENTER
 P.O. BOX 5598
 5263 OWL CREEK RD.
 SNOWMASS VILLAGE, CO 81615-5598
 PH 970-923-3181

ALPINE BANK
 15 KEARNS ROAD
 SNOWMASS VILLAGE, CO 81615
 82-340/1021

7137

CHECK DATE

CHECK NO

8/30/2016

7137

CHECK AMOUNT

\$** 191.25

PAY

One hundred ninety one and 25/100 Dollars

TO THE
ORDER
OF

Town of Snowmass Village
 Box 5010
 Snowmass Village, CO 81615

2 SIGNATURES REQUIRED OVER \$2500.00



MP

 AUTHORIZED SIGNATURE

MP

Details on Bank Security Features Included

License ID: 50002

State Tax ID: 0431179

Amount Paid:\$191.25



Town of
SNOWMASS Village
State of Colorado By The Authority of

Town of Snowmass Village

Arts Center Liquor License

To Sell At Retail Malt, Vinous & Spirituous Liquor

Anderson Ranch Arts Center
5263 Owl Creek Road, Snowmass Village, CO 81615

This License is to certify that the above establishment of the State of Colorado, has applied to sell Liquor at their premises, having paid the Town Treasurer the stated amount. Therefore, the applicant is hereby licensed to sell Liquors containing more than 3.2% Alcohol by weight for consumption on premise.

This License is issued subject to the Laws of the State of Colorado and especially under the provisions of Article 47 of Title 12. Colorado Revised Statutes. as amended.

This License is valid for the date period of 11/21/2016 to 11/20/2017, unless revoked sooner as provided by Law.

IN TESTIMONY WHEREOF, The Liquor Licensing Authority has hereunto subscribed its name by its officers duly authorized on _____.

Clerk

Town of Snowmass Village
Liquor Licensing Authority

POST IN A CONSPICUOUS PLACE



LIQUOR LICENSING AUTHORITY
DOCUMENT CHECKLIST

ANNUAL RENEWAL – HOTEL AND RESTAURANT LICENSE

Stonebridge Inn Assoc. Inc.

9/15/16

11/2/16

Date Received

Lic. Exp. Date

The Artisan
Name of Applicant

Email Address theintz@destinationhotels.com

1. Registered Manager: TODD HEINTZ
2. Name designated T.I.P.S. Certified staff person TODD HEINTZ
Expiration Date: 1/16/17
3. Form **DR8400** (This form comes from the State of Colorado. If you don't receive one from the State, please request a DR8404 form from the Town Clerk)
4. Copy of Most Current Certificate of Good Standing (Must be within 2 years)
Date filed 4/15/16 (The Clerk does **NOT** have this information)
Change of Managers/Owners/Officers/Board Members? Yes ___ No
5. Affidavit of Possession of Premises
No Change in Premises
25% of gross income from food
6. Fees: TOSV \$ 225.00 STATE \$ 500.00
7. Inspection Reports: This is done by the Town Clerk
Police ___ Police Dept.
Fire ___ Fire Dept.
Health ___ Environmental Health
8. The Town Finance Departments has verified "no taxes owing" on this Application (The Clerk will do this)

**RETAIL LIQUOR OR 3.2 BEER
 LICENSE RENEWAL APPLICATION**

Fees Due	
Renewal Fee	\$500.00
Storage Permit \$100 x _____	_____
Optional Premise \$100 x _____	_____
Related Resort \$75 x _____	_____
Amount Due/Paid	

ARTISAN THE
 PO BOX 5008
 SNOWMASS VILLAGE CO 81615-5008

Make check payable to Colorado Department of Revenue. The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department may collect the payment amount directly from your banking account electronically.

PLEASE VERIFY & UPDATE ALL INFORMATION BELOW

RETURN TO CITY OR COUNTY LICENSING AUTHORITY BY DUE DATE

Licensee Name STONEBRIDGE INN ASSOCIATION INC		DBA ARTISAN THE		
Liquor License # 80331180000	License Type Hotel & Restaurant (city)	Sales Tax License # 80331180000	Expiration Date 11/02/2016	Due Date 09/18/2016
Operating Manager Todd Heintz	Date of Birth	Home Address 123 Forge Rd #204, Aspen, CO 81611		
Manager Phone Number 970.923-2420 / 517-214-8983	Email Address theintz@destinationhotels.com			
Street Address 300 CARRIAGE WAY SNOWMASS VILLAGE CO 81615				Phone Number 9709232420
Mailing Address PO BOX 5008 SNOWMASS VILLAGE CO 81615-5008				

- Do you have legal possession of the premises at the street address above? YES NO
 Is the premises owned or rented? Owned Rented* *If rented, expiration date of lease _____
- Since the date of filing of the last application, has there been any change in financial interest (new notes, loans, owners, etc.) or organizational structure (addition or deletion of officers, directors, managing members or general partners)? If yes, explain in detail and attach a listing of all liquor businesses in which these new lenders, owners (other than licensed financial institutions), officers, directors, managing members, or general partners are materially interested. YES NO
NOTE TO CORPORATION, LIMITED LIABILITY COMPANY AND PARTNERSHIP APPLICANTS: If you have added or deleted any officers, directors, managing members, general partners or persons with 10% or more interest in your business, you must complete and return immediately to your Local Licensing Authority, Form DR 8177: Corporation, Limited Liability Company or Partnership Report of Changes, along with all supporting documentation and fees.
- Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been convicted of a crime? If yes, attach a detailed explanation. YES NO
- Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been denied an alcohol beverage license, had an alcohol beverage license suspended or revoked, or had interest in any entity that had an alcohol beverage license denied, suspended or revoked? If yes, attach a detailed explanation. YES NO
- Does the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) have a direct or indirect interest in any other Colorado liquor license, including loans to or from any licensee or interest in a loan to any licensee? If yes, attach a detailed explanation. YES NO

AFFIRMATION & CONSENT

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

Type or Print Name of Applicant/Authorized Agent of Business Todd Heintz	Title Food & Beverage Director
Signature 	Date 8/16/16

REPORT & APPROVAL OF CITY OR COUNTY LICENSING AUTHORITY

The foregoing application has been examined and the premises, business conducted and character of the applicant are satisfactory, and we do hereby report that such license, if granted, will comply with the provisions of Title 12, Articles 46 and 47, C.R.S. THEREFORE THIS APPLICATION IS APPROVED.

Local Licensing Authority For	Date
Signature	Title
	Attest



**LIQUOR LICENSING AUTHORITY
ANNUAL RENEWAL AFFIDAVIT
POSSESSION OF PREMISES**

ARTISAN RESTAURANT

Name of Business Establishment

I do hereby swear and affirm the following, which apply to my liquor license.

1. Hotel and Restaurant Liquor Licensees: That during the past year, at least 25% of the gross revenues from the operation of my establishment was derived from the sale of meals.
2. All Liquor Licensees: That I will have possession of the licensed premises, through lease or deed, during the term of my liquor license.
3. All Liquor Licensees: That no physical changes have been made to the licensed premises.
4. Corporate Licensees: That the corporation is in good standing with the State.

[Signature]
Owner or Registered Manager

8/16/16
Date

STATE OF COLORADO }
} s.s.
COUNTY OF PITKIN }

Subscribed and sworn to before me this 15 day of Sep, 2016.

Witness my hand and official seal:

[Signature]
Notary

RHONDA B. COXON
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID #19974008526
My Commission Expires June 8, 2017

My Commission expires: _____

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

STONEBRIDGE INN ASSOCIATION, INC.

is a

Nonprofit Corporation

formed or registered on 03/25/1976 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871300131 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/13/2016 that have been posted, and by documents delivered to this office electronically through 09/15/2016 @ 14:39:54 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 09/15/2016 @ 14:39:54 in accordance with applicable law. This certificate is assigned Confirmation Number 9838059 .



A handwritten signature in blue ink that reads "Wayne W. Williams".

Secretary of State of the State of Colorado

*****End of Certificate*****
Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



P.O. Box 5010, Snowmass Village, CO 81615
970-923-3777 FAX: 970-923-6083

Artisan Restaurant
PO BOX 5008
Snowmass Village, CO 81615

State Tax ID: 8033118

Town of Snowmass Village Liquor Renewal

This letter is being sent to you as a reminder. You should also be receiving your Liquor Renewal application from the state. Please return all forms (local and state) to the Clerk's office **45 days prior** to your License expiration date.

Liquor License Expires on: 11/2/2016

Business Information

Please make any necessary corrections to the information listed below:

Business Name or DBA: Artisan Restaurant

Physical Address: 300 Carriage Way, Snowmass Village, CO

Mailing Address: PO BOX 5008, Snowmass Village, CO 81615

State Tax ID #: 8033118

Business Owner: Stonebridge Inn

Manager/Contact Name: Todd Heintz

Business Phone: 970-923-2420

Business Email: theintz@destinationhotels.com

Designated TIPS Server: Todd Heintz

TIPS Certification Expiration Date: Jan 16 2017 12:00AM

**Return all forms to the Town of Snowmass Village for approval
DO NOT send anything to the State Office.**

Stonebridge Rental Services
P O Box 5008
Snowmass Village, CO 81615

Alpine Bank
82-340/1021

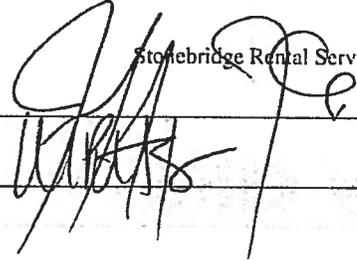
Check Number
56212

Check Date
8/18/2016

Five Hundred Dollars And 00 Cents***

Check Amount
\$500.00

Pay to the Order of: COLORADO DEPARTMENT OF REVENUE
1375 SHERMAN STREET
DENVER CO 80261

Stonebridge Rental Services by:


6
N

Stonebridge Rental Services

Check Number: 56212

Vendor Name: COLORADO DEPARTMENT OF REVENUE

Check Date: 8/18/16 Check Amount: \$500.00

Invoice		Invoice Description	Invoice Amount	Discount Taken	Amount Paid
Date	Invoice Number				
8/16/16	CHKREQ TH 08162016	CO DEPRTMNT OF REVENUE RENEWAL 8/2016	\$500.00	\$0.00	\$500.00

Stonebridge Rental Services
P O Box 5008
Snowmass Village, CO 81615

Alpine Bank
82-340/1021

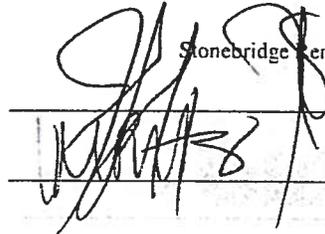
Check Number
56235

Check Date
8/18/2016

Two Hundred Twenty-Five Dollars And 00 Cents***

Check Amount
\$225.00

Pay to the Order of: TOWN OF SNOWMASS VILLAGE
PO BOX 5010
SNOWMASS VILLAGE CO 81615

Stonebridge Rental Services by:




Stonebridge Rental Services

Check Number: 56235

Vendor Name: TOWN OF SNOWMASS VILLAGE

Check Date: 8/18/16 Check Amount: \$225.00

Invoice					
Date	Invoice Number	Invoice Description	Invoice Amount	Discount Taken	Amount Paid
8/16/16	CHKRFQ TH 081616	LIQUOR LICENSE RENEWAL 8/2016	\$225.00	\$0.00	\$225.00

License ID: 50001

State Tax ID: 8033118

Amount Paid:\$225.00



Town of
SNOWMASS Village
State of Colorado By The Authority of

Town of Snowmass Village

Restaurant / Hotel Liquor License

To Sell At Retail Malt, Vinous & Spirituous Liquor

Artisan Restaurant
300 Carriage Way, Snowmass Village, CO 81615

This License is to certify that the above establishment of the State of Colorado, has applied to sell Liquor at their premises, having paid the Town Treasurer the stated amount. Therefore, the applicant is hereby licensed to sell Liquors containing more than 3.2% Alcohol by weight for consumption on premise.

This License is issued subject to the Laws of the State of Colorado and especially under the provisions of Article 47 of Title 12. Colorado Revised Statutes. as amended.

This License is valid for the date period of 11/3/2016 to 11/2/2017, unless revoked sooner as provided by Law.

IN TESTIMONY WHEREOF, The Liquor Licensing Authority has hereunto subscribed its name by its officers duly authorized on _____.

Clerk

Town of Snowmass Village
Liquor Licensing Authority

POST IN A CONSPICUOUS PLACE



LIQUOR LICENSING AUTHORITY
DOCUMENT CHECKLIST

ANNUAL RENEWAL – HOTEL AND RESTAURANT LICENSE

High Alpine 9/19/16 _____
Name of Applicant Date Received Lic. Exp. Date
Email Address _____

1. Registered Manager: George Gordon
2. Name designated T.I.P.S. Certified staff person Whitney Gordon
Expiration Date: 10/14/16
3. Form **DR8400** (This form comes from the State of Colorado. If you don't receive one from the State, please request a DR8404 form from the Town Clerk)
4. Copy of Most Current Certificate of Good Standing (Must be within 2 years)
Date filed 7/29/16 (The Clerk does **NOT** have this information)
Change of Managers/Owners/Officers/Board Members? Yes ___ No
5. Affidavit of Possession of Premises
No Change in Premises
25% of gross income from food
6. Fees: TOSV \$ 225.00 STATE \$ 500.00
7. _____ Inspection Reports: This is done by the Town Clerk
Police _____ Police Dept.
Fire _____ Fire Dept.
Health _____ Environmental Health
8. _____ **The Town Finance Departments has verified "no taxes owing" on this Application (The Clerk will do this)**

**RETAIL LIQUOR OR 3.2 BEER
 LICENSE RENEWAL APPLICATION**

Fees Due	
Renewal Fee	\$500.00
Storage Permit \$100 x _____	_____
Optional Premise \$100 x _____	_____
Related Resort \$75 x _____	_____
Amount Due/Paid	

HIGH ALPINE REST
 DRAWER 6400
 SNOWMASS VILLAGE CO 81615-6400

Make check payable to Colorado Department of Revenue. The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department may collect the payment amount directly from your banking account electronically.

PLEASE VERIFY & UPDATE ALL INFORMATION BELOW

RETURN TO CITY OR COUNTY LICENSING AUTHORITY BY DUE DATE

Licensee Name A H C S INC		DBA HIGH ALPINE REST		
Liquor License # 04312060001	License Type Hotel & Restaurant (city)	Sales Tax License # 04312060001	Expiration Date 12/02/2016	Due Date 10/18/2016
Operating Manager <i>George Gordon</i>	Date of Birth	Home Address <i>P.O. Box 6400 Snowmass Vlg. CO 81615</i>		
Manager Phone Number <i>970 379 1681</i>	Email Address <i>georgaspen@gmail.com</i>			
Street Address SEC1 T10 R86W SNOWMASS VLLGE CO 81615-9999			Phone Number <i>970 923 3311</i>	
Mailing Address DRAWER 6400 SNOWMASS VILLAGE CO 81615-6400				

1. Do you have legal possession of the premises at the street address above? YES NO
 Is the premises owned or rented? Owned Rented* *If rented, expiration date of lease 10/2020

25. Since the date of filing of the last application, has there been any change in financial interest (new notes, loans, owners, etc.) or organizational structure (addition or deletion of officers, directors, managing members or general partners)? If yes, explain in detail and attach a listing of all liquor businesses in which these new lenders, owners (other than licensed financial institutions), officers, directors, managing members, or general partners are materially interested. YES NO

NOTE TO CORPORATION, LIMITED LIABILITY COMPANY AND PARTNERSHIP APPLICANTS: If you have added or deleted any officers, directors, managing members, general partners or persons with 10% or more interest in your business, you must complete and return immediately to your Local Licensing Authority, Form DR 8177: Corporation, Limited Liability Company or Partnership Report of Changes, along with all supporting documentation and fees.

3. Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been convicted of a crime? If yes, attach a detailed explanation. YES NO

4. Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been denied an alcohol beverage license, had an alcohol beverage license suspended or revoked, or had interest in any entity that had an alcohol beverage license denied, suspended or revoked? If yes, attach a detailed explanation. YES NO

5. Does the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) have a direct or indirect interest in any other Colorado liquor license, including loans to or from any licensee or interest in a loan to any licensee? If yes, attach a detailed explanation. YES NO

AFFIRMATION & CONSENT
 I declare under penalty of perjury in the second degree that this application and all attachments are true, correct and complete to the best of my knowledge.

Type or Print Name of Applicant/Authorized Agent of Business <i>George Gordon</i>	Title <i>President</i>
Signature <i>[Signature]</i>	Date <i>9/19/16</i>

REPORT & APPROVAL OF CITY OR COUNTY LICENSING AUTHORITY
 The foregoing application has been examined and the premises, business conducted and character of the applicant are satisfactory, and we do hereby report that such license, if granted, will comply with the provisions of Title 12, Articles 46 and 47, C.R.S. THEREFORE THIS APPLICATION IS APPROVED.

Local Licensing Authority For	Date
Signature	Title
	Attest



**LIQUOR LICENSING AUTHORITY
ANNUAL RENEWAL AFFIDAVIT
POSSESSION OF PREMISES**

High Alpine
Name of Business Establishment

I do hereby swear and affirm the following, which apply to my liquor license.

1. Hotel and Restaurant Liquor Licensees: That during the past year, at least 25% of the gross revenues from the operation of my establishment was derived from the sale of meals.
2. All Liquor Licensees: That I will have possession of the licensed premises, through lease or deed, during the term of my liquor license.
3. All Liquor Licensees: That no physical changes have been made to the licensed premises.
4. Corporate Licensees: That the corporation is in good standing with the State.

George Gordon
Owner of Registered Manager

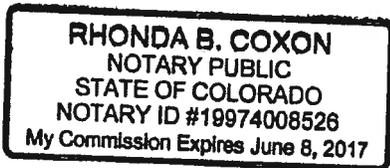
9/19/16
Date

STATE OF COLORADO }
} s.s.
COUNTY OF PITKIN }

Subscribed and sworn to before me this 19 day of Sep, 2016.

Witness my hand and official seal:
Rhonda B. Coxon
Notary

My Commission expires: _____



OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

A.H.C.S., INC.

is a

Corporation

formed or registered on 08/30/1974 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871277887 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/28/2016 that have been posted, and by documents delivered to this office electronically through 07/29/2016 @ 17:04:21 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 07/29/2016 @ 17:04:21 in accordance with applicable law. This certificate is assigned Confirmation Number 9764765 .



Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



Document must be filed electronically.
 Paper documents are not accepted.
 Fees & forms are subject to change.
 For more information or to print copies
 of filed documents, visit www.sos.state.co.us.

Colorado Secretary of State
 Date and Time: 07/29/2016 05:01 PM
 ID Number: 19871277887
 Document number: 20161518343
 Amount Paid: \$10.00

ABOVE SPACE FOR OFFICE USE ONLY

Periodic Report

filed pursuant to §7-90-301, et seq. and §7-90-501 of the Colorado Revised Statutes (C.R.S)

ID number: 19871277887

Entity name: A.H.C.S., INC.

Jurisdiction under the law of which the
 entity was formed or registered: Colorado

1. Principal office street address: TOP LIFT #8
(Street name and number)

SNOWMASS VILLAGE CO 81615
(City) (State) (Postal/Zip Code)
United States
(Province – if applicable) (Country – if not US)

2. Principal office mailing address:
 (if different from above) PO Box 6400
(Street name and number or Post Office Box information)

Snowmass Village CO 81615
(City) (State) (Postal/Zip Code)
United States
(Province – if applicable) (Country – if not US)

3. Registered agent name: (if an individual) GORDON GEORGE
(Last) (First) (Middle) (Suffix)
 or (if a business organization) _____

4. The person identified above as registered agent has consented to being so appointed.

5. Registered agent street address: P. O. BOX 6400
(Street name and number)

SNOWMASS VILLAGE CO 81615
(City) (State) (Postal/Zip Code)

6. Registered agent mailing address:
 (if different from above) PO Box 6400
(Street name and number or Post Office Box information)

Snowmass Vlg CO 81615
(City) (State) (Postal/Zip Code)
United States
(Province – if applicable) (Country – if not US)

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

<u>Gordon</u>	<u>George</u>		
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>
<u>PO Box 6400</u>			
<i>(Street name and number or Post Office Box information)</i>			
<hr/>			
<u>Snowmass Village</u>	<u>CO</u>	<u>81615</u>	
<i>(City)</i>	<i>(State)</i>	<i>(Postal/Zip Code)</i>	
<u></u>	<u>United States</u>		
<i>(Province – if applicable)</i>	<i>(Country – if not US)</i>		

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box and include an attachment stating the name and address of such individuals.)

Disclaimer:

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.



Business Home
 Business Information
 Business Search

Confirmation

FAQs, Glossary and
 Information

Your filing and payment were successful. Print this receipt for your records.

Payment

Amount Paid: \$10.00
 Type: CREDIT
 Last 4 Digits: 0586

Filing Details

Date and Time: 07/29/2016 05:01 PM
 ID Number: 19871277887
 Document Number: 20161518343

Email my receipt

[Send](#)

Where can I go from here?

- [File another form for this entity](#)
- [Set up secure business filing](#)
- [Add, change, or remove business survey information](#)
- [Get email notifications for this entity](#)
- [Go back to the summary](#)
- [Take our website survey](#)

Stamped filing

If a PDF copy does not appear below, [open your form in a new window](#) to review it.

HIGH ALPINE RESTAURANT
PO BOX 6400
SNOWMASS VILLAGE, CO 81615

7898
82-340/1021

9/19/16

Date

PAY to the order of TOSV

\$ 225⁰⁰

Two hundred Twenty Five & 00/100

Dollars



Security Features
Details on Back



Alpine Bank

15 Kearns Rd. • P.O. Box 6400
Snowmass Village, CO 81615
(970) 923-3600 • Alpine Info-Line (970) 945-4433

For high lc

[Signature]

MP

HIGH ALPINE RESTAURANT
PO BOX 6400
SNOWMASS VILLAGE, CO 81615

7899
82-340/1021

9/19/16

Date

PAY to the order of Colo Dept Rev.

\$ 500⁰⁰

Five hundred & 00/100

Dollars



Security Features
Details on Back



Alpine Bank

15 Kearns Rd. • P.O. Box 6400
Snowmass Village, CO 81615
(970) 923-3600 • Alpine Info-Line (970) 945-4433

For high lc

[Signature]

MP



P.O. Box 5010, Snowmass Village, CO 81615
970-923-3777 FAX: 970-923-6083

High Alpine Restaurant
PO Box 6400
Snowmass Village, CO 81615

State Tax ID: 04312060001

Town of Snowmass Village Liquor Renewal

This letter is being sent to you as a reminder. You should also be receiving your Liquor Renewal application from the state. Please return all forms (local and state) to the Clerk's office **45 days prior** to your License expiration date.

Liquor License Expires on: 12/2/2016

Business Information

Please make any necessary corrections to the information listed below:

Business Name or DBA: High Alpine Restaurant

Physical Address: SEC1 T10 R86W , Snowmass Village, CO

Mailing Address: PO Box 6400 , Snowmass Village, CO 81615

State Tax ID #: 04312060001

Business Owner: A H C S Inc

Manager/Contact Name: Gwyn Knowlton / *George Gordon*

Business Phone: 970-923-3311

Business Email: gwynshighalpine@gmail.com

Designated TIPS Server: Whitney Gordon-DeLuca

TIPS Certification Expiration Date: Oct 14 2016 12:00AM

**Return all forms to the Town of Snowmass Village for approval
DO NOT send anything to the State Office.**

Amount Paid:\$225.00



Town of
SNOWMASS Village
State of Colorado By The Authority of

License ID: 50010
State Tax ID: 04312060001

Town of Snowmass Village

Restaurant / Hotel Liquor License

To Sell At Retail Malt, Vinous & Spirituous Liquor
High Alpine Restaurant
SEC1 T10 R86W, Snowmass Village, CO 81615

This License is to certify that the above establishment of the State of Colorado, has applied to sell Liquor at their premises, having paid the Town Treasurer the stated amount. Therefore, the applicant is hereby licensed to sell Liquors containing more than 3.2% Alcohol by weight for consumption on premise.

This License is issued subject to the Laws of the State of Colorado and especially under the provisions of Article 47 of Title 12. Colorado Revised Statutes. as amended.

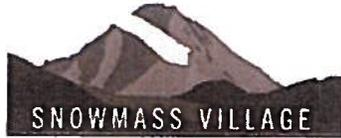
This License is valid for the date period of 12/3/2016 to 12/2/2017, unless revoked sooner as provided by Law.

IN TESTIMONY WHEREOF, The Liquor Licensing Authority has hereunto subscribed its name by its officers duly authorized on _____.

Town of Snowmass Village
Liquor Licensing Authority

Clerk

POST IN A CONSPICUOUS PLACE



LIQUOR LICENSING AUTHORITY
DOCUMENT CHECKLIST

ANNUAL RENEWAL – HOTEL AND RESTAURANT LICENSE

THE STEW POT
Name of Applicant

Nov 17 2015
Date Received

Nov 17 2016
Lic. Exp. Date

Email Address fletcherduke@hotmail.com

1. Registered Manager: FLETCHER DUKE
2. Name designated T.I.P.S. Certified staff person FLETCHER DUKE
Expiration Date: 11/10/2018
3. Form **DR8400** (This form comes from the State of Colorado. If you don't receive one from the State, please request a DR8404 form from the Town Clerk)
4. Copy of Most Current Certificate of Good Standing (Must be within 2 years)
Date filed 9/23/16 (The Clerk does **NOT** have this information)
Change of Managers/Owners/Officers/Board Members? Yes ___ No
5. Affidavit of Possession of Premises
No Change in Premises
25% of gross income from food
6. Fees: TOSV \$ 225.00 STATE \$ 500.00
7. Inspection Reports: This is done by the Town Clerk
Police ___ Police Dept.
Fire ___ Fire Dept.
Health ___ Environmental Health
8. The Town Finance Departments has verified "no taxes owing" on this Application (The Clerk will do this)

Submit to Local Licensing Authority

Fees Due	
Renewal Fee	
Storage Permit \$100 X _____	S
Optional Premise \$100 X _____	S
Amount Due/Paid	S

Retail Liquor or 3.2 License Renewal Application

Make check payable to: Colorado Department of Revenue. The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department may collect the payment amount directly from your banking account electronically.

Please verify & update all information below

Return to city or county licensing authority by due date

Licensee Name THE STEW POT INC		DBA THE STEW POT INC	
Liquor License # 3525040000	License Type HOTEL & RESTAURANT	Sales Tax License # 3525040-0000	Expiration Date 12/31/2016
Business Address 62 SNOWMASS VILLAGE MALL			Phone Number (970) 923-2263
Mailing Address PO Box 5868 SMU CO 81615		Email fletcherduke@hotmail.com	
Operating Manager FLETCHER DUKE	Date of Birth	Home Address 824 BRUSH CREEK SMU CO 81615	Phone Number (662) 347-0437
1. Do you have legal possession of the premises at the street address above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are the premises owned or rented? <input type="checkbox"/> Owned <input checked="" type="checkbox"/> Rented* *If rented, expiration date of lease 4/20/2018			
2. Since the date of filing of the last application, has there been any change in financial interest (new notes, loans, owners, etc.) or organizational structure (addition or deletion of officers, directors, managing members or general partners)? If yes, explain in detail and attach a listing of all liquor businesses in which these new lenders, owners (other than licensed financial institutions), officers, directors, managing members, or general partners are materially interested. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3. Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been convicted of a crime? If yes, attach a detailed explanation. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
4. Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been denied an alcohol beverage license, had an alcohol beverage license suspended or revoked, or had interest in any entity that had an alcohol beverage license denied, suspended or revoked? If yes, attach a detailed explanation. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
5. Does the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) have a direct or indirect interest in any other Colorado liquor license, including loans to or from any licensee or interest in a loan to any licensee? If yes, attach a detailed explanation. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Affirmation & Consent			
I declare under penalty of perjury in the second degree that this application and all attachments are true, correct and complete to the best of my knowledge.			
Type or Print Name of Applicant/Authorized Agent of Business FLETCHER DUKE			Title PRES
Signature <i>Fletcher Duke</i>			Date 9/13/16
Report & Approval of City or County Licensing Authority			
The foregoing application has been examined and the premises, business conducted and character of the applicant are satisfactory, and we do hereby report that such license, if granted, will comply with the provisions of Title 12, Articles 46 and 47, C.R.S.			
Therefore this application is approved.			
Local Licensing Authority For			Date
Signature		Title	Attest



**LIQUOR LICENSING AUTHORITY
ANNUAL RENEWAL AFFIDAVIT
POSSESSION OF PREMISES**

THE STEW POT
Name of Business Establishment

I do hereby swear and affirm the following, which apply to my liquor license.

1. Hotel and Restaurant Liquor Licensees: That during the past year, at least 25% of the gross revenues from the operation of my establishment was derived from the sale of meals.
2. All Liquor Licensees: That I will have possession of the licensed premises, through lease or deed, during the term of my liquor license.
3. All Liquor Licensees: That no physical changes have been made to the licensed premises.
4. Corporate Licensees: That the corporation is in good standing with the State.

[Signature]
Owner or Registered Manager

9/13/16
Date

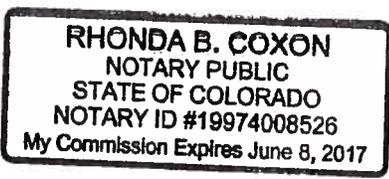
STATE OF COLORADO }
} s.s.
COUNTY OF PITKIN }

Subscribed and sworn to before me this 13 day of Sep, 2016.

Witness my hand and official seal:

[Signature]
Notary

My Commission expires: _____



OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

The Stew Pot, Inc.

is a

Corporation

formed or registered on 09/23/2008 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20081506261 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/08/2016 that have been posted, and by documents delivered to this office electronically through 09/13/2016 @ 11:05:25 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 09/13/2016 @ 11:05:25 in accordance with applicable law. This certificate is assigned Confirmation Number 9832692 .



Handwritten signature of Wayne W. Williams in cursive script.

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

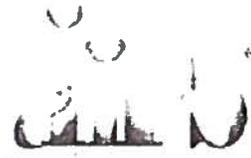
Certificate of Completion

This Certificate of Completion of
eIPPS On Premise 2.0
For coursework completed on November 10, 2015
provided by Health Communications, Inc.
is hereby granted to:

William Duke

Certification to be sent to:

**The Stew Pot
PO Box 5868
Snowmass Village CO, 81615-5868 USA**





P.O. Box 5010, Snowmass Village, CO 81615
970-923-3777 FAX: 970-923-6083

Stew Pot
PO Box 5868
Snowmass Village, CO 81615

State Tax ID: 35250400000

Town of Snowmass Village Liquor Renewal

This letter is being sent to you as a reminder. You should also be receiving your Liquor Renewal application from the state. Please return all forms (local and state) to the Clerk's office **45 days prior** to your License expiration date.

Liquor License Expires on: 11/17/2016

Business Information

Please make any necessary corrections to the information listed below:

Business Name or DBA: Stew Pot

Physical Address: 45 Village Square Unit 62, Snowmass Village, CO

Mailing Address: PO Box 5868, Snowmass Village, CO 81615

State Tax ID #: 35250400000

Business Owner: Stew Pot Inc

Manager/Contact Name: Fletcher Duke

Business Phone: 970-923-2263

Business Email: fletcherduke@hotmail.com

Designated TIPS Server: Fletcher Duke

TIPS Certification Expiration Date: Dec 6 2015 12:00AM

**Return all forms to the Town of Snowmass Village for approval
DO NOT send anything to the State Office.**

THE STEW POT INC 06-18
PO BOX 5868
SNOWMASS VILLAGE, CO 81615-5868

3043

82-340/1021

DATE 9/13/16

CHECK NUMBER

PAY TO THE ORDER OF

TOSV

\$ 225⁰⁰

two hundred twenty-five dollars & ^{no}/_{100's}

DOLLARS

1

Security Features Details on Back



Alpine Bank

18 Keams Rd. • P.O. Box 5480
Snowmass Village, CO 81615
(970) 823-3600 • Alpine Info-Line (970) 846-4433

FOR LIQUOR LICENSE

[Signature]

THE STEW POT INC 05-16
PO BOX 5868
SNOWMASS VILLAGE, CO 81615-5868

3042

82-340/1021

DATE 9/13/16

CHECK AMOUNT

PAY TO THE ORDER OF COLORADO DEPARTMENT OF REVENUE \$ 500⁰⁰

five hundred dollars & ⁰⁰/₁₀₀ DOLLARS



Alpine Bank
16 Kamm Rd. • P.O. Box 5480
Snowmass Village, CO 81615
(970) 833-3600 • Alpine Info-Line (970) 945-4433

FOR Liquor License Acct #1 03525040

JM T2

Security Features Details on Back

MP

License ID: 50023

State Tax ID: 35250400000

Total Amount: \$225.00



State of Colorado By The Authority of

Town of Snowmass Village

Restaurant / Hotel Liquor License

To Sell At Retail Malt, Vinous & Spirituous Liquor

Stew Pot

45 Village Square Unit 62, Snowmass Village, CO 81615

This License is to certify that the above establishment of the State of Colorado, has applied to sell Liquor at their premises, having paid the Town Treasurer the stated amount. Therefore, the applicant is hereby licensed to sell Liquors containing more than 3.2% Alcohol by weight for consumption on premise.

This License is issued subject to the Laws of the State of Colorado and especially under the provisions of Article 47 of Title 12, Colorado Revised Statutes, as amended.

This License is valid for the date period of 11/18/2016 to 11/17/2017, unless revoked sooner as provided by Law.

IN TESTIMONY WHEREOF, The Liquor Licensing Authority has hereunto subscribed its name by its officers duly authorized on _____

Clerk

Town of Snowmass Village
Liquor Licensing Authority

POST IN A CONSPICUOUS PLACE



LIQUOR LICENSING AUTHORITY
DOCUMENT CHECKLIST

ANNUAL RENEWAL – HOTEL AND RESTAURANT LICENSE

Big Boss Grill

9/28/16
Date Received

9/28/16
Lic. Exp. Date

Name of Applicant

Email Address zgstevesklar@yahoo.com

1. Registered Manager: Steve Sklar
2. Name designated T.I.P.S. Certified staff person Teri Harrison
Expiration Date: 7-28-17
3. Form DR8400 (This form comes from the State of Colorado. If you don't receive one from the State, please request a DR8404 form from the Town Clerk)
4. Copy of Most Current Certificate of Good Standing (Must be within 2 years)
Date filed 6/16 (The Clerk does **NOT** have this information)
Change of Managers/Owners/Officers/Board Members? Yes ___ No
5. Affidavit of Possession of Premises
No Change in Premises
25% of gross income from food
6. Fees: TOSV \$ 225.00 STATE \$ 500.00
7. Inspection Reports: This is done by the Town Clerk
Police ___ Police Dept.
Fire ___ Fire Dept.
Health ___ Environmental Health
8. The Town Finance Departments has verified "no taxes owing" on this Application (The Clerk will do this) OK pw K Trujillo

Submit to Local Licensing Authority

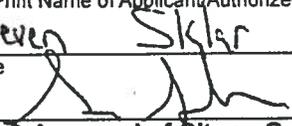
Fees Due	
Renewal Fee	
Storage Permit \$100 X _____	\$
Optional Premise \$100 X _____	\$
Amount Due/Paid	\$

Retail Liquor or 3.2 License Renewal Application

Make check payable to: Colorado Department of Revenue. The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department may collect the payment amount directly from your banking account electronically.

Please verify & update all information below

Return to city or county licensing authority by due date

Licensee Name Big Boss Grill LLC		DBA Big Boss Grill	
Liquor License # 4239219 0000	License Type Hotel + Restaurant	Sales Tax License # 04239219	Expiration Date 9-28-16
Business Address 45 Village Sq #10		Phone Number 423-2597 (970) 274 2122	
Mailing Address PO Box 5698		Email Zgstevesklar@yahoo.com	
Operating Manager Steve Sklar	Date of Birth	Home Address 220 Stevens St Aspen Co. 81611	Phone Number (970) 274 2122
1. Do you have legal possession of the premises at the street address above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are the premises owned or rented? <input type="checkbox"/> Owned <input checked="" type="checkbox"/> Rented* *If rented, expiration date of lease _____			
2. Since the date of filing of the last application, has there been any change in financial interest (new notes, loans, owners, etc.) or organizational structure (addition or deletion of officers, directors, managing members or general partners)? If yes, explain in detail and attach a listing of all liquor businesses in which these new lenders, owners (other than licensed financial institutions), officers, directors, managing members, or general partners are materially interested. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3. Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been convicted of a crime? If yes, attach a detailed explanation. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
4. Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been denied an alcohol beverage license, had an alcohol beverage license suspended or revoked, or had interest in any entity that had an alcohol beverage license denied, suspended or revoked? If yes, attach a detailed explanation. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
5. Does the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) have a direct or indirect interest in any other Colorado liquor license, including loans to or from any licensee or interest in a loan to any licensee? If yes, attach a detailed explanation. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Affirmation & Consent I declare under penalty of perjury in the second degree that this application and all attachments are true, correct and complete to the best of my knowledge.			
Type or Print Name of Applicant/Authorized Agent of Business Steven Sklar		Title Owner	
Signature 		Date Sept 28 2016	
Report & Approval of City or County Licensing Authority The foregoing application has been examined and the premises, business conducted and character of the applicant are satisfactory, and we do hereby report that such license, if granted, will comply with the provisions of Title 12, Articles 46 and 47, C.R.S. Therefore this application is approved.			
Local Licensing Authority For		Date	
Signature	Title	Attest	



**LIQUOR LICENSING AUTHORITY
ANNUAL RENEWAL AFFIDAVIT
POSSESSION OF PREMISES**

Big Hoss Grill

Name of Business Establishment

I do hereby swear and affirm the following, which apply to my liquor license.

1. Hotel and Restaurant Liquor Licensees: That during the past year, at least 25% of the gross revenues from the operation of my establishment was derived from the sale of meals.
2. All Liquor Licensees: That I will have possession of the licensed premises, through lease or deed, during the term of my liquor license.
3. All Liquor Licensees: That no physical changes have been made to the licensed premises.
4. Corporate Licensees: That the corporation is in good standing with the State.

[Signature]

Steve Sklar

July 16 2016

Owner or Registered Manager

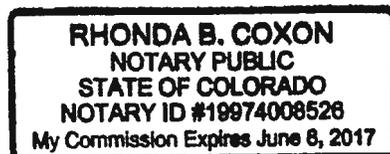
Date

STATE OF COLORADO }
} s.s.
COUNTY OF PITKIN }

Subscribed and sworn to before me this 28 day of Sept, 2016.

Witness my hand and official seal:

[Signature]
Notary



My Commission expires: _____

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

BIG HOSS GRILL, LLC

is a

Limited Liability Company

formed or registered on 06/02/2006 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20061224966 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/28/2016 that have been posted, and by documents delivered to this office electronically through 09/29/2016 @ 12:05:10 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 09/29/2016 @ 12:05:10 in accordance with applicable law. This certificate is assigned Confirmation Number 9859397 .



Secretary of State of the State of Colorado

*****End of Certificate*****
Notice. A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site. <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

SECURITY FEATURES INCLUDE TRUE WATERMARK PAPER, HEAT SENSITIVE ICON AND FOIL HOLOGRAM.

MP

7876
82-340/1021

DATE July 16 2016

PAY TO THE ORDER OF Five Hundred Dollars \$ 500.00 DOLLARS

BIG HOSS GRILL
UPPER VILLAGE MALL
P.O. BOX 5698
SNOWMASS VILLAGE, COLORADO 81615
(970) 923-2597

ALPINE BANK
600 HOPKINS
ASPEN, CO 81611
(970) 920-4800 ALPINE INFO LINE (970) 945-4433

THINK SNOW

FOR Liquor License

MP

SECURITY FEATURES INCLUDE TRUE WATERMARK PAPER, HEAT SENSITIVE ICON AND FOIL HOLOGRAM.

MP

7874
82-340/1021

DATE July 16 2016

PAY TO THE ORDER OF Two Hundred Twenty Five Dollars \$ 225.00 DOLLARS

BIG HOSS GRILL
UPPER VILLAGE MALL
P.O. BOX 5698
SNOWMASS VILLAGE, COLORADO 81615
(970) 923-2597

ALPINE BANK
600 HOPKINS
ASPEN, CO 81611
(970) 920-4800 ALPINE INFO LINE (970) 945-4433

THINK SNOW

FOR Liquor License

MP

THIRD AMENDMENT TO LEASE

This Third Amendment to Lease (the "Third Amendment") is made and entered into this 13 day of October, 2016, by and between SNOWMASS HOLDING COMPANY, LLC, a Delaware Limited Liability Company (the "Landlord") and BIG HOSS GRILL, LLC, a Colorado limited liability company (the "Tenant").

This Third Amendment is made with reference to and in reliance upon the following facts:

A. WHEREAS, Landlord and Tenant previously entered into that certain "Shopping Center Lease" dated June 5, 2006 providing for Tenant's lease of a portion of Landlord's property, which is known as Store No. 10 of Commercial Building B/C, Snowmass Village Mall, Town of Snowmass Village, County of Pitkin, Colorado (the "Leased Premises") and two "Lease Guaranty Agreements" dated June 5, 2008 (the "Guarantees"), subsequently modified by the "First Amendment to the Shopping Center Lease" dated May, 2008 and subsequently modified by the Second Amendment to Lease dated October 11, 2011 (the "Lease").

B. NOW, THEREFORE, Landlord and Tenant desire to ratify and amend the Lease as more specifically set forth below.

Landlord and Tenant agree as follows:

1. Ratification. Landlord and Tenant acknowledge and agree that the Lease is in full force and effect.
2. Term. The term for Store No. 10 of Commercial Building B/C is hereby extended for the period beginning November 1, 2016 and ending October 31, 2021 (the "Extended Term"), unless earlier terminated pursuant to the provisions of the Lease.

Landlord's Termination Option. Notwithstanding the foregoing, in the event Landlord commences work on the redevelopment, renovation or demolition of all or any portion of the existing Snowmass Village Mall or adjoining areas, Landlord reserves the right, provided prior written notice from Landlord to Tenant is given on or before December 31 of any given year, to terminate the Lease Agreement on April 30 of the following year. For example, in the event Landlord notifies Tenant on December 31, 2019 of its intent to exercise its right to terminate the lease, the Lease shall terminate April 30, 2020.

3. Base Monthly Rent. (a) Commencing November 1, 2016 and continuing through October 31, 2017, Base Rent shall be the sum of Forty- Eight Thousand Eight Hundred and Seventy- Eight and 67/100ths Dollars (\$48,878.67), which sum shall be payable by Tenant in equal consecutive monthly installments of Four Thousand, Seventy-Three and 23/100ths Dollars (\$4,073.23) each.

Tenant's Minimum Rent shall be subject to annual increases equal to 3% effective on November 1 of each year of the lease term.

4. Common Area Expenses. Notwithstanding anything to the contrary contained in the Lease Agreement, Tenant shall continue to pay, as additional rent, a sum equal to Tenant's proportionate share of the common area expenses, including Common Area and Utility Expenses, Taxes, Insurance and Building Maintenance Expenses, ("Common Area Expenses") incurred in connection with Landlord's ownership, operation and management as described in the Lease Agreement.
5. Lease Agreement. Except as specifically modified herein, the terms, conditions and covenants contained in the Lease Agreement shall remain in full force and effect throughout the term of the Lease Agreement. In the event of any conflict between the Lease Agreement and this Amendment, the terms set forth in this Amendment shall control.
6. No Other Amendments. Except as set forth herein, there are no other amendments or modifications to the Lease.
7. Confidentiality. Tenant agrees to keep the provisions of this Agreement strictly confidential; if Tenant discloses any of such provisions, then at Landlord's option, the provisions of such paragraph shall be null and void and of no further force or effect. Tenant hereby agrees that Landlord is not in default of any of Landlord's obligations under the Lease nor is Tenant aware of any circumstances which, with the passage of time, could result in Landlord being in default under the provisions of the Lease.

[Signatures appear on following pages]

IN WITNESS WHEREOF, Landlord and Tenant have executed this Third Amendment the day and year first above written.

LANDLORD:

SNOWMASS HOLDING COMPANY, LLC
A Delaware Limited Liability Company

By: Jim DiAgostino
Name: Jim DiAgostino
Title: Pres.

IN WITNESS WHEREOF, Landlord and Tenant have executed this Third Amendment the day and year first above written.

TENANT:

BIG HOSS GRILL, LLC
A Colorado Limited Liability Company

By: Steve Sklar
Name: Steve Sklar
Title: Owner

License ID: 50005

State Tax ID: 42392190000

Amount Paid:\$225.00



Town of
SNOWMASS Village
State of Colorado By The Authority of

Town of Snowmass Village

Restaurant / Hotel Liquor License

To Sell At Retail Malt, Vinous & Spirituous Liquor

Big Hoss Grill
45 Village Mall #10, Snowmass Village, CO 81615

This License is to certify that the above establishment of the State of Colorado, has applied to sell Liquor at their premises, having paid the Town Treasurer the stated amount. Therefore, the applicant is hereby licensed to sell Liquors containing more than 3.2% Alcohol by weight for consumption on premise.

This License is issued subject to the Laws of the State of Colorado and especially under the provisions of Article 47 of Title 12. Colorado Revised Statutes. as amended.

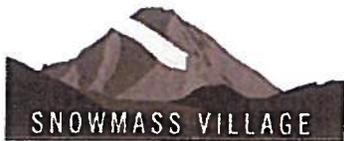
This License is valid for the date period of 9/29/2016 to 9/28/2017, unless revoked sooner as provided by Law.

IN TESTIMONY WHEREOF, The Liquor Licensing Authority has hereunto subscribed its name by its officers duly authorized on _____.

Clerk

Town of Snowmass Village
Liquor Licensing Authority

POST IN A CONSPICUOUS PLACE



LIQUOR LICENSING AUTHORITY
DOCUMENT CHECKLIST

ANNUAL RENEWAL – HOTEL AND RESTAURANT LICENSE

SLL LTD DBA IL. POGGR
Name of Applicant
11/24/16
Date Received Lic. Exp. Date
breese @ Sopris.NET
Email Address

1. Registered Manager: JERRY "TED" GREENE

2. **Name designated T.I.P.S. Certified staff person** Ted Greene
Expiration Date: 6-3-17

3. Form DR8400 (This form comes from the State of Colorado. If you don't receive one from the State, please request a DR8404 form from the Town Clerk)

4. Copy of Most Current Certificate of Good Standing (Must be within 2 years)
Date filed 10/4/16 (The Clerk does **NOT** have this information)
Change of Managers/Owners/Officers/Board Members? Yes No

5. Affidavit of Possession of Premises
No Change in Premises
25% of gross income from food

6. Fees: TOSV \$ 225.00 STATE \$ 500.00

7. Inspection Reports: This is done by the Town Clerk
Police Police Dept.
Fire Fire Dept.
Health Environmental Health

8. **The Town Finance Departments has verified "no taxes owing" on this Application (The Clerk will do this)**

**RETAIL LIQUOR OR 3.2 BEER
 LICENSE RENEWAL APPLICATION**

Fees Due	
Renewal Fee	\$500.00
Storage Permit \$100 x _____	_____
Optional Premise \$100 x _____	_____
Related Resort \$75 x _____	_____
Amount Due/Paid	

IL POGGIO
 PO BOX 5965
 SNOWMASS VILLAGE CO 81615-5965

Make check payable to Colorado Department of Revenue. The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department may collect the payment amount directly from your banking account electronically.

PLEASE VERIFY & UPDATE ALL INFORMATION BELOW

RETURN TO CITY OR COUNTY LICENSING AUTHORITY BY DUE DATE

Licensee Name S L L LTD		DBA IL POGGIO		
Liquor License # 04662700000	License Type Hotel & Restaurant (city)	Sales Tax License # 04662700000	Expiration Date 11/24/2016	Due Date 10/10/2016
Operating Manager TED GREENE	Date of Birth	Home Address 221 WILLIAMS WAY ASPEN CO 81611		
Manager Phone Number 970 925 4010	Email Address brees@SOPRIS.NET			
Street Address 20 VILLAGE SQUARE SNOWMASS VILLAGE CO 81615-9999				Phone Number 9709234292
Mailing Address PO BOX 5965 SNOWMASS VILLAGE CO 81615-5965				

- Do you have legal possession of the premises at the street address above? YES NO
 Is the premises owned or rented? Owned Rented* *If rented, expiration date of lease _____
- Since the date of filing of the last application, has there been any change in financial interest (new notes, loans, owners, etc.) or organizational structure (addition or deletion of officers, directors, managing members or general partners)? If yes, explain in detail and attach a listing of all liquor businesses in which these new lenders, owners (other than licensed financial institutions), officers, directors, managing members, or general partners are materially interested. YES NO
NOTE TO CORPORATION, LIMITED LIABILITY COMPANY AND PARTNERSHIP APPLICANTS: If you have added or deleted any officers, directors, managing members, general partners or persons with 10% or more interest in your business, you must complete and return immediately to your Local Licensing Authority, Form DR 8177: Corporation, Limited Liability Company or Partnership Report of Changes, along with all supporting documentation and fees.
- Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been convicted of a crime? If yes, attach a detailed explanation. YES NO
- Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been denied an alcohol beverage license, had an alcohol beverage license suspended or revoked, or had interest in any entity that had an alcohol beverage license denied, suspended or revoked? If yes, attach a detailed explanation. YES NO
- Does the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) have a direct or indirect interest in any other Colorado liquor license, including loans to or from any licensee or interest in a loan to any licensee? If yes, attach a detailed explanation. YES NO

AFFIRMATION & CONSENT

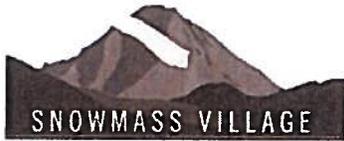
I declare under penalty of perjury in the second degree that this application and all attachments are true, correct and complete to the best of my knowledge.

Type or Print Name of Applicant/Authorized Agent of Business CHRISTOPHER B BLACHLY	Title PRESIDENT SLL LTD
Signature 	Date 10/4/16

REPORT & APPROVAL OF CITY OR COUNTY LICENSING AUTHORITY

The foregoing application has been examined and the premises, business conducted and character of the applicant are satisfactory, and we do hereby report that such license, if granted, will comply with the provisions of Title 12, Articles 46 and 47, C.R.S. THEREFORE THIS APPLICATION IS APPROVED.

Local Licensing Authority For	Date
Signature	Title
	Attest



**LIQUOR LICENSING AUTHORITY
ANNUAL RENEWAL AFFIDAVIT
POSSESSION OF PREMISES**

SL-L LTD DBA ILP09910
Name of Business Establishment

I do hereby swear and affirm the following, which apply to my liquor license.

1. Hotel and Restaurant Liquor Licensees: That during the past year, at least 25% of the gross revenues from the operation of my establishment was derived from the sale of meals.
2. All Liquor Licensees: That I will have possession of the licensed premises, through lease or deed, during the term of my liquor license.
3. All Liquor Licensees: That no physical changes have been made to the licensed premises.
4. Corporate Licensees: That the corporation is in good standing with the State.

[Signature]
Owner or Registered Manager

10/5/16
Date

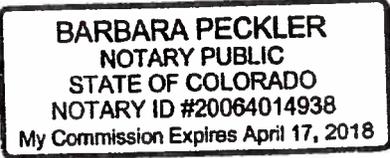
STATE OF COLORADO }
} s.s.
COUNTY OF PITKIN }

Subscribed and sworn to before me this 5 day of Oct, 2016.

Witness my hand and official seal:

[Signature]
Notary

My Commission expires: 4-17-18



OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

S. L. L., LTD.

is a

Corporation

formed or registered on 10/11/1983 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871540346 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/30/2016 that have been posted, and by documents delivered to this office electronically through 10/04/2016 @ 18:17:17 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 10/04/2016 @ 18:17:17 in accordance with applicable law. This certificate is assigned Confirmation Number 9867004 .



A handwritten signature in blue ink that reads "Wayne W. Williams".

Secretary of State of the State of Colorado

*****End of Certificate*****
Notice. A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



P.O. Box 5010, Snowmass Village, CO 81615
970-923-3777 FAX: 970-923-6083

Il Poggio
PO BOX 5965
Snowmass Village, CO 81615

State Tax ID: 04662700000

Town of Snowmass Village Liquor Renewal

This letter is being sent to you as a reminder. You should also be receiving your Liquor Renewal application from the state. Please return all forms (local and state) to the Clerk's office 45 days prior to your License expiration date.

Liquor License Expires on: 11/24/2016

Business Information

Please make any necessary corrections to the information listed below:

Business Name or DBA: Il Poggio

Physical Address: 45 Village Mall Unit 20 Snowmass Village, CO

Mailing Address: PO BOX 5965 Snowmass Village, CO 81615

State Tax ID #: 04662700000

Business Owner: SLL LTD

Manager/Contact Name: ~~Ted Greene~~ CHRISTOPHER BLACKLY

Business Phone: 970-923-4292

Business Email: ~~greene201@comcast.net~~ breeze@sopris.net

Designated TIPS Server: Jeffrey Ted Greene

TIPS Certification Expiration Date: Jun 3 2017 12:00AM

**Return all forms to the Town of Snowmass Village for approval
DO NOT send anything to the State Office.**

CASH ONLY IF ALL CheckLock™ SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING

SLL LTD
DBA IL POGGIO
P.O. BOX 5965
SNOWMASS VILLAGE, CO 81615
(970) 923-4292

ALPINE BANK
82-340/1021

7260

10/5/16

PAY TO THE
ORDER OF

TO SV

\$ 225

Two hundred twenty five

DOLLARS

[Handwritten Signature]

Details on Back
Secure Check

CASH ONLY IF ALL CheckLock™ SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING

SLL LTD
DBA IL POGGIO
P.O. BOX 5965
SNOWMASS VILLAGE, CO 81615
(970) 923-4292

ALPINE BANK
82-340/1021

7261

10/5/16

PAY TO THE
ORDER OF

Colorado DEPT OF REVENUE

\$ 500

five hundred

DOLLARS

CM

Details on Back
Intuit® CheckLock™ Secure Check

License ID: 50011

State Tax ID: 04662700000

Amount Paid:\$225.00



Town of
SNOWMASS Village
State of Colorado By The Authority of

Town of Snowmass Village

Restaurant / Hotel Liquor License

To Sell At Retail Malt, Vinous & Spirituous Liquor

Il Poggio
45 Village Mall Unit 20, Snowmass Village, CO 81615

This License is to certify that the above establishment of the State of Colorado, has applied to sell Liquor at their premises, having paid the Town Treasurer the stated amount. Therefore, the applicant is hereby licensed to sell Liquors containing more than 3.2% Alcohol by weight for consumption on premise.

This License is issued subject to the Laws of the State of Colorado and especially under the provisions of Article 47 of Title 12. Colorado Revised Statutes. as amended.

This License is valid for the date period of 11/25/2016 to 11/24/2017, unless revoked sooner as provided by Law.

IN TESTIMONY WHEREOF, The Liquor Licensing Authority has hereunto subscribed its name by its officers duly authorized on _____.

Clerk

Town of Snowmass Village
Liquor Licensing Authority

POST IN A CONSPICUOUS PLACE



LIQUOR LICENSING AUTHORITY
DOCUMENT CHECKLIST

ANNUAL RENEWAL – HOTEL AND RESTAURANT LICENSE

TURKS
Timothy F. Lucca
Name of Applicant

10/3/16
Date Received

12/10/16
Lic. Exp. Date

Email Address turkssnowmass@gmail.com

1. Registered Manager: Timothy F. LUCCA

2. Name designated T.I.P.S. Certified staff person Julie Wittig
Expiration Date: 6/1/2019

3. Form **DR8400** (This form comes from the State of Colorado. If you don't receive one from the State, please request a DR8404 form from the Town Clerk)

4. Copy of Most Current Certificate of Good Standing (Must be within 2 years)
Date filed 11/15 (The Clerk does **NOT** have this information)
Change of Managers/Owners/Officers/Board Members? Yes ___ No ___

5. Affidavit of Possession of Premises
No Change in Premises
25% of gross income from food

6. Fees: TOSV \$ 225.00 STATE \$ 500.00

7. Inspection Reports: This is done by the Town Clerk
Police ___ Police Dept.
Fire ___ Fire Dept.
Health ___ Environmental Health

8. ___ The Town Finance Departments has verified "no taxes owing" on this Application (The Clerk will do this) owes August being in before mtg

**RETAIL LIQUOR OR 3.2 BEER
 LICENSE RENEWAL APPLICATION**

TURKS
 183 LYNNS COURT
 CARBONDALE CO 81623

Fees Due	
Renewal Fee	\$500.00
Storage Permit \$100 x _____	_____
Optional Premise \$100 x _____	_____
Related Resort \$75 x _____	_____
Amount Due/Paid	

Make check payable to Colorado Department of Revenue. The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department may collect the payment amount directly from your banking account electronically.

PLEASE VERIFY & UPDATE ALL INFORMATION BELOW

RETURN TO CITY OR COUNTY LICENSING AUTHORITY BY DUE DATE

Licensee Name TURK PRODUCTIONS LLC		DBA TURKS	
Liquor License # 4705722	License Type Tavern (city)	Sales Tax License # 30251186	Expiration Date 12/10/2016
Operating Manager Tim Lucca		Date of Birth	
Home Address 183 Lynns Ct Carbondale CO 81623		Due Date 10/26/2016	
Manager Phone Number 970948-7108		Email Address turkssnowmass@gmail.com	
Street Address 67 ELBERT LANE SNOWMASS VILLAGE CO 81615			Phone Number 970.948.7108
Mailing Address 183 LYNNS COURT CARBONDALE CO 81623			

- Do you have legal possession of the premises at the street address above? YES NO
 Is the premises owned or rented? Owned Rented* *If rented, expiration date of lease **Nov 2025**
138. Since the date of filing of the last application, has there been any change in financial interest (new notes, loans, owners, etc.) or organizational structure (addition or deletion of officers, directors, managing members or general partners)? If yes, explain in detail and attach a listing of all liquor businesses in which these new lenders, owners (other than licensed financial institutions), officers, directors, managing members, or general partners are materially interested. YES NO
NOTE TO CORPORATION, LIMITED LIABILITY COMPANY AND PARTNERSHIP APPLICANTS: If you have added or deleted any officers, directors, managing members, general partners or persons with 10% or more interest in your business, you must complete and return immediately to your Local Licensing Authority, Form DR 8177: Corporation, Limited Liability Company or Partnership Report of Changes, along with all supporting documentation and fees.
- Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been convicted of a crime? If yes, attach a detailed explanation. YES NO
- Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been denied an alcohol beverage license, had an alcohol beverage license suspended or revoked, or had interest in any entity that had an alcohol beverage license denied, suspended or revoked? If yes, attach a detailed explanation. YES NO
- Does the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) have a direct or indirect interest in any other Colorado liquor license, including loans to or from any licensee or interest in a loan to any licensee? If yes, attach a detailed explanation. YES NO

AFFIRMATION & CONSENT

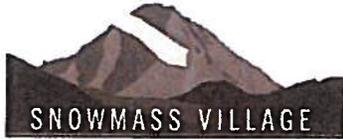
I declare under penalty of perjury in the second degree that this application and all attachments are true, correct and complete to the best of my knowledge.

Type or Print Name of Applicant/Authorized Agent of Business Timothy F. Lucca	Title OWNER
Signature 	Date 10/1/16

REPORT & APPROVAL OF CITY OR COUNTY LICENSING AUTHORITY

The foregoing application has been examined and the premises, business conducted and character of the applicant are satisfactory, and we do hereby report that such license, if granted, will comply with the provisions of Title 12, Articles 46 and 47, C.R.S. THEREFORE THIS APPLICATION IS APPROVED.

Local Licensing Authority For		Date
Signature	Title	Attest



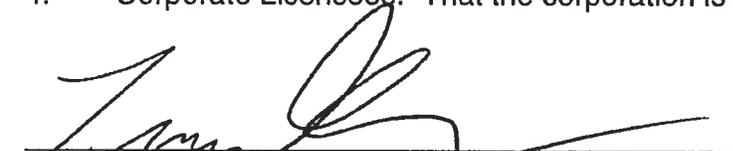
**LIQUOR LICENSING AUTHORITY
ANNUAL RENEWAL AFFIDAVIT
POSSESSION OF PREMISES**

TURKS

Name of Business Establishment

I do hereby swear and affirm the following, which apply to my liquor license.

1. Hotel and Restaurant Liquor Licensees: That during the past year, at least 25% of the gross revenues from the operation of my establishment was derived from the sale of meals.
2. All Liquor Licensees: That I will have possession of the licensed premises, through lease or deed, during the term of my liquor license.
3. All Liquor Licensees: That no physical changes have been made to the licensed premises.
4. Corporate Licensees: That the corporation is in good standing with the State.


Owner or Registered Manager

10/1/16
Date

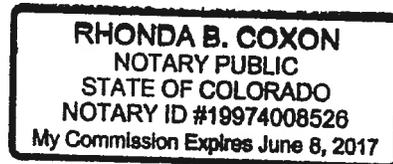
STATE OF COLORADO }
} s.s.
COUNTY OF PITKIN }

Subscribed and sworn to before me this 11 day of Oct, 2016.

Witness my hand and official seal:


Notary

My Commission expires: _____



OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Turk Productions, LLC

is a

Limited Liability Company

formed or registered on 11/17/2004 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20041399615 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/08/2016 that have been posted, and by documents delivered to this office electronically through 09/13/2016 @ 08:36:45 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 09/13/2016 @ 08:36:45 in accordance with applicable law. This certificate is assigned Confirmation Number 9832185 .



A handwritten signature in blue ink that reads "Wayne W. Williams".

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site. <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information visit our Web site. <http://www.sos.state.co.us> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

TURK PRODUCTIONS LLC
183 LYNNS COURT
CARBONDALE, CO 81623
970-948-7108



697
82-340/1021

9.15.16

DATE

PAY TO THE
ORDER OF

Town of Snowmass Village

\$ 225-

two hundred twenty five

DOLLARS



Security
Features
Details on
Back



Alpine Bank

137 Midland Ave. • P.O. Box 349
Basalt, CO 81621
(970) 827-3101 • Alpine Info-Line (970) 948-4433

FOR liquor license renewal

[Signature]

MP

Hartford Clarke

TURK PRODUCTIONS LLC
183 LYNNS COURT
CARBONDALE, CO 81623
970-948-7108



698
82-340/1021

9.15.16

DATE

PAY TO THE
ORDER OF

Colorado Dept. of Revenue

\$ 500-

five hundred even

DOLLARS



Security
Features
Details on
Back



Alpine Bank

137 Midland Ave. • P.O. Box 349
Basalt, CO 81621
(970) 827-3101 • Alpine Info-Line (970) 948-4433

FOR liquor license renewal

[Signature]

MP

Hartford Clarke

License ID: 50050

State Tax ID: 201891621



Town of
SNOWMASS Village
State of Colorado By The Authority of

Amount Paid:\$225.00

Town of Snowmass Village

Restaurant-Tavern Liquor License

To Sell At Retail Malt, Vinous & Spirituous Liquor

Turks

67 Elbert Lane, Snowmass Village, CO 81615

This License is to certify that the above establishment of the State of Colorado, has applied to sell Liquor at their premises, having paid the Town Treasurer the stated amount. Therefore, the applicant is hereby licensed to sell Liquors containing more than 3.2% Alcohol by weight for consumption on premise.

This License is issued subject to the Laws of the State of Colorado and especially under the provisions of Article 47 of Title 12. Colorado Revised Statutes. as amended.

This License is valid for the date period of 11/11/2016 to 11/10/2017, unless revoked sooner as provided by Law.

IN TESTIMONY WHEREOF, The Liquor Licensing Authority has hereunto subscribed its name by its officers duly authorized on _____

Clerk

Town of Snowmass Village
Liquor Licensing Authority

POST IN A CONSPICUOUS PLACE



LIQUOR LICENSING AUTHORITY
DOCUMENT CHECKLIST

ANNUAL RENEWAL – HOTEL AND RESTAURANT LICENSE

DAVID PESZEK
Name of Applicant

10/13/16
Date Received

12/1/2016
Lic. Exp. Date

Email Address DPeszek@
RICHARD SANDOVAL.COM

1. Registered Manager: DAVID Peszek
2. Name designated T.I.P.S. Certified staff person DAVID Peszek
Expiration Date: 7/27/2019
3. Form DR8400 (This form comes from the State of Colorado. If you don't receive one from the State, please request a DR8404 form from the Town Clerk)
4. Copy of Most Current Certificate of Good Standing (Must be within 2 years)
Date filed _____ (The Clerk does **NOT** have this information)
Change of Managers/Owners/Officers/Board Members? Yes ___ No
5. Affidavit of Possession of Premises
No Change in Premises
25% of gross income from food
6. Fees: TOSV \$ 225.00 STATE \$ 500.00
7. Inspection Reports: This is done by the Town Clerk
Police ___ Police Dept.
Fire ___ Fire Dept.
Health ___ Environmental Health
8. The Town Finance Departments has verified "no taxes owing" on this Application (The Clerk will do this)

Updated 03-09-15

**LIQUOR OR 3.2 BEER LICENSE
 RENEWAL APPLICATION**

Fees Due	
Renewal Fee	_____
Storage Permit \$100 x _____	_____
Optional Premise \$100 x _____	_____
Amount Due/Paid	

Make check payable to: Colorado Department of Revenue. The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department may collect the payment amount directly from your banking account electronically.

PLEASE VERIFY & UPDATE ALL INFORMATION BELOW

RETURN TO CITY OR COUNTY LICENSING AUTHORITY BY DUE DATE

Licensee Name Tacos of Snowmass LLC		DBA Venga Venga Cantina & Tequila Bar		
Liquor License # 25583220000	License Type Alcohol Beverage License	Sales Tax License # 04288503-0000	Expiration Date 12/1/16	Due Date
Street Address 105 Daly Ln Snowmass Village CO 81615				Phone Number 970-923-7777
Mailing Address P.O. BOX 5428, SNOWMASS VLG CO 81615				
Operating Manager DAVID PESZKA	Date of Birth	Home Address 36 6001R LANE, BASALT CO 81621	Phone Number 970-208-6582	

- Do you have legal possession of the premises at the street address above? YES NO
 Is the premises owned or rented? Owned Rented* *If rented, expiration date of lease **8/31/2020**
- Since the date of filing of the last annual application, has there been any change in financial interest (new notes, loans, owners, etc.) or organizational structure (addition or deletion of officers, directors, managing members or general partners)? If yes, explain in detail and attach a listing of all liquor businesses in which these new lenders, owners (other than licensed financial institutions), officers, directors, managing members, or general partners are materially interested. YES NO
NOTE TO CORPORATION, LIMITED LIABILITY COMPANY AND PARTNERSHIP APPLICANTS: If you have added or deleted any officers, directors, managing members, general partners or persons with 10% or more interest in your business, you must complete and return immediately to your Local Licensing Authority, Form DR 8177: Corporation, Limited Liability Company or Partnership Report of Changes, along with all supporting documentation and fees.
- Since the date of filing of the last annual application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been convicted of a crime? If yes, attach a detailed explanation. YES NO
- Since the date of filing of the last annual application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been denied an alcohol beverage license, had an alcohol beverage license suspended or revoked, or had interest in any entity that had an alcohol beverage license denied, suspended or revoked? If yes, attach a detailed explanation. YES NO
- Does the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) have a direct or indirect interest in any other Colorado liquor license, including loans to or from any licensee or interest in a loan to any licensee? If yes, attach a detailed explanation. YES NO
- SOLE PROPRIETORSHIPS, HUSBAND-WIFE PARTNERSHIPS AND PARTNERS IN GENERAL PARTNERSHIPS: Each person must complete and sign the DR 4679: Affidavit - Restriction on Public Benefits (available online or by calling 303-205-2300) and attach a copy of their driver's license, state-issued ID or valid passport.**

AFFIRMATION & CONSENT

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

Type or Print Name of Applicant/Authorized Agent of Business RICHARD SANDOVAL	Title OWNER/PRESIDENT
Signature 	Date 10/11/2016

REPORT & APPROVAL OF CITY OR COUNTY LICENSING AUTHORITY

The foregoing application has been examined and the premises, business conducted and character of the applicant are satisfactory, and we do hereby report that such license, if granted, will comply with the provisions of Title 12, Articles 46 and 47, C.R.S. THEREFORE THIS APPLICATION IS APPROVED.

Local Licensing Authority For	Date
Signature	Title
	Attest



**LIQUOR LICENSING AUTHORITY
ANNUAL RENEWAL AFFIDAVIT
POSSESSION OF PREMISES**

Talos of Snowmass LLC

Name of Business Establishment

I do hereby swear and affirm the following, which apply to my liquor license.

1. Hotel and Restaurant Liquor Licensees: That during the past year, at least 25% of the gross revenues from the operation of my establishment was derived from the sale of meals.
2. All Liquor Licensees: That I will have possession of the licensed premises, through lease or deed, during the term of my liquor license.
3. All Liquor Licensees: That no physical changes have been made to the licensed premises.
4. Corporate Licensees: That the corporation is in good standing with the State.

[Signature]
Owner or Registered Manager

10/11/2016
Date

STATE OF COLORADO }
} s.s.
COUNTY OF PITKIN }

Subscribed and sworn to before me this 11th day of October, 2016.

Witness my hand and official seal:

[Signature: Channing Broderick]
Notary

CHANNING BRODERICK
NOTARY PUBLIC - STATE OF COLORADO
Notary Identification #20154029067
My Commission Expires 8/26/2019

My Commission expires: 08/26/2019

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Tacos of Snowmass, LLC

is a **Limited Liability Company** formed or registered on 09/13/2010 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20101507767.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/13/2015 that have been posted, and by documents delivered to this office electronically through 02/17/2015 @ 19:22:25.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 02/17/2015 @ 19:22:25 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 9097196.



Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/bi/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."

6326

Tacos of Snowmass LLC

dba Venga Venga Cantina & Tequila Bar
105 Daly Ln
Snowmass Village, CO 81615

ALPINE BANK

82-340/1021



10/11/2016

PAY TO THE ORDER OF Town of Snowmass Village

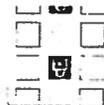
\$

\$225.00

Two Hundred Twenty Five and 00/100*****

DOLLARS

Town of Snowmass Village
PO Box 5010
Snowmass Village, CO 81615



Yvonne Klassen



AUTHORIZED SIGNATURE

MEMO

Tacos of Snowmass LLC/dba Venga Venga Cantina & Tequila Bar

6326

To: Town of Snowmass Village (TOS001)

Check Date: 10/11/2016

Document No.	Doc. Date	VO/Diab. No.	Doc. Type	Balance Due	Discount	Amount Paid
Payments For Account #, Venga Venga 105 Daly Lane Snowmass Village, CO 81615						
12/16 Renewal	10/11/2016	V-104-0005952	INV	\$225.00	\$0.00	\$225.00
1 Total Document				\$225.00	\$0.00	\$225.00

6322

Tacos of Snowmass LLC
dba Venga Venga Cantina & Tequila Bar
105 Daly Ln
Snowmass Village, CO 81615

ALPINE BANK
82-340/1021



10/11/2016

PAY TO THE ORDER OF **Colorado Department of Revenue**
Five Hundred and 00/100*****

\$ **500.00**

DOLLARS

Colorado Department of Revenue
1375 Sherman Street
Denver, CO 80203



Christina Klassen

AUTHORIZED SIGNATURE

Security features. Details on back.

MEMO

Tacos of Snowmass LLC/dba Venga Venga Cantina & Tequila Bar

6322

To: Colorado Department of Revenue (COL001)

Check Date: 10/11/2016

Document No.	Doc. Date	VO/Disb. No.	Doc. Type	Balance Due	Discount	Amount Paid
Payments For Account #, Venga Venga 105 Daly Lane Snowmass Village, CO 81615						
12/18 Renewal	10/11/2016	V-104-0005953	INV	\$500.00	\$0.00	\$500.00
1 Total Document				\$500.00	\$0.00	\$500.00

Amount Paid:\$225.00



Town of **SNOWMASS Village**
State of Colorado By The Authority of

License ID: 50029
State Tax ID: 25583220000

Town of Snowmass Village

Restaurant / Hotel Liquor License

To Sell At Retail Malt, Vinous & Spirituous Liquor
Venga Venga Cantina and Tequila Bar
105 Daly Lane, Snowmass Village, CO 81615

This License is to certify that the above establishment of the State of Colorado, has applied to sell Liquor at their premises, having paid the Town Treasurer the stated amount. Therefore, the applicant is hereby licensed to sell Liquors containing more than 3.2% Alcohol by weight for consumption on premise.

This License is issued subject to the Laws of the State of Colorado and especially under the provisions of Article 47 of Title 12. Colorado Revised Statutes. as amended.

This License is valid for the date period of 12/2/2016 to 12/1/2017, unless revoked sooner as provided by Law.

IN TESTIMONY WHEREOF, The Liquor Licensing Authority has hereunto subscribed its name by its officers duly authorized on _____.

Town of Snowmass Village
Liquor Licensing Authority

Clerk

POST IN A CONSPICUOUS PLACE



**LIQUOR LICENSING AUTHORITY
DOCUMENT CHECKLIST
MODIFICATION OF PREMISES/OPTIONAL PREMISES
CHANGE OF TRADE NAME/DBA**
italics=Local Authority requirement

Name of Licensee: ASPEN SKIING COMPANY LLC dba LYNN BRITT CABIN

Type of Change: INCLUDE OUTSIDE LAWN.

Date Application Received: 10-12-16

Date to Appear Before Liquor Board: 10-18-16

Registered Manager: JOHN PFAUTZ
Expiration Date of Manager's
Alcohol Server Awareness Training Certification: 11-20-18

1. (Form DR8442) Permit Application & Report of Changes
For: **Modification of premises**
Addition of optional premises to H&R license
Change of location
2. Diagram of premises showing proposed changes. Include area(s) where liquor is served, consumed & stored; **outlined in RED**, use an "X" to indicate where security is posted and a " " (square) to indicate where the bar is located.
3. Signed Copy of Lease or Deed (in the name of the licensee only)
4. Inspection Forms
Health Dept. _____
Fire Dept. _____
Police Dept. _____

For: **Change of Corporate Name**

5. Certificate of Amendment from Colorado Secretary of State N/A.

Fees: Obtain appropriate fees from page 1 of Form DR 8442

STATE MODIFICATION = \$150.00	TOSV = -0-
STATE CHANGE IN LOCATION = \$150.00	TOSV CHANGE IN LOCATION = \$750.00
STATE OPTIONAL PREMISES = \$500.00	TOSV OPTIONAL PREMISES = \$75.00
STATE CHANGE OF TRADE NAME/DBA = \$50.00	TOSV CHANGE OF TRADE NAME/DBA = -0-

VIA HAND DELIVERY

October 12, 2016

Town of Snowmass Village
Attn: Rhonda Coxon
130 Kearns Road
Snowmass Village, CO 81615

**Re: Permit Application for Modification to Premise and annual renewal
Aspen Skiing Company, LLC d/b/a Lynn Britt Cabin
License No. 26092480024
Thornton Road, Snowmass Village CO 81615**

Dear Rhonda,

Aspen Skiing Company, LLC "ASC" respectfully submits this "Permit Application" requesting a Modification of Premise to the H&R class liquor license located at Thornton Road, Snowmass Village CO 81615 and the annual renewal.

The requested Modification will allow ASC to serve alcoholic beverages at events taking place beyond the current boundary on the lawn on the uphill side of the cabin and to the west. The Modification would allow ASC to accommodate events such as weddings, private functions and afternoon après parties in the winter months. See the attached diagrams of proposed area and existing boundary.

All events at the Lynn Britt Cabin are staffed by Aspen Skiing Company TIPs trained personnel.

Enclosed are the following documents pertaining to this application:

1. Form DR8442 – Permit Application and Report of Change for Modification to premise.
2. Diagram of existing and the proposed Modification to the Premise Area.
3. Form DR 8400 – annual Renewal and affidavit.
4. List of Liquor Licenses Owned or controlled by Aspen Skiing Company, LLC.
5. Proof of ownership.
6. Certificate of Good Standing for the Aspen Skiing Company, LLC.
7. Check Payable to the Town of Snowmass Village in the amount of \$225.

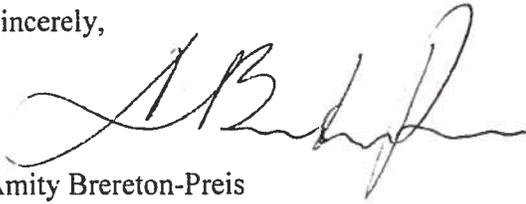
P.O. Box 1248
Aspen, CO 81612-1248
970-925-1220
www.aspensnowmass.com

8. Check Payable to the Colorado Dept. of Revenue in the amount of \$800 (\$500 for renewal and \$300 for Modification application).

Please do not hesitate to contact me directly with respect to any questions concerning this application for Modification to our existing licensed premised restaurant the Lynn Britt Cabin.

Please let me know if you need any further information and when we can schedule this change for hearing.

Sincerely,



Amity Brereton-Preis
Executive Legal Assistant
Aspen Skiing Company
970.300.7158
abpreis@aspensnowmass.com

Enclosures

Cc David Clark
Lynda Edwards

PERMIT APPLICATION AND REPORT OF CHANGES

CURRENT LICENSE NUMBER 26092480024
ALL ANSWERS MUST BE PRINTED IN BLACK INK OR TYPEWRITTEN
LOCAL LICENSE FEE \$ _____
APPLICANT SHOULD OBTAIN A COLORADO LIQUOR & BEER CODE BOOK TO ORDER CALL (303) 370-2165

1. Applicant is a		PRESENT LICENSE NUMBER
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company		
2. Name of Licensee	3. Trade Name	
<u>ASPEN SKIING COMPANY</u>	<u>LYNN BRITT CABIN.</u>	
4. Location Address		
<u>THORNTON RD, SNOWMASS SKI AREA.</u>		
City	County	ZIP
<u>SNOWMASS VILLAGE</u>	<u>PITKIN</u>	<u>81615</u>

SELECT THE APPROPRIATE SECTION BELOW AND PROCEED TO THE INSTRUCTIONS ON PAGE 2.

Section A – Manager reg/change

Section C

• License Account No. <u>26092480024</u> 1983-750 (999) <input type="checkbox"/> Manager's Registration (Hotel & Restr.)..\$75.00 2012-750 (999) <input type="checkbox"/> Manager's Registration (Tavern).....\$75.00 <input type="checkbox"/> Change of Manager (Other Licenses) NO FEE	2210-100 (999) <input type="checkbox"/> Retail Warehouse Storage Permit (ea) \$100.00 2200-100 (999) <input type="checkbox"/> Wholesale Branch House Permit (ea).... 100.00 2260-100 (999) <input type="checkbox"/> Change Corp. or Trade Name Permit (ea) . 50.00 2230-100 (999) <input type="checkbox"/> Change Location Permit (ea)..... 150.00 2280-100 (999) <input checked="" type="checkbox"/> Change, Alter or Modify Premises \$150.00 x _____ Total Fee <u>150</u>
Section B – Duplicate License	
• Liquor License No. _____ 2270-100 (999) <input type="checkbox"/> Duplicate License\$50.00	2220-100 (999) <input type="checkbox"/> Addition of Optional Premises to Existing H/R \$100.00 x _____ Total Fee _____ 1988-100 (999) <input type="checkbox"/> Addition of Related Facility to Resort Complex \$75.00 x _____ Total Fee _____

DO NOT WRITE IN THIS SPACE – FOR DEPARTMENT OF REVENUE USE ONLY

DATE LICENSE ISSUED	LICENSE ACCOUNT NUMBER	PERIOD
-750 (999)	-100 (999)	The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.
		TOTAL AMOUNT DUE \$ _____ .00

INSTRUCTION SHEET

FOR ALL SECTIONS, COMPLETE QUESTIONS 1-4 LOCATED ON PAGE 1

Section A

To Register or Change Managers, check the appropriate box in section A and complete question 8 on page 4. Proceed to the Oath of Applicant for signature (Please note: Hotel, Restaurant, and Tavern licensees are required to register their managers).

Section B

For a Duplicate license, be sure to include the liquor license number in section B on page 1 and proceed to page 4 for Oath of Applicant signature.

Section C

Check the appropriate box in section C and proceed below.

- 1) *For a Retail Warehouse Storage Permit*, go to page 3 complete question 5 (be sure to check the appropriate box). Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 2) *For a Wholesale Branch House Permit*, go to page 3 and complete question 5 (be sure to check the appropriate box). Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 3) *To Change Trade Name or Corporation Name*, go to page 3 and complete question 6 (be sure to check the appropriate box). Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- * 4) *To modify Premise*, go to page 4 and complete question 9. Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 5) *For Optional Premises or Related Facilities* go to page 4 and complete question 9. Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 6) *To Change Location*, go to page 3 and complete question 7. Submit the necessary information and proceed to page 4 for Oath of Applicant signature.

STORAGE PERMIT	<p>5. Retail Warehouse Storage Permit or a Wholesalers Branch House Permit</p> <p><input type="checkbox"/> Retail Warehouse Permit for:</p> <p style="margin-left: 20px;"><input type="checkbox"/> On-Premises Licensee (Taverns, Restaurants etc.)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Off-Premises Licensee (Liquor stores)</p> <p><input type="checkbox"/> Wholesalers Branch House Permit</p> <p>Address of storage premise: _____</p> <p>City _____, County _____, Zip _____</p> <p>Attach a deed/ lease or rental agreement for the storage premises. Attach a detailed diagram of the storage premises.</p>				
	<p>6. Change of Trade Name or Corporation Name</p> <p><input type="checkbox"/> Change of Trade name / DBA only</p> <p><input type="checkbox"/> Corporate Name Change (Attach the following supporting documents)</p> <p style="margin-left: 20px;">1. Certificate of Amendment filed with the Secretary of State, or</p> <p style="margin-left: 20px;">2. Statement of Change filed with the Secretary of State, <u>and</u></p> <p style="margin-left: 20px;">3. Minutes of Corporate meeting, Limited Liability Members meeting, Partnership agreement.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Old Trade Name</td> <td style="width: 50%; padding: 2px;">New Trade Name</td> </tr> <tr> <td style="width: 50%; padding: 2px;">Old Corporate Name</td> <td style="width: 50%; padding: 2px;">New Corporate Name</td> </tr> </table>		Old Trade Name	New Trade Name	Old Corporate Name
Old Trade Name	New Trade Name				
Old Corporate Name	New Corporate Name				
CHANGE TRADE NAME OR CORPORATE NAME	<p>7. Change of Location</p> <p>NOTE TO RETAIL LICENSEES: An application to change location has a local application fee of \$750 payable to your local licensing authority. You may only change location within the same jurisdiction as the original license that was issued. Pursuant to 12-47-311 (1) C.R.S. Your application must be on file with the local authority thirty (30) days before a public hearing can be held.</p> <p>Date filed with Local Authority _____ Date of Hearing _____</p> <p>(a) Address of current premises _____</p> <p style="margin-left: 20px;">City _____ County _____ Zip _____</p> <p>(b) Address of proposed New Premises (Attach copy of the deed or lease that establishes possession of the premises by the licensee)</p> <p style="margin-left: 20px;">Address _____</p> <p style="margin-left: 20px;">City _____ County _____ Zip _____</p> <p>(c) New mailing address if applicable.</p> <p style="margin-left: 20px;">Address _____</p> <p style="margin-left: 20px;">City _____ County _____ State _____ Zip _____</p> <p>(d) Attach detailed diagram of the premises showing where the alcohol beverages will be stored, served, possessed or consumed. Include kitchen area(s) for hotel and restaurants.</p>				
	<p style="writing-mode: vertical-rl; transform: rotate(180deg); text-align: center; font-weight: bold;">CHANGE OF LOCATION</p>				

CHANGE OF MANAGER	<p>8. Change of Manager or to Register the Manager of a Tavern or a Hotel and Restaurant liquor license.</p> <p>(a) Change of Manager (attach Individual History DR 8404-I H/R and Tavern only)</p> <p>Former manager's name _____</p> <p>New manager's name _____</p> <p>(b) Date of Employment _____</p> <p>Has manager ever managed a liquor licensed establishment?..... Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does manager have a financial interest in any other liquor licensed establishment?..... Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, give name and location of establishment _____</p>
-------------------	---

MODIFY PREMISES OR ADDITION OF OPTIONAL PREMISES OR RELATED FACILITY	<p>9. Modification of Premises, Addition of an Optional Premises, or Addition of Related Facility</p> <p>NOTE: Licensees may not modify or add to their licensed premises until approved by state and local authorities.</p> <p>(a) Describe change proposed <u>include lawn uphill and to west of cabin as described in cover letter.</u></p> <p>(b) If the modification is temporary, when will the proposed change:</p> <p>Start <u>NA</u> (mo/day/year) End _____ (mo/day/year)</p> <p>NOTE: THE TOTAL STATE FEE FOR TEMPORARY MODIFICATION IS \$300.00</p> <p>(c) Will the proposed change result in the licensed premises now being located within 500 feet of any public or private school that meets compulsory education requirements of Colorado law, or the principal campus of any college, university or seminary?</p> <p>(If yes, explain in detail and describe any exemptions that apply) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>(d) Is the proposed change in compliance with local building and zoning laws?..... Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>(e) If this modification is for an additional Hotel and Restaurant Optional Premises or Resort Complex Related Facility, has the local authority authorized by resolution or ordinance the issuance of optional premises?</p> <p>..... <u>n/a</u> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(f) Attach a diagram of the current licensed premises and a diagram of the proposed changes for the licensed premises.</p> <p>(g) Attach any existing lease that is revised due to the modification. <u>n/a</u>.</p>
--	--

OATH OF APPLICANT

I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.

Signature <u>H. White Jr</u>	Title <u>CEO, VP</u>	Date <u>8/24/16</u>
---------------------------------	-------------------------	------------------------

REPORT AND APPROVAL OF LOCAL LICENSING AUTHORITY (CITY / COUNTY)

The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the applicable provisions of Title 12, Articles 46 and 47, C.R.S., as amended. **THEREFORE, THIS APPLICATION IS APPROVED.**

Local Licensing Authority (City or County)	Date filed with Local Authority
Signature	Title
	Date

REPORT OF STATE LICENSING AUTHORITY

The foregoing has been examined and complies with the filing requirements of Title 12, Article 47, C.R.S., as amended.

Signature	Title	Date
-----------	-------	------

PROPOSED LYNN BRITT CABIN LIQUOR LICENCE BOUNDARY



Google earth



LEGEND.

 EXISTING LICENSE BOUNDARY

 PROPOSED LIQUOR LICENSE BOUNDARY



PO Box 1248 Aspen, CO 81612-1248

JP Morgan Chase Bank, N.A.
Chicago, IL
ASC Commercial Disbursement Account

70-2322
719

Check Number **00489373**

Date	Amount
08/24/16	\$*****800.00

Pay **EIGHT HUNDRED AND 00/100*******

To The Order Of
Colorado Dept of Revenue
1881 Pierce St, Rm 108
Lakewood CO 80214
USA

Michael D. Kaplan
President/CEO

Counter Signature Required Over \$1,000.00

Direct Inquiries to:

✉ Aspen Skiing Company / ACCOUNTS PAYABLE DEPT
PO Box 1248
Aspen, CO 81612-1248

☎ (970) 300-7166 voice
(970) 300-7178 fax

Supplier Account	
Check Number	489373
Check Date	08/24/16
ASC Supplier ID	14509

Supplier Payment Detail

Stub 1 of 1

Invoice/Reference	Date	Name/Remark	Amount	Discount	Net Amount
8/17/16	08/17/16	Lynn Britt/Renew, Modification	800.00	.00	800.00
<p>300 - Modification 500 - Lic. Lic renewal</p>					
TOTALS			800.00	0.00	800.00

PLEASE DETACH BEFORE DEPOSITING

ATTACHED CHECK IS IN FULL PAYMENT OF ITEMS LISTED ABOVE

Submit to Local Licensing Authority

Retail Liquor or 3.2 License Renewal Application

Fees Due	
Renewal Fee	500
Storage Permit \$100 X _____	\$
Optional Premise \$100 X _____	\$
Amount Due/Paid	\$

Make check payable to: Colorado Department of Revenue. The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department may collect the payment amount directly from your banking account electronically.

Please verify & update all information below

Return to city or county licensing authority by due date

Licensee Name Aspen Skiing Company		DBA Lynn Britt Cabin		
Liquor License # 26092480024	License Type Hotel and Restaurant	Sales Tax License # 26092480024	Expiration Date 12/20/16	Due Date
Business Address THORNTON RD, SNOWMASS VILLAGE, CO 81615				Phone Number (970) 300-7158
Mailing Address PO Box 1248, Aspen CO 81612			Email abpreis@aspensnowmass.com	
Operating Manager JOHN PFAUTZ	Date of Birth	Home Address 141 LOWER BULWINKLE RD, ASPEN CO 81611	Phone Number (970) 420-9645	
1. Do you have legal possession of the premises at the street address above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are the premises owned or rented? <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Rented* *If rented, expiration date of lease _____				
2. Since the date of filing of the last application, has there been any change in financial interest (new notes, loans, owners, etc.) or organizational structure (addition or deletion of officers, directors, managing members or general partners)? If yes, explain in detail and attach a listing of all liquor businesses in which these new lenders, owners (other than licensed financial institutions), officers, directors, managing members, or general partners are materially interested. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
3. Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been convicted of a crime? If yes, attach a detailed explanation. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
4. Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been denied an alcohol beverage license, had an alcohol beverage license suspended or revoked, or had interest in any entity that had an alcohol beverage license denied, suspended or revoked? If yes, attach a detailed explanation. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
5. Does the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) have a direct or indirect interest in any other Colorado liquor license, including loans to or from any licensee or interest in a loan to any licensee? If yes, attach a detailed explanation. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>SEE ATTACHED</i>				
Affirmation & Consent				
I declare under penalty of perjury in the second degree that this application and all attachments are true, correct and complete to the best of my knowledge.				
Type or Print Name of Applicant/Authorized Agent of Business <i>R. MATTHEW JOSES</i>				Title <i>CFO, VP</i>
Signature <i>R. Matthew Joses</i>				Date <i>8/25/16</i>
Report & Approval of City or County Licensing Authority				
The foregoing application has been examined and the premises, business conducted and character of the applicant are satisfactory, and we do hereby report that such license, if granted, will comply with the provisions of Title 12, Articles 46 and 47, C.R.S.				
Therefore this application is approved.				
Local Licensing Authority For				Date
Signature		Title		Attest



**LIQUOR LICENSING AUTHORITY
ANNUAL RENEWAL AFFIDAVIT
POSSESSION OF PREMISES**

LYNN BRITT CABIN

Name of Business Establishment

I do hereby swear and affirm the following, which apply to my liquor license.

1. Hotel and Restaurant Liquor Licensees: That during the past year, at least 25% of the gross revenues from the operation of my establishment was derived from the sale of meals.
2. All Liquor Licensees: That I will have possession of the licensed premises, through lease or deed, during the term of my liquor license.
3. All Liquor Licensees: That no physical changes have been made to the licensed premises.
4. Corporate Licensees: That the corporation is in good standing with the State.

R. Whittier

Owner or Registered Manager

5/24/16

Date

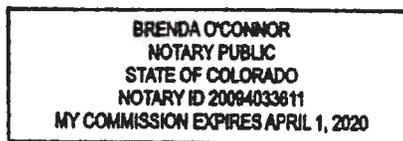
STATE OF COLORADO }
} s.s.
COUNTY OF PITKIN }

Subscribed and sworn to before me this 21st day of August, 2016.

Witness my hand and official seal:

Brenda O'Connor

Notary



My Commission expires: 4/1/2020

ASPEN SNOWMASS®

LIQUOR LICENSES OWNED OR CONTROLLED BY ASPEN SKIING COMPANY, L.L.C.

Bumps Restaurant Buttermilk Mountain 38700 Highway 82 Aspen, CO 81611	License 26-09248-0035 Restaurant Manager – Bryan Lamblin Expiration 9/2/17. Optional Premise License Renewal in Process	Pitkin County
Cliffhouse Restaurant Buttermilk Mountain P.O. Box 1248 Aspen, CO 81612	License No. 26-09248-0016 Restaurant Manger – Mackenzie Gabbard Expiration 12/1/16	Pitkin County
Cloud Nine Aspen Highlands P.O. Box 1248 Aspen, CO 81612	License No. 02-92563-0004 Restaurant Manger – to Tommy Tolleson Expiration 3/5/17	Pitkin County
Elk Camp Restaurant Snowmass Mountain PO Box 1248 Aspen, CO 81612	License No. 26-09248-0051 Restaurant Manager – Dieter Schindler Expiration 4/29/2017 Optional Premise License	Pitkin County
Lynn Britt Cabin Thornton Road Snowmass Village, CO 81615	License No. 26-09248-0024 Restaurant Manager – John Pfautz Expiration 12/20/16	Town of Snowmass Village
Limelight Hotel 355 South Monarch Street Aspen, CO 81611	License No. 26-09248-0050 Restaurant Manager –Richard Stettner Expiration 7/1/2017	City of Aspen City of Aspen
Merry Go Round Aspen Highlands P.O. Box 1248 Aspen, CO 81612	License no. 26-09248-0039 Restaurant Manager – Barry Bromka Expires 2/12/17	Pitkin County
Ruthie's 1800 Aspen Mountain Road Aspen, CO 81611	License No. 26-09248-0027 Restaurant Manager – Tim Baldwin Expires 12/6/16	Pitkin County
Sam's Smokehouse Top of Sam's Knob Snowmass Village, CO 81615	License No. 26-09248-0026 Restaurant Manager – Britt Miller Expiration: 12/10/2017	Town of Snowmass Village
Spider Sabich Race Arena Snowmass Ski Area P.O. Box 1248 Aspen, CO 81612	License No. 26-09248-0002 Restaurant Manager – David Gray Expiration 9/6/2017 Renewal in process	Town of Snowmass Village

Sundeck
c/o The Little Nell Hotel
675 E. Durant Avenue
Aspen, CO 81611

License No. 09-76582-0002
Restaurant Manager – Tracy Duhe
Expiration 11/30/16
Optional Premise License

Pitkin County

(The Sundeck is located in unincorporated Pitkin County and has no separate physical mailing address.)

The Little Nell
675 E. Durant Avenue
Aspen, CO 81611

License No. 09-76582-0001
Restaurant Manager – Simon Chen
Expiration 8/10/17
Optional Premise License

City of Aspen

Two Creeks
Burnt Mountain Circle
Snowmass Ski Area
P.O. Box 1248
Aspen, CO 81612

License No. 26-09248-0020
Restaurant Manager – Lynda Edwards
Expiration 5/30/17

Town of Snowmass Village

Ullrhof
Snowmass Ski Area
P.O. Box 1248
Aspen, CO 81612

License No. 26-09248-0047
Restaurant Manager – Paul Vallejos
Expiration 11/18/2016

Town of Snowmass Village

Up 4 Pizza
Snowmass Ski Area
P.O. Box 1248
Aspen, CO 81612

License No. 26-09248-0001
Restaurant Manager – Lee Solomon
Expiration 9/5/17
Renewal in process

Town of Snowmass Village

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

ASPEN SKIING COMPANY, L.L.C.

is a

Limited Liability Company

formed or registered on 07/13/1995 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19951088931 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/05/2016 that have been posted, and by documents delivered to this office electronically through 10/06/2016 @ 15:55:53 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 10/06/2016 @ 15:55:53 in accordance with applicable law. This certificate is assigned Confirmation Number 9870636 .



A handwritten signature in blue ink that reads "Wayne W. Williams".

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



PO Box 1248 Aspen, CO 81612-1248

JP Morgan Chase Bank, N.A.
Chicago, IL
ASC Commercial Disbursement Account

70-2322
719

Check Number **00489512**

Date	Amount
08/24/16	\$*****225.00

Pay **TWO HUNDRED TWENTY FIVE AND 00/100*******

To The Order Of
Town of Snowmass Village
PO Box 5010
Snowmass Village CO 81615
USA
6837

Michael D. Kaplan
President/CEO

Counter Signature Required Over \$1,000.00

Direct Inquiries to:

✉ Aspen Skiing Company / ACCOUNTS PAYABLE DEPT
PO Box 1248
Aspen, CO 81612-1248

☎ (970) 300-7166 voice
(970) 300-7178 fax

Supplier Account	
Check Number	489512
Check Date	08/24/16
ASC Supplier ID	6837

Supplier Payment Detail

Stub 1 of 1

Invoice/Reference	Date	Name/Remark	Amount	Discount	Net Amount
8/17/16	08/14/16	Lynn Britt/Annual Renewal	225.00	.00	225.00
TOTALS			225.00	0.00	225.00

PLEASE DETACH BEFORE DEPOSITING

ATTACHED CHECK IS IN FULL PAYMENT OF ITEMS LISTED ABOVE

License ID: 50014

State Tax ID: 26092480024

Amount Paid:\$225.00



Town of
SNOWMASS Village

State of Colorado By The Authority of

Town of Snowmass Village

Restaurant / Hotel Liquor License

To Sell At Retail Malt, Vinous & Spirituous Liquor

Lynn Britt Cabin
Thornton Road, Snowmass Village, CO 81615

This License is to certify that the above establishment of the State of Colorado, has applied to sell Liquor at their premises, having paid the Town Treasurer the stated amount. Therefore, the applicant is hereby licensed to sell Liquors containing more than 3.2% Alcohol by weight for consumption on premise.

This License is issued subject to the Laws of the State of Colorado and especially under the provisions of Article 47 of Title 12. Colorado Revised Statutes. as amended.

This License is valid for the date period of 12/21/2016 to 12/20/2017, unless revoked sooner as provided by Law.

IN TESTIMONY WHEREOF, The Liquor Licensing Authority has hereunto subscribed its name by its officers duly authorized on _____.

Clerk

Town of Snowmass Village
Liquor Licensing Authority

POST IN A CONSPICUOUS PLACE



LIQUOR LICENSING AUTHORITY
DOCUMENT CHECKLIST
(Form DR-8442)

CHANGE IN MANAGEMENT
italics=Local Authority Requirement

Licensee: ASC- Ullrhot

Date Application Received 10/12/16

Former Manager's Name Paul Vallejos

New Manager's Name Ryan Reisenberg

Tips Certified Person Ryan Reisenberg

1. Expiration date of Alcohol Server Certification of Tips Certified Person 12/11/16

2. Date to appear before Liquor Board 10/18/16

3. (Form DR 8442) Permit Application & Report of Changes
[complete section 9 - Change of Manager]

4. (Form DR 8401) Individual History Record

5. Fingerprints

6. Management/Employment Agreement

7. Fees:

Make Check Payable to: TOSV (H&R/Tavern only) 75.00 (application fee)
TOSV 38.50 (for fingerprint investigation)

Dept. of Rev. (H&R/Tavern only) 75.00 (application fee)

8. *The Town Finance Departments has verified "no taxes owing" on this Application*

**PLEASE RETURN ALL FORMS AND FEES
TO RHONDA, TOWN CLERK**

PERMIT APPLICATION AND REPORT OF CHANGES

CURRENT LICENSE NUMBER 26092480047
ALL ANSWERS MUST BE PRINTED IN BLACK INK OR TYPEWRITTEN
LOCAL LICENSE FEE \$ 75
APPLICANT SHOULD OBTAIN A COLORADO LIQUOR & BEER CODE BOOK TO ORDER CALL (303) 370-2165

1. Applicant is a <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company		PRESENT LICENSE NUMBER 26092480047
2. Name of Licensee <u>Aspen Skiing Company</u>		3. Trade Name <u>Ullrich</u>
4. Location Address <u>0021 Burnt Mountain Rd</u>		
City <u>Snowmass Village CO</u>	County <u>Pitkin</u>	ZIP <u>81615</u>

SELECT THE APPROPRIATE SECTION BELOW AND PROCEED TO THE INSTRUCTIONS ON PAGE 2.

Section A – Manager reg/change	Section C
<ul style="list-style-type: none"> • License Account No. <u>2609240047</u> 1983-750 (999) <input checked="" type="checkbox"/> Manager's Registration (Hotel & Restr.)...\$75.00 2012-750 (999) <input type="checkbox"/> Manager's Registration (Tavern).....\$75.00 Change of Manager (Other Licenses) NO FEE 	<ul style="list-style-type: none"> 2210-100 (999) <input type="checkbox"/> Retail Warehouse Storage Permit (ea) \$100.00 2200-100 (999) <input type="checkbox"/> Wholesale Branch House Permit (ea).... 100.00 2260-100 (999) <input type="checkbox"/> Change Corp. or Trade Name Permit (ea) .50.00 2230-100 (999) <input type="checkbox"/> Change Location Permit (ea)..... 150.00 2280-100 (999) <input type="checkbox"/> Change, Alter or Modify Premises \$150.00 x _____ Total Fee _____ 2220-100 (999) <input type="checkbox"/> Addition of Optional Premises to Existing H/R \$100.00 x _____ Total Fee _____ 1988-100 (999) <input type="checkbox"/> Addition of Related Facility to Resort Complex \$75.00 x _____ Total Fee _____
Section B – Duplicate License	
<ul style="list-style-type: none"> • Liquor License No. _____ 2270-100 (999) <input type="checkbox"/> Duplicate License\$50.00 	

DO NOT WRITE IN THIS SPACE – FOR DEPARTMENT OF REVENUE USE ONLY

DATE LICENSE ISSUED	LICENSE ACCOUNT NUMBER	PERIOD
-750 (999)	-100 (999)	The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.
TOTAL AMOUNT DUE \$.00

INSTRUCTION SHEET

FOR ALL SECTIONS, COMPLETE QUESTIONS 1-4 LOCATED ON PAGE 1

Section A

To Register or Change Managers, check the appropriate box in section A and complete question 8 on page 4. Proceed to the Oath of Applicant for signature (Please note: Hotel, Restaurant, and Tavern licensees are required to register their managers).

Section B

For a Duplicate license, be sure to include the liquor license number in section B on page 1 and proceed to page 4 for Oath of Applicant signature.

Section C

Check the appropriate box in section C and proceed below.

- 1) *For a Retail Warehouse Storage Permit*, go to page 3 complete question 5 (be sure to check the appropriate box). Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 2) *For a Wholesale Branch House Permit*, go to page 3 and complete question 5 (be sure to check the appropriate box). Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 3) *To Change Trade Name or Corporation Name*, go to page 3 and complete question 6 (be sure to check the appropriate box). Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 4) *To modify Premise*, go to page 4 and complete question 9. Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 5) *For Optional Premises or Related Facilities* go to page 4 and complete question 9. Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 6) *To Change Location*, go to page 3 and complete question 7. Submit the necessary information and proceed to page 4 for Oath of Applicant signature.

STORAGE PERMIT

5. Retail Warehouse Storage Permit or a Wholesalers Branch House Permit

- Retail Warehouse Permit for:
 - On-Premises Licensee (Taverns, Restaurants etc.)
 - Off-Premises Licensee (Liquor stores)
- Wholesalers Branch House Permit

Address of storage premise: _____

City _____, County _____, Zip _____

Attach a deed/ lease or rental agreement for the storage premises.
 Attach a detailed diagram of the storage premises.

CHANGE TRADE NAME OR CORPORATE NAME

6. Change of Trade Name or Corporation Name

- Change of Trade name / DBA only
- Corporate Name Change (Attach the following supporting documents)
 1. Certificate of Amendment filed with the Secretary of State, or
 2. Statement of Change filed with the Secretary of State, and
 3. Minutes of Corporate meeting, Limited Liability Members meeting, Partnership agreement.

Old Trade Name	New Trade Name
Old Corporate Name	New Corporate Name

CHANGE OF LOCATION

7. Change of Location

NOTE TO RETAIL LICENSEES: An application to change location has a local application fee of \$750 payable to your local licensing authority. You may only change location within the same jurisdiction as the original license that was issued. Pursuant to 12-47-311 (1) C.R.S. Your application must be on file with the local authority thirty (30) days before a public hearing can be held.

Date filed with Local Authority _____ Date of Hearing _____

(a) Address of current premises _____

City _____ County _____ Zip _____

(b) Address of proposed New Premises (Attach copy of the deed or lease that establishes possession of the premises by the licensee)

Address _____

City _____ County _____ Zip _____

(c) New mailing address if applicable.

Address _____

City _____ County _____ State _____ Zip _____

(d) Attach detailed diagram of the premises showing where the alcohol beverages will be stored, served, possessed or consumed. Include kitchen area(s) for hotel and restaurants.

CHANGE OF MANAGER

8. Change of Manager or to Register the Manager of a Tavern or a Hotel and Restaurant liquor license.

(a) Change of Manager (attach Individual History DR 8404-I H/R and Tavern only)

Former manager's name Paul Vallejos

New manager's name Ryan Reisenberg

(b) Date of Employment 10/31/2016

Has manager ever managed a liquor licensed establishment?..... Yes No

Does manager have a financial interest in any other liquor licensed establishment?..... Yes No

If yes, give name and location of establishment _____

MODIFY PREMISES OR ADDITION OF OPTIONAL PREMISES OR RELATED FACILITY

9. Modification of Premises, Addition of an Optional Premises, or Addition of Related Facility

NOTE: Licensees may not modify or add to their licensed premises until approved by state and local authorities.

(a) Describe change proposed _____

(b) If the modification is temporary, when will the proposed change:

Start _____ (mo/day/year) End _____ (mo/day/year)

NOTE: THE TOTAL STATE FEE FOR TEMPORARY MODIFICATION IS \$300.00

(c) Will the proposed change result in the licensed premises now being located within 500 feet of any public or private school that meets compulsory education requirements of Colorado law, or the principal campus of any college, university or seminary?

(If yes, explain in detail and describe any exemptions that apply) Yes No

(d) Is the proposed change in compliance with local building and zoning laws?..... Yes No

(e) If this modification is for an additional Hotel and Restaurant Optional Premises or Resort Complex Related Facility, has the local authority authorized by resolution or ordinance the issuance of optional premises?

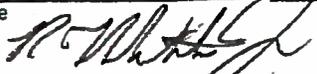
..... Yes No

(f) Attach a diagram of the current licensed premises and a diagram of the proposed changes for the licensed premises.

(g) Attach any existing lease that is revised due to the modification.

OATH OF APPLICANT

I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.

Signature 	Title <u>CFO, JP</u>	Date <u>10/10/16</u>
---	----------------------	----------------------

REPORT AND APPROVAL OF LOCAL LICENSING AUTHORITY (CITY / COUNTY)

The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the applicable provisions of Title 12, Articles 46 and 47, C.R.S., as amended. **THEREFORE, THIS APPLICATION IS APPROVED.**

Local Licensing Authority (City or County)	Date filed with Local Authority
--	---------------------------------

Signature	Title	Date
-----------	-------	------

REPORT OF STATE LICENSING AUTHORITY

The foregoing has been examined and complies with the filing requirements of Title 12, Article 47, C.R.S., as amended.

Signature	Title	Date
-----------	-------	------

INDIVIDUAL HISTORY RECORD

To be completed by each individual applicant, all general partners of a partnership, and limited partners owning 10% (or more) of a partnership; all officers and directors of a corporation, and stockholders of a corporation owning 10% (or more) of the stock of such corporation; all limited liability company **MANAGING** members, and officers or other limited liability company members with a 10% (or more) ownership interest in such company and all managers of a Hotel and Restaurant or a Tavern License.

NOTICE: This individual history record provides basic information which is necessary for the licensing authority investigation. **All** questions must be answered in their entirety or your application may be delayed or not processed. **EVERY** answer you give will be checked for its truthfulness. **A deliberate falsehood or omission will jeopardize the application as such falsehood within itself constitutes evidence regarding the character of the applicant.**

1. Name of Business
 Ullchhof

2. Your Full Name (last, first, middle)
 Reisenberg Ryan Michael

3. List any other names you have used.

4. Mailing address (if different from residence)
 PO Box 6213 Snowmass Village CO 81615

Home Telephone
 513-884-5404

5. List all residence addresses below. Include current and previous addresses for the past five years.

STREET AND NUMBER	CITY, STATE, ZIP	FROM	TO
Current 26 Cannons Circle	Snowmass Village CO 81615	11/2013 4/2016	12/2015 current
Previous 100 Arbovery Ranch Rd	Basalt CO 81621	12/2015	4/2016

6. List all current and former employers or businesses engaged in within the last five years (Attach separate sheet if necessary)

NAME OF EMPLOYER	ADDRESS (STREET, NUMBER, CITY, STATE, ZIP)	POSITION HELD	FROM	TO
ASC	407 ABLL Aspen CO 81611 ^{on mountain}	Manager	12/13	current
European Catering	38750 Hwy 82 Aspen CO 81611	Bartender	4/13	current
Pyramid Catering	221 E Main St Aspen CO 81611	Manager	5/15	4/15

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

NAME OF RELATIVE	RELATIONSHIP TO YOU	POSITION HELD	NAME OF LICENSEE

8. Have you ever applied for, held, or had an interest in a State of Colorado Liquor or Beer License, or loaned money, furniture or fixtures, equipment or inventory, to any liquor or beer licensee? If yes, answer in detail. Yes No

9. Have you ever received a violation notice suspension or revocation, for a liquor law violation, or have you applied for or been denied a liquor or beer license anywhere in the U.S.? If yes, explain in detail. Yes No

10. 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? Include arrests for DUI and DWAI. (If yes, explain in detail.)

Yes No

Arrested not convicted of DUI 8/22/2015 License was revoked have a valid interlock restricted license

11. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? (if yes, explain in detail.)

Yes No

12. Have you ever had any STATE issued licenses suspended, revoked, or denied including a drivers license? (If yes, explain in detail.)

Yes No

Revoked for refusing to blow. Currently have interlock restricted license

PERSONAL AND FINANCIAL INFORMATION

Unless otherwise provided by law in 24-72-204 C.R.S., information provided below will be treated as CONFIDENTIAL. Colorado liquor licensing authorities require the following personal information in order to determine your suitability for licensure pursuant to 12-47-307 C.R.S.

13a. Date of Birth	b. Social Security Number SSN	c. Place of Birth Cincinnati, OH	d. U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. If Naturalized, State where		f. When	g. Name of District Court
h. Naturalization Certificate Number	i. Date of Certification	j. If an Alien, Give Alien's Registration Card Number	k. Permanent Residence Card Number
l. Height 5'7	m. Weight 155	n. Hair Color brown	o. Eye Color blue
p. Sex M	q. Race W	r. Do you have a current Driver's License? If so, give number and state <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No CO 14-308-0164	

14. Financial Information.

a. Total purchase price \$ _____ (if buying an existing business) or investment being made by the applying entity, corporation, partnership, limited liability company, other \$ _____

b. List the total amount of your investment in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases and fees paid \$ _____

c. Provide details of investment. You must account for the sources of ALL cash (how acquired). Attach a separate sheet if needed.

Type: Cash, Services or Equipment	Source: Name of Bank; Account Type and Number	Amount

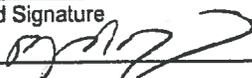
d. Loan Information (attach copies of all notes or loans)

Name of Lender and Account Number	Address	Term	Security	Amount

15. Give name of bank where business account will be maintained; Account Name and Account Number; and the name or names of persons authorized to draw thereon.

Oath of Applicant

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

Authorized Signature 	Title Ullrich Manager	Date 10/9/16
---	--------------------------	-----------------



October 10,
2016

To The Town of Snowmass Village

Re: Liquor License Application
Ullrhof Restaurant

This is to outline the key responsibilities of the Manager Ryan Reisenberg of the Ullrhof Restaurant on Snowmass Mountain.

- To enhance the Ullrhof brand creating a distinctive guest experience.
- To oversee all aspects of the kitchen from menu design & production to purchasing and inventory management.
- To oversee all aspects of the Front of House operations including the hiring, training and coaching of employees in service standards compliant to the brand.
- To adhere to all food, safety and liquor regulations.
- To work as a team and communicate effectively with mountain staff.
- To develop a strategic marketing plan.
- To know, and support ASC's Guiding Principles, Greentrack and environmental management system.
- To maximize profitability through leadership of the above while exceeding guest needs.

Sincerely,

A handwritten signature in blue ink, appearing to read "Lee Solomon", written over a horizontal line.

Lee Solomon
General Manager, Mountain Food & Beverage

Manager Acceptance Ryan Reisenberg _____

P.O. Box 1248 Aspen, CO 81612 970-925-1220

Colorado ★



14-308-0164	Expires: 03-15-2018
Class: R	Issued: 03-03-2016
End:	DOB: 10-23-1983
Rest:	Previous: None
Ht: 6'08" Wt: 147	Eyes: Blue

RYAN MICHAEL BEISENBERG
 100 ARBANEY RANCH ROAD APT 4A
 BASALT, CO 81621





HEALTH COMMUNICATIONS INC.
1400 Key Blvd., Suite 700
Arlington, VA 22209
703-524-1200
www.gettips.com

This card was issued for successful completion of the TIPS program.

Signature: 



On Premise	SSN:	XXX-XX-XXXX
Issued: 12/31/2013	Expires:	12/31/2016
ID#: 3635455	D.O.B.:	XX/XX/XXXX

RYAN M REISENBERG
675 E Durant Ave
Aspen, CO 81611-2001

For service visit us online at www.gettips.com
Csaba Oveges, 57584

ASPEN SNOWMASS

ASPEN SKIING COMPANY

PO Box 1248 Aspen, CO 81612-1248

JP Morgan Chase Bank, N.A.
Chicago, IL
ASC Commerical Disbursement Account

70-2322
719

Check Number **00491478**

Date	Amount
10/10/16	\$*****113.50

Pay **ONE HUNDRED THIRTEEN AND 50/100*******

To Town of Snowmass Village
The Order Of PO Box 5010
Snowmass Village CO 81615
6837 USA



Michael D. Kaplan
President/CEO

Counter Signature Required Over \$1,000.00

Direct Inquiries to:

✉ Aspen Skiing Company / ACCOUNTS PAYABLE DEPT
PO Box 1248
Aspen, CO 81612-1248

☎ (970) 300-7166 voice
(970) 300-7178 fax

Supplier Account	
Check Number	491478
Check Date	10/10/16
ASC Supplier ID	6837

Supplier Payment Detail

Stub 1 of 1

Invoice/Reference	Date	Name/Remark	Amount	Discount	Net Amount
10/10/16	10/10/16	Ullrhof/Manager Change	113.50	.00	113.50
TOTALS			113.50	0.00	113.50

PLEASE DETACH BEFORE DEPOSITING

ATTACHED CHECK IS IN FULL PAYMENT OF ITEMS LISTED ABOVE

ASPEN SNOWMASS
 ASPEN SKIING COMPANY
 PO Box 1248 Aspen, CO 81612-1248

JP Morgan Chase Bank, N.A.
 Chicago, IL
 ASC Commerical Disbursement Account

70-2322
 719

Check Number **00491477**

Date	Amount
10/10/16	\$*****75.00

Pay **SEVENTY FIVE AND 00/100*******

To Colorado Dept of Revenue
 The 1881 Pierce St, Rm 108
 Order Lakewood CO 80214
 Of USA
 14509


 Michael D. Kaplan
 President/CEO

Counter Signature Required Over \$1,000.00

Direct Inquiries to:

 Aspen Skiing Company / ACCOUNTS PAYABLE DEPT
 PO Box 1248
 Aspen, CO 81612-1248

 (970) 300-7166 voice
 (970) 300-7178 fax

Supplier Account	
Check Number	491477
Check Date	10/10/16
ASC Supplier ID	14509

Supplier Payment Detail

Stub 1 of 1

Invoice/Reference	Date	Name/Remark	Amount	Discount	Net Amount
10/10/16	10/10/16	Ullrhof/Manager Change	75.00	.00	75.00
TOTALS			75.00	0.00	75.00

PLEASE DETACH BEFORE DEPOSITING

ATTACHED CHECK IS IN FULL PAYMENT OF ITEMS LISTED ABOVE

October 4, 2016

Town of Snowmass Village
Attn: Rhonda Coxon
P.O. Box 5010
Snowmass Village, CO 81615

Re: Liquor License Renewal for the Ullrhof.

Dear Rhonda:

Enclosed are the following documents for the above-referenced license renewal:

1. Form DR 8400 – Renewal Liquor License Application.
2. Annual Possession of Premises renewal affidavit
3. List of Liquor Licenses Owned or Controlled by Aspen Skiing Company
4. Certificate of Good Standing
5. Check payable to the Town of Snowmass Village for \$225.00
6. Check payable to the Colorado Department of Revenue for \$500.00

Please do not hesitate to contact me with any questions regarding this renewal.

Sincerely,



Amity Brereton-Preis
Executive Legal Assistant
Aspen Skiing Company
970-300-7158

Enclosures

Submit to Local Licensing Authority

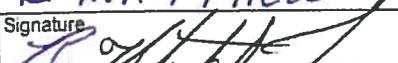
Fees Due	
Renewal Fee	
Storage Permit \$100 X _____	\$
Optional Premise \$100 X _____	\$
Amount Due/Paid	\$

Make check payable to: Colorado Department of Revenue. The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department may collect the payment amount directly from your banking account electronically.

Retail Liquor or 3.2 License Renewal Application

Please verify & update all information below

Return to city or county licensing authority by due date

Licensee Name ASPEN SKIING COMPANY LLC		DBA ULLRHOE		
Liquor License # 26092480047	License Type H&R	Sales Tax License # 26092480047	Expiration Date 11-18-16	Due Date 11-1-16
Business Address 0021 BURNT MOUNTAIN RD, SNOWMASS VILLAGE CO 81615				Phone Number (970)300 7158
Mailing Address PO BOX 1248, ASPEN CO 81612			Email abpreis@aspen-snowmass.com	
Operating Manager PAUL VALLEJOS		Date of Birth 11-25-58	Home Address HW82 GLENWOOD SPRINGS CO 81601	
		Phone Number (970)366 0673		
1. Do you have legal possession of the premises at the street address above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are the premises owned or rented? <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Rented* *If rented, expiration date of lease _____				
2. Since the date of filing of the last application, has there been any change in financial interest (new notes, loans, owners, etc.) or organizational structure (addition or deletion of officers, directors, managing members or general partners)? If yes, explain in detail and attach a listing of all liquor businesses in which these new lenders, owners (other than licensed financial institutions), officers, directors, managing members, or general partners are materially interested. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
3. Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been convicted of a crime? If yes, attach a detailed explanation. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
4. Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been denied an alcohol beverage license, had an alcohol beverage license suspended or revoked, or had interest in any entity that had an alcohol beverage license denied, suspended or revoked? If yes, attach a detailed explanation. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
5. Does the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) have a direct or indirect interest in any other Colorado liquor license, including loans to or from any licensee or interest in a loan to any licensee? If yes, attach a detailed explanation. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No SEE ATTACHED.				
Affirmation & Consent				
I declare under penalty of perjury in the second degree that this application and all attachments are true, correct and complete to the best of my knowledge.				
Type or Print Name of Applicant/Authorized Agent of Business R. MATTHEW JONES				Title CFO, VP
Signature 				Date 9/23/16
Report & Approval of City or County Licensing Authority				
The foregoing application has been examined and the premises, business conducted and character of the applicant are satisfactory, and we do hereby report that such license, if granted, will comply with the provisions of Title 12, Articles 46 and 47, C.R.S.				
Therefore this application is approved.				
Local Licensing Authority For				Date
Signature		Title		Attest



**LIQUOR LICENSING AUTHORITY
ANNUAL RENEWAL AFFIDAVIT
POSSESSION OF PREMISES**

ULLRHOFF

Name of Business Establishment

I do hereby swear and affirm the following, which apply to my liquor license.

- 1. Hotel and Restaurant Liquor Licensees: That during the past year, at least 25% of the gross revenues from the operation of my establishment was derived from the sale of meals.
- 2. All Liquor Licensees: That I will have possession of the licensed premises, through lease or deed, during the term of my liquor license.
- 3. All Liquor Licensees: That no physical changes have been made to the licensed premises.
- 4. Corporate Licensees: That the corporation is in good standing with the State.

[Signature]
Owner or Registered Manager

5/23/16
Date

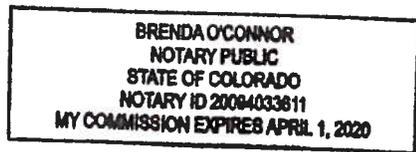
STATE OF COLORADO }
} s.s.
COUNTY OF PITKIN }

Subscribed and sworn to before me this 23rd day of Sept, 2016.

Witness my hand and official seal:

[Signature]
Notary

My Commission expires: 4/1/2020



ASPEN SNOWMASS®

LIQUOR LICENSES OWNED OR CONTROLLED BY ASPEN SKIING COMPANY, L.L.C.

Bumps Restaurant Buttermilk Mountain 38700 Highway 82 Aspen, CO 81611	License 26-09248-0035 Restaurant Manager – Bryan Lamblin Expiration 9/2/17. Optional Premise License Renewal in Process	Pitkin County
Cliffhouse Restaurant Buttermilk Mountain P.O. Box 1248 Aspen, CO 81612	License No. 26-09248-0016 Restaurant Manger – Mackenzie Gabbard Expiration 12/1/16	Pitkin County
Cloud Nine Aspen Highlands P.O. Box 1248 Aspen, CO 81612	License No. 02-92563-0004 Restaurant Manger – to Tommy Tolleson Expiration 3/5/17	Pitkin County
Elk Camp Restaurant Snowmass Mountain PO Box 1248 Aspen, CO 81612	License No. 26-09248-0051 Restaurant Manager – Dieter Schindler Expiration 4/29/2017 Optional Premise License	Pitkin County
Lynn Britt Cabin Thornton Road Snowmass Village, CO 81615	License No. 26-09248-0024 Restaurant Manager – John Pfautz Expiration 12/20/16	Town of Snowmass Village
Limelight Hotel 355 South Monarch Street Aspen, CO 81611	License No. 26-09248-0050 Restaurant Manager –Richard Stettner Expiration 7/1/2017	City of Aspen City of Aspen
Merry Go Round Aspen Highlands P.O. Box 1248 Aspen, CO 81612	License no. 26-09248-0039 Restaurant Manager – Barry Bromka Expires 2/12/17	Pitkin County
Ruthie's 1800 Aspen Mountain Road Aspen, CO 81611	License No. 26-09248-0027 Restaurant Manager – Tim Baldwin Expires 12/6/16	Pitkin County
Sam's Smokehouse Top of Sam's Knob Snowmass Village, CO 81615	License No. 26-09248-0026 Restaurant Manager – Britt Miller Expiration: 12/10/2016	Town of Snowmass Village
Spider Sabich Race Arena Snowmass Ski Area P.O. Box 1248 Aspen, CO 81612	License No. 26-09248-0002 Restaurant Manager – David Gray Expiration 9/6/2017 Renewal in process	Town of Snowmass Village

Sundeck
c/o The Little Nell Hotel
675 E. Durant Avenue
Aspen, CO 81611

License No. 09-76582-0002
Restaurant Manager – Tracy Duhe
Expiration 11/30/16
Optional Premise License

Pitkin County

(The Sundeck is located in unincorporated Pitkin County and has no separate physical mailing address.)

The Little Nell
675 E. Durant Avenue
Aspen, CO 81611

License No. 09-76582-0001
Restaurant Manager – Simon Chen
Expiration 8/10/17
Optional Premise License

City of Aspen

Two Creeks
Burnt Mountain Circle
Snowmass Ski Area
P.O. Box 1248
Aspen, CO 81612

License No. 26-09248-0020
Restaurant Manager – Lynda Edwards
Expiration 5/30/17

Town of Snowmass Village

Ullrhof
Snowmass Ski Area
P.O. Box 1248
Aspen, CO 81612

License No. 26-09248-0047
Restaurant Manager – Paul Vallejos
Expiration 11/18/2016

Town of Snowmass Village

Up 4 Pizza
Snowmass Ski Area
P.O. Box 1248
Aspen, CO 81612

License No. 26-09248-0001
Restaurant Manager – Lee Solomon
Expiration 9/5/17
Renewal in process

Town of Snowmass Village

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

ASPEN SKIING COMPANY, L.L.C.

is a

Limited Liability Company

formed or registered on 07/13/1995 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19951088931 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/30/2016 that have been posted, and by documents delivered to this office electronically through 10/04/2016 @ 15:52:54 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 10/04/2016 @ 15:52:54 in accordance with applicable law. This certificate is assigned Confirmation Number 9866692 .



A handwritten signature in cursive script that reads "Wayne W. Williams".

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



JP Morgan Chase Bank, N.A.
Chicago, IL
ASC Commercial Disbursement Account

70-2322
719

Check Number **00491113**

Date	Amount
09/28/16	\$*****225.00

Pay **TWO HUNDRED TWENTY FIVE AND 00/100*******

To The Order Of 6837
Town of Snowmass Village
PO Box 5010
Snowmass Village CO 81615
USA


Michael D. Kaplan
President/CEO

Counter Signature Required Over \$1,000.00

Direct Inquiries to:

 Aspen Skiing Company / ACCOUNTS PAYABLE DEPT

 (970) 300-7166 voice
(970) 300-7178 fax

Supplier Account	
Check Number	491113
Check Date	09/28/16
ASC Supplier ID	6837

Supplier Payment Detail

Stub 1 of 1

Invoice/Reference	Date	Name/Remark	Amount	Discount	Net Amount
8/31/16	08/31/16	ASC/Liquor License Renewal <i>Ulthd</i>	225.00	.00	225.00
TOTALS			225.00	0.00	225.00

PLEASE DETACH BEFORE DEPOSITING

ATTACHED CHECK IS IN FULL PAYMENT OF ITEMS LISTED ABOVE

ASPEN SNOWMASS

ASPEN SKIING COMPANY

PO Box 1248 Aspen, CO 81612-1248

JP Morgan Chase Bank, N.A.
Chicago, IL
ASC Commercial Disbursement Account

70-2322
719

Check Number **00490979**

Date	Amount
09/28/16	\$*****500.00

Pay **FIVE HUNDRED AND 00/100*******

To The Order Of
Colorado Dept of Revenue
1881 Pierce St, Rm 108
Lakewood CO 80214
USA



Michael D. Kaplan
President/CEO

Counter Signature Required Over \$1,000.00

Direct Inquiries to:

✉ Aspen Skiing Company / ACCOUNTS PAYABLE DEPT
PO Box 1248
Aspen, CO 81612-1248

☎ (970) 300-7166 voice
(970) 300-7178 fax

Supplier Account	
Check Number	490979
Check Date	09/28/16
ASC Supplier ID	14509

Supplier Payment Detail

Stub 1 of 1

Invoice/Reference	Date	Name/Remark	Amount	Discount	Net Amount
8/31/16	08/31/16	ASC/Union of Liquor License	500.00	.00	500.00
TOTALS			500.00	0.00	500.00

PLEASE DETACH BEFORE DEPOSITING

ATTACHED CHECK IS IN FULL PAYMENT OF ITEMS LISTED ABOVE



October 10,
2016

To The Town of Snowmass Village

Re: Liquor License Application
Ullrhof Restaurant

This is to outline the key responsibilities of the Manager Ryan Reisenberg of the Ullrhof Restaurant on Snowmass Mountain.

- To enhance the Ullrhof brand creating a distinctive guest experience.
- To oversee all aspects of the kitchen from menu design & production to purchasing and inventory management.
- To oversee all aspects of the Front of House operations including the hiring, training and coaching of employees in service standards compliant to the brand.
- To adhere to all food, safety and liquor regulations.
- To work as a team and communicate effectively with mountain staff.
- To develop a strategic marketing plan.
- To know, and support ASC's Guiding Principles, Greentrack and environmental management system.
- To maximize profitability through leadership of the above while exceeding guest needs.

Sincerely,

Lee Solomon
General Manager, Mountain Food & Beverage

Manager Acceptance Ryan Reisenberg

P.O. Box 1248 Aspen, CO 81612 970-925-1220

License ID: 50027

State Tax ID: 26092480047

Amount Paid:\$225.00



Town of
SNOWMASS Village
State of Colorado By The Authority of

Town of Snowmass Village

Restaurant / Hotel Liquor License

To Sell At Retail Malt, Vinous & Spirituous Liquor

Ulirhof

21 Burnt Mountain Road, Snowmass Village, CO 81615

This License is to certify that the above establishment of the State of Colorado, has applied to sell Liquor at their premises, having paid the Town Treasurer the stated amount. Therefore, the applicant is hereby licensed to sell Liquors containing more than 3.2% Alcohol by weight for consumption on premise.

This License is issued subject to the Laws of the State of Colorado and especially under the provisions of Article 47 of Title 12. Colorado Revised Statutes. as amended.

This License is valid for the date period of 11/19/2016 to 11/18/2017, unless revoked sooner as provided by Law.

IN TESTIMONY WHEREOF, The Liquor Licensing Authority has hereunto subscribed its name by its officers duly authorized on _____.

Clerk

Town of Snowmass Village
Liquor Licensing Authority

POST IN A CONSPICUOUS PLACE



LIQUOR LICENSING AUTHORITY
DOCUMENT CHECKLIST
(Form DR-8442)

CHANGE IN MANAGEMENT
italics=Local Authority Requirement

Licensee: Village Barn LLC

Date Application Received 10/12/16

Former Manager's Name SCOTT CALLAHAN

New Manager's Name NEVAD RAFAJLOVIC

Tips Certified Person NEVAD RAFAJLOVIC

1. Expiration date of Alcohol Server Certification of Tips Certified Person 12/17/2017

2. Date to appear before Liquor Board 10-18-16

3. (Form DR 8442) Permit Application & Report of Changes
[complete section 9 - Change of Manager]

4. (Form DR 8401) Individual History Record

5. Fingerprints

6. N/A Management/Employment Agreement

7. Fees:

Make Check Payable to: TOSV (H&R/Tavern only) 75.00 (application fee)
TOSV NO 38.50 (for fingerprint investigation)

Dept. of Rev. (H&R/Tavern only) 75.00 (application fee)

8. *The Town Finance Departments has verified "no taxes owing" on this Application*

**PLEASE RETURN ALL FORMS AND FEES
TO RHONDA, TOWN CLERK**

Permit Application and Report of Changes

Current License Number _____		
All Answers Must Be Printed in Black Ink or Typewritten		
Local License Fee \$ _____		
1. Applicant is a		Present License Number
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company		
2. Name of Licensee	3. Trade Name	
Village Barn LLC	Slice	
4. Location Address		
69 Wood Road		
City	County	ZIP
Snowmass Village	Pitkin	81615
SELECT THE APPROPRIATE SECTION BELOW AND PROCEED TO THE INSTRUCTIONS ON PAGE 2.		
Section A – Manager reg/change	Section C	
• License Account No. _____ <input checked="" type="checkbox"/> Manager's Registration (Hotel & Restr.) \$75.00 <input type="checkbox"/> Manager's Registration (Tavern) \$75.00 <input type="checkbox"/> Manager's Registration (Lodging & Entertainment) \$75.00 <input type="checkbox"/> Change of Manager (Other Licenses pursuant to section 12-47-301(8), C.R.S.) NO FEE	<input type="checkbox"/> Retail Warehouse Storage Permit (ea) \$100.00 <input type="checkbox"/> Wholesale Branch House Permit (ea) 100.00 <input type="checkbox"/> Change Corp. or Trade Name Permit (ea) 50.00 <input type="checkbox"/> Change Location Permit (ea) 150.00 <input type="checkbox"/> Change, Alter or Modify Premises \$150.00 x _____ Total Fee _____	
Section B – Duplicate License		
• Liquor License No. _____ <input type="checkbox"/> Duplicate License \$50.00	<input type="checkbox"/> Addition of Optional Premises to Existing H/R \$100.00 x _____ Total Fee _____ <input type="checkbox"/> Addition of Related Facility to Resort Complex \$75.00 x _____ Total Fee _____ <input type="checkbox"/> Tavern Conversion No Fee	
Do Not Write in This Space – For Department of Revenue Use Only		
Date License Issued	License Account Number	Period
The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.		TOTAL AMOUNT DUE \$ _____ .00

Instruction Sheet

For All Sections, Complete Questions 1-4 Located on Page 1

Section A

To Register or Change Managers, check the appropriate box in section A and complete question 8 on page 4. Proceed to the Oath of Applicant for signature. Submit to State Licensing Authority for approval.

Section B

For a Duplicate license, be sure to include the liquor license number in section B on page 1 and proceed to page 4 for Oath of Applicant signature.

Section C

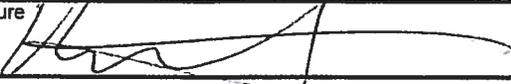
Check the appropriate box in section C and proceed below.

- 1) *For a Retail Warehouse Storage Permit*, go to page 3 complete question 5 (be sure to check the appropriate box). Submit the necessary information and proceed to page 4 for Oath of Applicant signature. Submit to State Licensing Authority for approval.
- 2) *For a Wholesale Branch House Permit*, go to page 3 and complete question 5 (be sure to check the appropriate box). Submit the necessary information and proceed to page 4 for Oath of Applicant signature. Submit to State Licensing Authority for approval.
- 3) *To Change Trade Name or Corporation Name*, go to page 3 and complete question 6 (be sure to check the appropriate box). Submit the necessary information and proceed to page 4 for Oath of Applicant signature. Retail Liquor License submit to Local Liquor Licensing Authority (City or County). Manufacturer, Wholesaler and Importer's Liquor Licenses submit to State Liquor Licensing Authority.
- 4) *To modify Premise*, go to page 4 and complete question 9. Submit the necessary information and proceed to page 4 for Oath of Applicant signature. Retail Liquor License submit to Local Liquor Licensing Authority (City or County). Manufacturer, Wholesaler and Importer's Liquor Licenses submit to State Liquor Licensing Authority.
- 5) *For Optional Premises or Related Facilities* go to page 4 and complete question 9. Submit the necessary information and proceed to page 4 for Oath of Applicant signature. Retail Liquor License submit to Local Liquor Licensing Authority (City or County). Manufacturer, Wholesaler and Importer's Liquor Licenses submit to State Liquor Licensing Authority.
- 6) *To Change Location*, go to page 3 and complete question 7. Submit the necessary information and proceed to page 4 for Oath of Applicant signature. Retail Liquor License submit to Local Liquor Licensing Authority (City or County). Manufacturer, Wholesaler and Importer's Liquor Licenses submit to State Liquor Licensing Authority.
- 7) *Tavern Conversion*, go to page 4 and complete questions 10. Submit the necessary information and proceed to page 4 for Oath of Applicant signature. **(Must be completed by August 10, 2017, as the tavern conversion will no longer be permitted)*. Submit to Local Licensing Authority (city or county) for approval.

Storage Permit	<p>5. Retail Warehouse Storage Permit or a Wholesalers Branch House Permit</p> <p><input type="checkbox"/> Retail Warehouse Permit for:</p> <p style="margin-left: 20px;"><input type="checkbox"/> On-Premises Licensee (Taverns, Restaurants etc.)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Off-Premises Licensee (Liquor stores)</p> <p><input type="checkbox"/> Wholesalers Branch House Permit</p> <p>Address of storage premise: _____</p> <p>City _____, County _____, Zip _____</p> <p>Attach a deed/ lease or rental agreement for the storage premises. Attach a detailed diagram of the storage premises.</p>				
Change Trade Name or Corporate Name	<p>6. Change of Trade Name or Corporation Name</p> <p><input type="checkbox"/> Change of Trade name / DBA only</p> <p><input type="checkbox"/> Corporate Name Change (Attach the following supporting documents)</p> <ol style="list-style-type: none"> Certificate of Amendment filed with the Secretary of State, or Statement of Change filed with the Secretary of State, <u>and</u> Minutes of Corporate meeting, Limited Liability Members meeting, Partnership agreement. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Old Trade Name</td> <td style="width: 50%;">New Trade Name</td> </tr> <tr> <td>Old Corporate Name</td> <td>New Corporate Name</td> </tr> </table>	Old Trade Name	New Trade Name	Old Corporate Name	New Corporate Name
Old Trade Name	New Trade Name				
Old Corporate Name	New Corporate Name				
Change of Location	<p>7. Change of Location</p> <p>NOTE TO RETAIL LICENSEES: An application to change location has a local application fee of \$750 payable to your local licensing authority. You may only change location within the same jurisdiction as the original license that was issued. Pursuant to 12-47-311 (1) C.R.S. Your application must be on file with the local authority thirty (30) days before a public hearing can be held.</p> <p>Date filed with Local Authority _____ Date of Hearing _____</p> <p>(a) Address of current premises _____</p> <p style="margin-left: 20px;">City _____ County _____ Zip _____</p> <p>(b) Address of proposed New Premises (Attach copy of the deed or lease that establishes possession of the premises by the licensee)</p> <p style="margin-left: 20px;">Address _____</p> <p style="margin-left: 20px;">City _____ County _____ Zip _____</p> <p>(c) New mailing address if applicable.</p> <p style="margin-left: 20px;">Address _____</p> <p style="margin-left: 20px;">City _____ County _____ State _____ Zip _____</p> <p>(d) Attach detailed diagram of the premises showing where the alcohol beverages will be stored, served, possessed or consumed. Include kitchen area(s) for hotel and restaurants.</p>				



Change of Manager	<p>8. Change of Manager or to Register the Manager of a Tavern, Hotel and Restaurant, Lodging & Entertainment liquor license or licenses pursuant to section 12-47-301(8).</p> <p>(a) Change of Manager (attach Individual History DR 8404-I H/R, Tavern and Lodging & Entertainment only) Former manager's name <u>SCOTT CALLAHAN</u> New manager's name <u>NENAD RAFAJLOVIC</u></p> <p>(b) Date of Employment <u>12/20/2016</u> Has manager ever managed a liquor licensed establishment?..... Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Does manager have a financial interest in any other liquor licensed establishment?..... Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, give name and location of establishment <u>Village Barn LLC;</u> <u>POARING FORK COLLECTIVE</u></p>
Modify Premises or Addition of Optional Premises or Related Facility	<p>9. Modification of Premises, Addition of an Optional Premises, or Addition of Related Facility</p> <p>NOTE: Licensees may not modify or add to their licensed premises until approved by state and local authorities.</p> <p>(a) Describe change proposed _____ _____</p> <p>(b) If the modification is temporary, when will the proposed change: Start _____ (mo/day/year) End _____ (mo/day/year) NOTE: THE TOTAL STATE FEE FOR TEMPORARY MODIFICATION IS \$300.00</p> <p>(c) Will the proposed change result in the licensed premises now being located within 500 feet of any public or private school that meets compulsory education requirements of Colorado law, or the principal campus of any college, university or seminary? (If yes, explain in detail and describe any exemptions that apply) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(d) Is the proposed change in compliance with local building and zoning laws?..... Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(e) If this modification is for an additional Hotel and Restaurant Optional Premises or Resort Complex Related Facility, has the local authority authorized by resolution or ordinance the issuance of optional premises? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(f) Attach a diagram of the current licensed premises and a diagram of the proposed changes for the licensed premises.</p> <p>(g) Attach any existing lease that is revised due to the modification.</p>
Tavern Conversion	<p>10. Tavern Conversion</p> <p>(Note* Must be completed by August 10, 2017 as the Tavern conversion will no longer be permitted. Only Tavern licenses issued before August 10, 2016, that do not fit the definition of a tavern as defined in section 12-47-103(38), C.R.S. may convert to a different license type.) Please pick one of the following choices:</p> <p>(a) I wish to convert my existing Tavern Liquor License # _____ to a Lodging and Entertainment Liquor License?..... Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(b) I wish to convert my existing Tavern Liquor License # _____ to a _____ Liquor License?..... Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Oath of Applicant		
I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge		
Signature 	Title MANAGER	Date 10/12/16
Report and Approval of LOCAL Licensing Authority (CITY / COUNTY)		
The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the applicable provisions of Title 12, Articles 46 and 47, C.R.S., as amended. Therefore, This Application is Approved.		
Local Licensing Authority (City or County)		Date filed with Local Authority
Signature	Title	Date
Report of STATE Licensing Authority		
The foregoing has been examined and complies with the filing requirements of Title 12, Article 47, C.R.S., as amended.		
Signature	Title	Date

Individual History Record

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

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

1. Name of Business VILLAGE BARN LLC		Home Phone Number	Cellular Number 970 366 2625	
2. Your Full Name (last, first, middle) RAFAILOVIC NENAD		3. List any other names you have used NED		
4. Mailing address (if different from residence) P.O. BOX 6285, SNOWMASS		Email Address NENADRAGA@7ALOO.COM		
5. List current residence address. Include any previous addresses within the last five years. (Attach separate sheet if necessary)				
Street and Number		City, State, Zip		From
To				
Current 923 BRUSH CREEK LN		SNOWMASS, CO, 81615		2011
				PRESENT
Previous 400 WOOD ROAD		SNOWMASS, CO, 81615		2009
				2011
6. List all employment within the last five years. Include any self-employment. (Attach separate sheet if necessary)				
Name of Employer or Business		Address (Street, Number, City, State, Zip)		Position Held
From		To		
VILLAGE BARN LLC		69 WOOD ROAD		MANAGER
				2012
LIME		350 GATEWAY BLD, SNOWMASS		MANAGER
				2010
				2010
7. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry.				
Name of Relative		Relationship to You		Position Held
Name of Licensee				
8. Have you ever applied for, held, or had an interest in a Colorado Liquor or Beer License, or loaned money, furniture, fixtures, equipment or inventory to any licensee? (If yes, answer in detail.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
"Lime"				
9. Have you ever received a violation notice, suspension, or revocation for a liquor law violation, or have you applied for or been denied a liquor or beer license anywhere in the United States? (If yes, explain in detail.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

10. 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 No
11. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? (If yes, explain in detail.) Yes No
12. Have you ever had any professional license suspended, revoked, or denied? (If yes, explain in detail.) Yes No

Personal and Financial Information

Unless otherwise provided by law, the personal information required in question #13 will be treated as confidential. The personal information required in question #13 is solely for identification purposes.

13a. Date of Birth | b. Social Security Number | c. Place of Birth SERBIA | d. U.S. Citizen Yes No

e. If Naturalized, state where | f. When | g. Name of District Court

h. Naturalization Certificate Number | i. Date of Certification | j. If an Alien, Give Alien's Registration Card Number 203-053-004 | k. Permanent Residence Card Number

l. Height 6'3" | m. Weight 230 | n. Hair Color DLOND | o. Eye Color BLUC | p. Gender M | q. Race W | r. Do you have a current Driver's License/ID? If so, give number and state. Yes No # 09-196-0149 State CO

14. Financial Information.
- a. Total purchase price or investment being made by the applying entity, corporation, partnership, limited liability company, other. \$ _____
- b. List the total amount of the personal investment, made by the person listed on question #2, in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases or fees paid. \$ _____
- * If corporate investment only please skip to and complete section (d)
** Section b should reflect the total of sections c and e

c. Provide details of the personal investment described in 14b. You must account for all of the sources of this investment. (Attach a separate sheet if needed)

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

d. Provide details of the corporate investment described in 14 (a). You must account for all of the sources of this investment. (Attach a separate sheet if needed)

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

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

Name of Lender	Address	Term	Security	Amount

Oath of Applicant

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

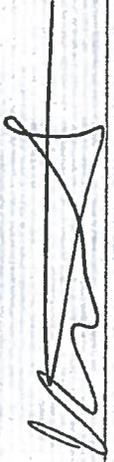
Authorized Signature  | Print Signature NENAD RAFAILOVIC | Title MANAGER | Date 10/12/16

VILLAGE BARN LLC
SLICE
P. O. BOX 6545
SNOWMASS VILLAGE, CO 81615

PAY TO THE ORDER OF DEPARTMENT OF REVENUE

SEVENTY FIVE DOLLARS

DATE 10/12/2016 \$ 75.00

FOR 

MP

2100 82-340/1021

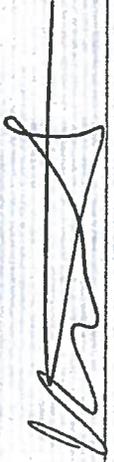
Priority Mail

VILLAGE BARN LLC
SLICE
P. O. BOX 6545
SNOWMASS VILLAGE, CO 81615

PAY TO THE ORDER OF TOSU

SEVENTY FIVE DOLLARS

DATE 10/12/2016 \$ 75.00

FOR 

MP

2099 82-340/1021

Priority Mail



LIQUOR LICENSING AUTHORITY
DOCUMENT CHECKLIST

ANNUAL RENEWAL - HOTEL AND RESTAURANT LICENSE

DBL Village Brew LLC 10/12/16 12/18/16
Slice Date Received Lic. Exp. Date
Name of Applicant Email Address NEVADRAFA@Yahoo.com

1. Registered Manager: NEVAD RAFAJLOVIC
2. Name designated T.I.P.S. Certified staff person NEVAD RAFAJLOVIC
Expiration Date: 12/12/2017
3. Form DR8400 (This form comes from the State of Colorado. If you don't receive one from the State, please request a DR8404 form from the Town Clerk)
4. Copy of Most Current Certificate of Good Standing (Must be within 2 years)
Date filed 11/17/16 (The Clerk does **NOT** have this information)
Change of Managers/Owners/Officers/Board Members? Yes No
5. Affidavit of Possession of Premises
No Change in Premises
25% of gross income from food
6. Fees: TOSV \$ 225.00 STATE \$ 500.00
7. Inspection Reports: This is done by the Town Clerk
Police Police Dept.
Fire Fire Dept.
Health Environmental Health
8. The Town Finance Departments has verified "no taxes owing" on this Application (The Clerk will do this) DBL w/finance

**RETAIL LIQUOR OR 3.2 BEER
 LICENSE RENEWAL APPLICATION**

Fees Due	
Renewal Fee	\$500.00
Storage Permit \$100 x _____	_____
Optional Premise \$100 x _____	_____
Related Resort \$75 x _____	_____
Amount Due/Paid	

SLICE
 P O BOX 6545
 SNOWMASS VILLAGE CO 81615

Make check payable to Colorado Department of Revenue. The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department may collect the payment amount directly from your banking account electronically.

PLEASE VERIFY & UPDATE ALL INFORMATION BELOW

Licensee Name VILLAGE BARN LLC		DBA SLICE		
Liquor License # 4700723	License Type Hotel & Restaurant (city)	Sales Tax License # 27296478	Expiration Date 12/18/2016	Due Date 11/03/2016
Operating Manager NENAD RAFAJLOVIC	Date of Birth 07/25/1980	Home Address 927 BAUGH CREEK LN, SNOWMASS, CO		
Manager Phone Number 970 366 2625		Email Address NENADRAFA@YAHOO.COM		
Street Address 69 WOOD ROAD STE 1210 SNOWMASS VILLAGE CO 81615				Phone Number 970 366 2625 9232743
Mailing Address P O BOX 6545 SNOWMASS VILLAGE CO 81615				

- Do you have legal possession of the premises at the street address above? YES NO
 Is the premises owned or rented? Owned Rented* *If rented, expiration date of lease 12/30/2016
- Since the date of filing of the last application, has there been any change in financial interest (new notes, loans, owners, etc.) or organizational structure (addition or deletion of officers, directors, managing members or general partners)? If yes, explain in detail and attach a listing of all liquor businesses in which these new lenders, owners (other than licensed financial institutions), officers, directors, managing members, or general partners are materially interested. YES NO
NOTE TO CORPORATION, LIMITED LIABILITY COMPANY AND PARTNERSHIP APPLICANTS: If you have added or deleted any officers, directors, managing members, general partners or persons with 10% or more interest in your business, you must complete and return immediately to your Local Licensing Authority, Form DR 8177: Corporation, Limited Liability Company or Partnership Report of Changes, along with all supporting documentation and fees.
- Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been convicted of a crime? If yes, attach a detailed explanation. YES NO
- Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been denied an alcohol beverage license, had an alcohol beverage license suspended or revoked, or had interest in any entity that had an alcohol beverage license denied, suspended or revoked? If yes, attach a detailed explanation. YES NO
- Does the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) have a direct or indirect interest in any other Colorado liquor license, including loans to or from any licensee or interest in a loan to any licensee? If yes, attach a detailed explanation. YES NO

ROARING FORK COLLECTIVE NEW WINE

AFFIRMATION & CONSENT

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

Type or Print Name of Applicant/Authorized Agent of Business NENAD RAFAJLOVIC	Title MEMBER
Signature 	Date 10/03/2016

REPORT & APPROVAL OF CITY OR COUNTY LICENSING AUTHORITY

The foregoing application has been examined and the premises, business conducted and character of the applicant are satisfactory, and we do hereby report that such license, if granted, will comply with the provisions of Title 12, Articles 46 and 47, C.R.S. THEREFORE THIS APPLICATION IS APPROVED.

Local Licensing Authority For		Date
Signature	Title	Attest



**LIQUOR LICENSING AUTHORITY
ANNUAL RENEWAL AFFIDAVIT
POSSESSION OF PREMISES**

Village Barn LLC
Name of Business Establishment

I do hereby swear and affirm the following, which apply to my liquor license.

1. Hotel and Restaurant Liquor Licensees: That during the past year, at least 25% of the gross revenues from the operation of my establishment was derived from the sale of meals.
2. All Liquor Licensees: That I will have possession of the licensed premises, through lease or deed, during the term of my liquor license.
3. All Liquor Licensees: That no physical changes have been made to the licensed premises.
4. Corporate Licensees: That the corporation is in good standing with the State.

NEVAD RAFAZLOVIC
Owner or Registered Manager

10/12/2016
Date

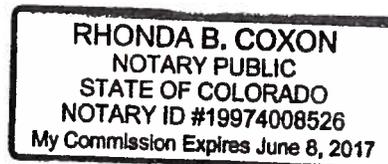
STATE OF COLORADO }
} s.s.
COUNTY OF PITKIN }

Subscribed and sworn to before me this 12 day of Oct, 2016.

Witness my hand and official seal:

Rhonda B. Coxon
Notary

My Commission expires: _____



OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Village Barn, LLC

is a

Limited Liability Company

formed or registered on 11/01/2012 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20121612230 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/10/2016 that have been posted, and by documents delivered to this office electronically through 10/11/2016 @ 15:48:56 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 10/11/2016 @ 15:48:56 in accordance with applicable law. This certificate is assigned Confirmation Number 9876180 .



A handwritten signature in black ink that reads "Wayne W. Williams".

Secretary of State of the State of Colorado

*****End of Certificate*****
Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



P.O. Box 5010, Snowmass Village, CO 81615
970-923-3777 FAX: 970-923-6083

Slice
PO BOX 6545
Snowmass Village, CO 81615

State Tax ID: 27296478

Town of Snowmass Village Liquor Renewal

This letter is being sent to you as a reminder. You should also be receiving your Liquor Renewal application from the state. Please return all forms (local and state) to the Clerk's office **45 days prior** to your License expiration date.

Liquor License Expires on: 12/18/2016

Business Information

Please make any necessary corrections to the information listed below:

Business Name or DBA: Slice

Physical Address: 69 Wood Road Ste 1210 Snowmass Village, CO

Mailing Address: PO BOX 6545 , Snowmass Village, CO 81615

State Tax ID #: 27296478

Business Owner: Village Barn LLC

Manager/Contact Name: ~~Scott Callihan~~ NENAD RAFAJLOVIC

Business Phone: ~~970-948-7150~~ 970 923 2743

Business Email: ~~scallihan@basecampsnowmass.com~~ NENADRAFA@YAHOO.COM

Designated TIPS Server: ~~Scott Callihan~~ NENAD RAFAJLOVIC

TIPS Certification Expiration Date: ~~Dec 11 2015 12:00AM~~ Dec 19 2017

**Return all forms to the Town of Snowmass Village for approval
DO NOT send anything to the State Office.**

2098

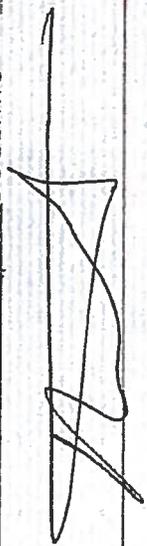
82-340/1021

VILLAGE BARN LLC
SLICE
P. O. BOX 6545
SNOWMASS VILLAGE, CO 81615

DATE 10/11/2016

PAY TO THE ORDER OF Colorado Department of Revenue \$ 500.00

FIVE HUNDRED ⁰⁰/₁₀₀ DOLLARS





Alpine Bank
18 Kramel Rd. • P.O. Box 8490
Snowmass Village, CO 81615
(970) 923-3600 • Alpine 1-800-Line (970) 948-4433

FOR _____ MP

2097

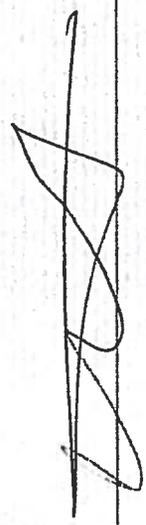
82-340/1021

VILLAGE BARN LLC
SLICE
P. O. BOX 6545
SNOWMASS VILLAGE, CO 81615

DATE 10/11/2016

PAY TO THE ORDER OF TOSU \$ 225.00

TWO HUNDRED TWENTY FIVE ⁰⁰/₁₀₀ DOLLARS





Alpine Bank
18 Kramel Rd. • P.O. Box 8490
Snowmass Village, CO 81615
(970) 923-3600 • Alpine 1-800-Line (970) 948-4433

FOR _____ MP

License ID: 50031

State Tax ID: 27296478

Amount Paid:\$225.00



Town of
SNOWMASS Village
State of Colorado By The Authority of

Town of Snowmass Village

Restaurant / Hotel Liquor License

To Sell At Retail Malt, Vinous & Spirituous Liquor

Village Barn DBA Slice
69 Wood Road, Ste 1210, Snowmass Village, CO 81615

This License is to certify that the above establishment of the State of Colorado, has applied to sell Liquor at their premises, having paid the Town Treasurer the stated amount. Therefore, the applicant is hereby licensed to sell Liquors containing more than 3.2% Alcohol by weight for consumption on premise.

This License is issued subject to the Laws of the State of Colorado and especially under the provisions of Article 47 of Title 12. Colorado Revised Statutes. as amended.

*This License is valid for the date period of 12/19/2016 to 12/18/2017,
unless revoked sooner as provided by Law.*

IN TESTIMONY WHEREOF, The Liquor Licensing Authority has hereunto subscribed its name by its officers duly authorized on _____.

Clerk

Town of Snowmass Village
Liquor Licensing Authority

POST IN A CONSPICUOUS PLACE

Roaring Fork Collective, LLC
 Name of Applicant
DBA: SAKE

SNOWMASS VILLAGE
 LIQUOR LICENSING AUTHORITY
 DOCUMENT CHECKLIST
TRANSFER OF OWNERSHIP
Italics = Local Authority Requirement

10/10/16
 Date of Application

1. (Form DR8404) Retail License Application
2. Follow Checklist and Worksheet on page 2 of Form DR8404
3. *Clerk* Temporary Liquor Permit (good for 120 days = 6 months)
4. Diagram of premises (see requirements on page 2, Sec. II of Form DR8404) **outlined in RED, use an "X" to indicate where security is posted and a " " (square) to indicate where the bar is located.** □
5. Proof of Property Possession (see requirements on Page 2, Sec. III of Form DR8404)
6. (Form DR8404-I) Individual History Record(s) - For each officer/member/partner and for manager registration
7. Affidavit of Transfer & Statement of Compliance
8. Fingerprints for Individual History Applicants [obtain C.B.I. card from Police Dept. and give to Rhonda after being finger printed]
9. Fingerprint Affidavits for each Individual History Applicant [Local Authority Requirement]

10. *The Town Finance Departments has verified "no taxes owing" on this Application*

11. N/A Purchase Agreement, Stock Transfer Agreement, and/or authorization to transfer license

12. List of all notes and loans
13. Copy of menu [Local Authority Requirement]
14. Affidavit to report future changes [Local Authority Requirement]
15. Inspection of Premises Reports: Police Dept. Fire Dept.
 Environ Health Dept

16. TIPS/Responsible Serving of Alcohol Training
David Rugan Name 10/5/19 Date Certified through

CORPORATION APPLICANT:

17. Certificate of Incorporation (and/or) Certificate of Good Standing (must be renewed annually and the Deputy Town Clerk does NOT have this info. _____)
18. List of officers, directors and stockholders of parent corporation (designate 1 person as "principal officer").

PARTNERSHIP APPLICANT:

19. Partnership Agreement (general or limited). Not needed if husband and wife.

LIMITED LIABILITY COMPANY APPLICANT:

20. Copy of Articles of Organization (date stamped by Colorado Secretary of State)
21. Copy of Operating Agreement

22. Fees:

TRANSFER OF OWNERSHIP	920.00	STATE <input checked="" type="checkbox"/>	TOSV	<input checked="" type="checkbox"/>
H&R		500.00 <input checked="" type="checkbox"/>	750.00	<input checked="" type="checkbox"/>
Tavern	500.00		75.00	<input checked="" type="checkbox"/>
B&W		351.25	48.75	
3.2% (on premises)		96.25	3.75	
3.2% (off premises)	96.25	7.50		
DRUG/RETAIL		227.50	22.50	
MGR REG. (H&R/Tavern only)		75.00	75.00	
C.B.I. (Finger Prints)			38.50	<input checked="" type="checkbox"/>
TOTAL \$	<u>1,420.00</u>		<u>940.50</u>	
	Dept. of Revenue		TOSV	

Colorado Liquor Retail License Application

<input type="checkbox"/> New License <input type="checkbox"/> New-Concurrent <input checked="" type="checkbox"/> Transfer of Ownership <input type="checkbox"/> State Property Only			
• All answers must be printed in black ink or typewritten • Applicant must check the appropriate box(es) • Applicant should obtain a copy of the Colorado Liquor and Beer Code: www.colorado.gov/enforcement/liquor • Local License Fee \$ _____			
1. Applicant is applying as a/an <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Partnership (includes Limited Liability and Husband and Wife Partnerships)		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Association or Other	
2. Applicant If an LLC, name of LLC, if partnership, at least 2 partner's names; if corporation, name of corporation ROARING FORK COLLECTIVE LLC, DAVID DUGAN, SCOTT WILLIAMS		FEIN Number 81-3741409	
2a. Trade Name of Establishment (DBA) SIAKE		State Sales Tax Number 32875025	Business Telephone
3. Address of Premises (specify exact location of premises, include suite/unit numbers) 110 Carriage Way, Unit 3101			
City SNOWMASS VLG	County PITKIN	State CO	ZIP Code 81615
4. Mailing Address (Number and Street) P.O. BOX 6545		City or Town SNOWMASS VILLAGE	State CO ZIP Code 81615
5. Email Address DAVIDDUGAN@ASPEN@YAHOO.COM			
6. If the premises currently has a liquor or beer license, you must answer the following questions			
Present Trade Name of Establishment (DBA) SNOWMASS ACQUISITION CO	Present State License Number 4706533	Present Class of License HOTEL & REST.	Present Expiration Date 8/17/17
Section A Nonrefundable Application Fees		Section B (Cont.) Liquor License Fees	
<input type="checkbox"/> Application Fee for New License \$920 00 <input type="checkbox"/> Application Fee for New License w/Concurrent Review \$1020 00 <input checked="" type="checkbox"/> Application Fee for Transfer \$920 00		<input type="checkbox"/> Lodging & Entertainment - L&E (City) \$500 00 <input type="checkbox"/> Lodging & Entertainment - L&E (County) \$500 00 Manager Registration - H & R \$75 00 <input type="checkbox"/> Manager Registration - Tavern \$75 00 <input type="checkbox"/> Manager Registration - Lodging & Entertainment \$75 00	
Section B Liquor License Fees		<input type="checkbox"/> Master File Location Fee \$25 00 X Total _____ <input type="checkbox"/> Master File Background \$250 00 X Total _____	
<input type="checkbox"/> Add Optional Premises to H & R \$100 00 X Total _____ <input type="checkbox"/> Add Related Facility to Resort Complex \$75 00 X Total _____ <input type="checkbox"/> Arts License (City) \$308 75 <input type="checkbox"/> Arts License (County) \$308 75 <input type="checkbox"/> Beer and Wine License (City) \$351 25 <input type="checkbox"/> Beer and Wine License (County) \$436 25 <input type="checkbox"/> Brew Pub License (City) \$750 00 <input type="checkbox"/> Brew Pub License (County) \$750 00 <input type="checkbox"/> Club License (City) \$308 75 <input type="checkbox"/> Club License (County) \$308 75 <input type="checkbox"/> Distillery Pub License (City) \$750 00 <input type="checkbox"/> Distillery Pub License (County) \$750 00 <input checked="" type="checkbox"/> Hotel and Restaurant License (City) \$500 00 <input type="checkbox"/> Hotel and Restaurant License (County) \$500 00 <input type="checkbox"/> Hotel and Restaurant License w/one opt premises (City) \$600 00 <input type="checkbox"/> Hotel and Restaurant License w/one opt premises (County) \$600 00 <input type="checkbox"/> Liquor Licensed Drugstore (City) \$227 50 <input type="checkbox"/> Liquor Licensed Drugstore (County) \$312 50		<input type="checkbox"/> Racetrack License (City) \$500 00 <input type="checkbox"/> Racetrack License (County) \$500 00 <input type="checkbox"/> Resort Complex License (City) \$500 00 <input type="checkbox"/> Resort Complex License (County) \$500 00 <input type="checkbox"/> Retail Gaming Tavern License (City) \$500 00 <input type="checkbox"/> Retail Gaming Tavern License (County) \$500 00 <input type="checkbox"/> Retail Liquor Store License (City) \$227 50 <input type="checkbox"/> Retail Liquor Store License (County) \$312 50 <input type="checkbox"/> Tavern License (City) \$500 00 <input type="checkbox"/> Tavern License (County) \$500 00 <input type="checkbox"/> Vintners Restaurant License (City) \$750 00 <input type="checkbox"/> Vintners Restaurant License (County) \$750 00	
Questions? Visit: www.colorado.gov/enforcement/liquor for more information			
Do not write in this space - For Department of Revenue use only			
Liability Information			
License Account Number	Liability Date	License Issued Through (Expiration Date)	Total \$

Application Documents Checklist and Worksheet

Instructions: This checklist should be utilized to assist applicants with filing all required documents for licensure. All documents must be properly signed and correspond with the name of the applicant exactly. All documents must be typed or legibly printed. Upon final State approval the license will be mailed to the local licensing authority. Application fees are nonrefundable.

Questions? Visit: www.colorado.gov/enforcement/liquor for more information

Items submitted, please check all appropriate boxes completed or documents submitted	
I.	Applicant information <input checked="" type="checkbox"/> A. Applicant/Licensee identified <input checked="" type="checkbox"/> B. State sales tax license number listed or applied for at time of application <input checked="" type="checkbox"/> C. License type or other transaction identified <input type="checkbox"/> D. Return originals to local authority <input type="checkbox"/> E. Additional information may be required by the local licensing authority
II.	Diagram of the premises <input checked="" type="checkbox"/> A. No larger than 8 1/2" X 11" <input type="checkbox"/> B. Dimensions included (does not have to be to scale). Exterior areas should show type of control (fences, walls, entry/exit points, etc.) <input type="checkbox"/> C. Separate diagram for each floor (if multiple levels) <input type="checkbox"/> D. Kitchen - identified if Hotel and Restaurant <input type="checkbox"/> E. Bold/Outlined Licensed Premises
III.	Proof of property possession (One Year Needed) <input type="checkbox"/> A. Deed in name of the Applicant (or) (matching question #2) date stamped / filed with County Clerk <input checked="" type="checkbox"/> B. Lease in the name of the Applicant (or) (matching question #2) <input type="checkbox"/> C. Lease Assignment in the name of the Applicant with proper consent from the Landlord and acceptance by the Applicant <input type="checkbox"/> D. Other Agreement if not deed or lease. (matching question #2) (Attach prior lease to show right to assumption)
IV.	Background information and financial documents <input checked="" type="checkbox"/> A. Individual History Records(s) (Form DR 8404-I) <input checked="" type="checkbox"/> B. Fingerprints taken and submitted to local authority (State Authority for Master File applicants) <input type="checkbox"/> C. Purchase agreement, stock transfer agreement, and or authorization to transfer license <input type="checkbox"/> D. List of all notes and loans (Copies to also be attached)
V.	Sole proprietor / husband and wife partnership <input type="checkbox"/> A. Form DR4679 <input type="checkbox"/> B. Copy of State issued Driver's License or Colorado Identification Card for each applicant
VI.	Corporate applicant information (if applicable) <input type="checkbox"/> A. Certificate of Incorporation dated stamped by the Secretary of State <input type="checkbox"/> B. Certificate of Good Standing <input type="checkbox"/> C. Certificate of Authorization if foreign corporation <input type="checkbox"/> D. List of officers, directors and stockholders of Applying Corporation (If wholly owned, designate a minimum of one person as Principal Officer of Parent)
VII.	Partnership applicant information (if applicable) <input type="checkbox"/> A. Partnership Agreement (general or limited). Not needed if husband and wife <input type="checkbox"/> B. Certificate of Good Standing (If formed after 2009)
VIII.	Limited Liability Company applicant information (if applicable) <input checked="" type="checkbox"/> A. Copy of articles of organization (date stamped by Colorado Secretary of State's Office) <input type="checkbox"/> B. Certificate of Good Standing <input type="checkbox"/> C. Copy of operating agreement <input type="checkbox"/> D. Certificate of Authority if foreign company
IX.	Manager registration for Hotel and Restaurant, Tavern and Lodging & Entertainment licenses when included with this application <input checked="" type="checkbox"/> A. \$75.00 fee <input checked="" type="checkbox"/> B. Individual History Record (DR 8404-I) <input checked="" type="checkbox"/> C. If owner is managing, no fee required <div style="text-align: right; margin-top: 10px;"><i>NO \$7500</i></div>
X.	Manager Permit for Liquor License Drug Store and Retail Liquor Store when included with this application <input type="checkbox"/> A. \$100.00 Permit Fee <input type="checkbox"/> B. Individual History Record (DR 8404-I)

7.	Is the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation) or manager under the age of twenty-one years?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
8.	Has the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation) or manager ever (in Colorado or any other state):		
	(a) Been denied an alcohol beverage license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	(b) Had an alcohol beverage license suspended or revoked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	(c) Had interest in another entity that had an alcohol beverage license suspended or revoked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered yes to 8a, b or c, explain in detail on a separate sheet.			
9.	Has a liquor license application (same license class), that was located within 500 feet of the proposed premises, been denied within the preceding two years? If "yes", explain in detail.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10.	Are the premises to be licensed within 500 feet of any public or private school that meets compulsory education requirements of Colorado law, or the principal campus of any college, university or seminary?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Waiver by local ordinance?	or <input type="checkbox"/>
		Other: _____	
11.	Is your Liquor Licensed Drug Store (LLDS) or Retail Liquor Store (RLS) within 1500 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of > 10,000? NOTE--The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.	<input type="checkbox"/>	<input type="checkbox"/>
12.	Is your Liquor Licensed Drug Store(LLDS) or Retail Liquor Store (RLS) within 3000 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of < 10,000? NOTE--The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.	<input type="checkbox"/>	<input type="checkbox"/>
13.	Has a liquor or beer license ever been issued to the applicant (including any of the partners, if a partnership; members or manager if a Limited Liability Company, or officers, stockholders or directors if a corporation)? If yes, identify the name of the business and list any current financial interest in said business including any loans to or from a licensee.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14.	Does the Applicant, as listed on line 2 of this application, have legal possession of the premises by virtue of ownership, lease or other arrangement?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Ownership <input checked="" type="checkbox"/> Lease <input type="checkbox"/> Other (Explain in Detail) _____		
a. If leased, list name of landlord and tenant, and date of expiration, exactly as they appear on the lease:			
Landlord	Tenant	Expires	
SNOWMASS ACQUISITION CO		ROARING FORK COLLECTIVE 10/31/2018	
b. Is a percentage of alcohol sales included as compensation to the landlord? If yes, complete question 13.			
c. Attach a diagram and outline or designate the area to be licensed (including dimensions) which shows the bars, brewery, walls, partitions, entrances, exits and what each room shall be utilized for in this business. This diagram should be no larger than 8 1/2" X 11".			
15.	Who, besides the owners listed in this application (including persons, firms, partnerships, corporations, limited liability companies), will loan or give money, inventory, furniture or equipment to or for use in this business; or who will receive money from this business. Attach a separate sheet if necessary.		
Last Name	First Name	Date of Birth FEIN or SSN	Interest/Percentage
DUGAN	DAVID		
Last Name	First Name	Date of Birth FEIN or SSN	Interest/Percentage
CALLIHAM	SCOTT		
Attach copies of all notes and security instruments, and any written agreement, or details of any oral agreement, by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment, and any agreement relating to the business which is contingent or conditional in any way by volume, profit, sales, giving of advice or consultation.			
16.	Optional Premises or Hotel and Restaurant Licenses with Optional Premises: Has a local ordinance or resolution authorizing optional premises been adopted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Number of additional Optional Premise areas requested. (See license fee chart)	<input type="checkbox"/>
17.	Liquor Licensed Drug Store applicants, answer the following: (a) Does the applicant for a Liquor Licensed Drug Store have a license issued by the Colorado Board of Pharmacy? If "yes" a copy of license must be attached.	<input type="checkbox"/>	<input type="checkbox"/>
18.	Club Liquor License applicants answer the following: Attach a copy of applicable documentation		
	(a) Is the applicant organization operated solely for a national, social, fraternal, patriotic, political or athletic purpose and not for pecuniary gain?	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Is the applicant organization a regularly chartered branch, lodge or chapter of a national organization which is operated solely for the object of a patriotic or fraternal organization or society but not for pecuniary gain?	<input type="checkbox"/>	<input type="checkbox"/>
	(c) How long has the club been incorporated?		
	(d) Has applicant occupied an establishment for three years (three years required) that was operated solely for the reasons stated above?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Brew-Pub, Distillery Pub or Vintner's Restaurant applicants answer the following: (a) Has the applicant received or applied for a Federal Permit? (Copy of permit or application must be attached)	<input type="checkbox"/>	<input type="checkbox"/>
19a.	For all on-premises applicants. (If this is an application for a Hotel, Restaurant or Tavern License, the manager must also submit an Individual History Record - DR 8404-I)		
19b.	For all Liquor Licensed Drug Stores (LLDS) and Retail Liquor Stores (RLS) the manager must also submit an Individual History Record- DR 8404-I, Fingerprints, and obtain a Manager Permit.		
Last Name of Manager	First Name of Manager	Date of Birth	
DUGAN	DAVID	5/8/74	
19c. 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.			
Name	Type of License	Account Number	
	ATTACHMENT "A"		

20. Tax Dstraint Information. Does the applicant or any other person listed on this application and including its partners, officers, directors, stockholders, members (LLC) or managing members (LLC) and any other persons with a 10% or greater financial interest in the applicant currently have an outstanding tax dstraint issued to them by the Colorado Department of Revenue? If yes, provide an explanation and include copies of any payment agreements.				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. 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 submit fingerprint cards to the local licensing authority.				
Name	Home Address, City & State	DOB	Position	%Owned
DAVE DUGAN	BOX 6013 SMV CO 81615		OWNER/MGR	
Scott Callihan	BOX 6545 SMV CO 81615		MEMBER	
NEWAD RATAJLOVIC	BOX 6285 SMV CO 81615		MEMBER	
PETAR MILINOVIC	BOX 5212 SMV CO 81615		MEMBER	
** If Applicant is owned 100% by a parent company, please list the designated principal officer on question #20 ** Corporations - The President, Vice-President, Secretary and Treasurer must be accounted for on question #20 (Include ownership percentage if applicable) ** If total ownership percentage disclosed here does not total 100%, applicant must check this box: <input checked="" type="checkbox"/> Applicant affirms that no individual other than these disclosed herein, owns 10% or more of the applicant, and does not have ownership in a prohibited liquor license pursuant to Title 47 or 48, C.R.S.				
Oath Of Applicant				
I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Colorado Liquor or Beer Code which affect my license.				
Authorized Signature		Printed Name and Title		Date
		DAVID DUGAN / MGR / OWNER		9/29/16
Report and Approval of Local Licensing Authority (City/County)				
Date application filed with local authority		Date of local authority hearing (for new license applicants, cannot be less than 30 days from date of application 12-47-311 (1) C.R.S.)		
10/10/16				
The Local Licensing Authority Hereby Affirms that each person required to file DR 8404-I (Individual History Record) has <input checked="" type="checkbox"/> Been fingerprinted <input type="checkbox"/> Been subject to background investigation, including NCIC/CCIC check for outstanding warrants				
That the local authority has conducted, or intends to conduct, an inspection of the proposed premises to ensure that the applicant is in compliance with, and aware of, liquor code provisions affecting their class of license (Check One) <input type="checkbox"/> Date of inspection or anticipated date _____ <input checked="" type="checkbox"/> Will conduct inspection upon approval of state licensing authority				
<input type="checkbox"/> Is the Liquor Licensed Drug Store (LLDS) or Retail Liquor Store (RLS) within 1500 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of > 10,0000? <input type="checkbox"/> Is the Liquor Licensed Drug Store(LLDS) or Retail Liquor Store (RLS) within 3000 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of < 10,0000? NOTE-The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.				Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
The foregoing application has been examined, and the premises, business to be conducted, and character of the applicant are satisfactory. We do report that such license, if granted, will meet the reasonable requirements of the neighborhood and the desires of the adult inhabitants, and will comply with the provisions of Title 12, Article 46 or 47, C.R.S. Therefore, this application is approved.				
Local Licensing Authority for			Telephone Number	
			<input type="checkbox"/> Town, City <input type="checkbox"/> County	
Signature	Print	Title	Date	
Signature	Print	Title	Date	

Individual History Record

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

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

1. Name of Business ROARING Fork Collectives "SAKE"		Home Phone Number	Cellular Number 970-618-4113
2. Your Full Name (last, first, middle) DUGAN, DAVID ISSAC		3. List any other names you have used	
4. Mailing address (if different from residence) P.O. BOX 6013 SMV CO 81615		Email Address DAVIDDUGANASPEW@Yahoo.COM	
5. List current residence address. Include any previous addresses within the last five years. (Attach separate sheet if necessary)			
	Street and Number	City, State, Zip	
Current	P.O. BOX 6013	SNOWmass Vg Co 81615	From To 1997 Present
Previous			

6. List all employment within the last five years. Include any self-employment. (Attach separate sheet if necessary)				
	Name of Employer or Business	Address (Street, Number, City, State, Zip)	Position Held	From To
	Liquidated LLC		MGR/PTWR	2009 Present
	Village Beer		MGR/PTWR	Present

7. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry.			
	Name of Relative	Relationship to You	Position Held
			Name of Licensee

8. Have you ever applied for, held, or had an interest in a Colorado Liquor or Beer License, or loaned money, furniture, fixtures, equipment or inventory to any licensee? (If yes, answer in detail.) Yes No

Attachment "A"

9. Have you ever received a violation notice, suspension, or revocation for a liquor law violation, or have you applied for or been denied a liquor or beer license anywhere in the United States? (If yes, explain in detail.) Yes No

10. 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 No

11. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? (If yes, explain in detail.) Yes No

12. Have you ever had any professional license suspended, revoked, or denied? (If yes, explain in detail.) Yes No

Personal and Financial Information

Unless otherwise provided by law, the personal information required in question #13 will be treated as confidential. The personal information required in question #13 is solely for identification purposes.

13a. Date of Birth _____ b. Social Security Number _____ c. Place of Birth QUEENS, NYC d. U.S. Citizen Yes No

h. Naturalization Certificate Number _____ i. Date of Certification _____ j. If an Alien, Give Alien's Registration Card Number _____ k. Permanent Residence Card Number _____

l. Height 5'10 m. Weight 160 n. Hair Color DK BRN o. Eye Color BLUE p. Gender MALE q. Race WHITE r. Do you have a current Driver's License/ID? If so, give number and state. Yes No # 04-099-0591 State CO

14. Financial Information.
a. Total purchase price or investment being made by the applying entity, corporation, partnership, limited liability company, other. \$2

b. List the total amount of the personal investment, made by the person listed on question #2, in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases or fees paid. \$1
* If corporate investment only please skip to and complete section (d)
** Section b should reflect the total of sections c and e

c. Provide details of the personal investment described in 14b. You must account for all of the sources of this investment. (Attach a separate sheet if needed)

14B
DD

Type: Cash, Services or Equipment	Account Type	Bank Name	Amount
CASH	Checking	Alpine Bank	*

HA

d. Provide details of the corporate investment described in 14 (a). You must account for all of the sources of this investment. (Attach a separate sheet if needed)

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

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

Name of Lender	Address	Term	Security	Amount

Oath of Applicant

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

Authorized Signature [Signature] Print Signature DAVID DUGAN Title Mgr/OWNER Date 9/29/16

APPLICANT <i>David Isaac</i> 922 Hawbridge Ln. Snowmass Village CO 81615 10/11/16 <i>Meghan B...</i>	LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK NAME: <i>Dugan David Isaac</i>		FBI LEAVE BLANK		
	AKA:	CIT: <i>USA</i>	SEX: <i>M</i>	HAIR: <i>W</i>	EYES: <i>S-10</i>	DOB: <i>160 B</i>
Driver License 12-47-307(3)(A)(B)	FBI	MNU	SOC	MNU	LEAVE BLANK	



Individual History Record

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

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

1. Name of Business SCARLETT ERIC COLLECTIVE		Home Phone Number	Cellular Number 970, 948, 7150	
2. Your Full Name (last, first, middle) CALLIHAN SCOTT E		3. List any other names you have used		
4. Mailing address (if different from residence) PO Box 6515 SMV, CO 81615		Email Address SCALLIHAN@BASECAMPSHOWMASS.COM		
5. List current residence address. Include any previous addresses within the last five years. (Attach separate sheet if necessary)				
Street and Number		City, State, Zip		From
Current 169 TERRACE DR		SNOWMASS VILLAGE, CO 81615		2007
Previous				CURRENT

6. List all employment within the last five years. Include any self-employment. (Attach separate sheet if necessary)				
Name of Employer or Business	Address (Street, Number, City, State, Zip)	Position Held	From	To
NATIONAL CRESTERS GROUP	1658 DELAWARE, DENVER CO 81615	S.V.P.	10/1/15	9/30/16
BASECAMP BAR & GRILL	72 WOOD RD SMV, CO	FOUNDER	2/1/09	CURRENT
SLICE	69 WOOD RD SMV CO	FOUNDER	12/2012	CURRENT

7. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry.			
Name of Relative	Relationship to You	Position Held	Name of Licensee
N/A			

8. Have you ever applied for, held, or had an interest in a Colorado Liquor or Beer License, or loaned money furniture, fixtures, equipment or inventory to any licensee? (If yes, answer in detail.) Yes No

LIQUIDATED LLC
VILLAGE BARN LLC

9. Have you ever received a violation notice, suspension, or revocation for a liquor law violation, or have you applied for or been denied a liquor or beer license anywhere in the United States? (If yes, explain in detail.) Yes No

10. 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 No

11. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? (If yes, explain in detail.) Yes No

12. Have you ever had any professional license suspended, revoked, or denied? (If yes, explain in detail.) Yes No

Personal and Financial Information

Unless otherwise provided by law, the personal information required in question #13 will be treated as confidential. The personal information required in question #13 is solely for identification purposes.

13a. Date of Birth 1/16 b. Social Security Number 20016 c. Place of Birth STEWART, KS d. U.S. Citizen Yes No

e. Naturalized, state where KS f. When 1/16 g. Name of District Court STEWART, KS

h. Naturalization Certificate Number _____ i. Date of Certification _____ j. If an Alien, Give Alien's Registration Card Number _____ k. Permanent Residence Card Number _____

l. Height 6'3" m. Weight 190 n. Hair Color BRN o. Eye Color BRN p. Gender M q. Race C r. Do you have a current Driver's License/ID? If so, give number and state. Yes No # 92-033-608 State KS

14. Financial Information.
 a. Total purchase price or investment being made by the applying entity, corporation, partnership, limited liability company, other. \$ _____

b. List the total amount of the personal investment, made by the person listed on question #2, in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases or fees paid. \$ _____
 * If corporate investment only please skip to and complete section (d)
 ** Section b should reflect the total of sections c and e

c. Provide details of the personal investment described in 14b. You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment	Account Type	Bank Name	Amount
CASH	CHECKING	ALPINE BANK	
SERVICES			

d. Provide details of the corporate investment described in 14 (a) You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment	Loans	Account Type	Bank Name	Amount
BUSINESS CHECK - SOLD		CHECKING	ALPINE BANK	

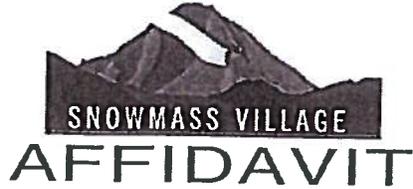
e. Loan Information (Attach copies of all notes or loans)

Name of Lender	Address	Term	Security	Amount
N/A				

Oath of Applicant

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

FINGER PRINT AFFIDAVIT



I, SCOTT CALLIHAM, being first duly sworn, state that I am an applicant for a liquor license for SAKE, Snowmass Village, Colorado; and that in connection with said application, I hereby state that I have not ever been convicted of a crime, fined, imprisoned, placed on probation, received a suspended sentence or forfeited bail for my offense in criminal or military court other than what has been reported within my application for said liquor license, except traffic violations which did not result in suspension or revocation of my driver's license or conviction of driving under the influence of alcoholic beverages.

This Affidavit is made for purpose of including the Local Liquor Licensing Authority of the Town of Snowmass Village, Colorado to approve the aforementioned liquor license application without the benefit of investigative reports from the Federal Bureau of Investigation and the Colorado Bureau of Investigation concerning any record that I may have with said agencies. This Affidavit is made with the knowledge and consent by me; and if this Affidavit for any reason proves to be false, the Snowmass Village Liquor Licensing Authority may revoke the license previously issued to me in reliance upon this Affidavit and said revocation may be accomplished without the necessity of any hearing.

[Signature]
Signature of Applicant

State of Colorado }
 } ss.
County of Pitkin }

The foregoing Affidavit was subscribed and sworn to before me this Oct, 2016, by SCOTT CALLIHAM

RHONDA B. COXON
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID #19974008526
My Commission Expires June 8, 2017

Witness my hand and official seal.

My commission expires _____
[Signature]
Notary Public

p:/shared/clerk/boards/liquor.tc/forms/affidavit-fingerprint

Individual History Record

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

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

1. Name of Business ROARING FORK COLLECTIVE		Home Phone Number	Cellular Number 970.366.2625			
2. Your Full Name (last, first, middle) RAFAELONIC NENAD		3. List any other names you have used NED				
4. Mailing address (if different from residence) P.O. BOX 6225 SNOWMASS 21615		Email Address NENADRATA@YALAB.COM				
5. List current residence address. Include any previous addresses within the last five years. (Attach separate sheet if necessary)						
Street and Number		City, State, Zip		From	To	
Current 923 BRUSH CREEK LN		SNOWMASS, CO, 81615		2011	PRESENT	
Previous 400 WOOD ROAD		SNOWMASS, CO, 81615		2009	2011	
6. List all employment within the last five years. Include any self-employment. (Attach separate sheet if necessary)						
Name of Employer or Business		Address (Street, Number, City, State, Zip)		Position Held	From	To
VILLAGE BARN LLC		69 WOOD ROAD SNOWMASS 81615		MANAGER	2012	PRESENT
LIME		350 GATEWAY BLVD SNOWMASS		MANAGER	2010	2012
7. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry.						
Name of Relative	Relationship to You	Position Held	Name of Licensee			
8. Have you ever applied for, held, or had an interest in a Colorado Liquor or Beer License, or loaned money, furniture, fixtures, equipment or inventory to any licensee? (If yes, answer in detail.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
I, HAVE OWNED LIQUOR LICENS IN RESTAURANT NAME "LIME" IN SNOWMASS VILLAGE						
9. Have you ever received a violation notice, suspension, or revocation for a liquor law violation, or have you applied for or been denied a liquor or beer license anywhere in the United States? (If yes, explain in detail.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

10. 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 No
11. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? (If yes, explain in detail.) Yes No
12. Have you ever had any professional license suspended, revoked, or denied? (If yes, explain in detail.) Yes No

Personal and Financial Information

Unless otherwise provided by law, the personal information required in question #13 will be treated as confidential. The personal information required in question #13 is solely for identification purposes.

13a Date of Birth		1b Social Security Number		1c Place of Birth <u>SERBIA</u>		1d U.S. Citizen <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
1e If Naturalized, state where			1f When		1g Name of District Court		
1h Naturalization Certificate Number		1i Date of Certification		1j If an Alien, Give Alien's Registration Card Number <u>203-053-004</u>		1k Permanent Residence Card Number	
1l Height <u>6'3"</u>	1m Weight <u>230</u>	1n Hair Color <u>Brown</u>	1o Eye Color <u>Blue</u>	1p Gender <u>M</u>	1q Race <u>W</u>	1r Do you have a current Driver's License/ID? If so, give number and state. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No # <u>09-196-0149</u> State <u>COLORADO</u>	

14. Financial Information.
- a. Total purchase price or investment being made by the applying entity, corporation, partnership, limited liability company, other. \$ 1
- b. List the total amount of the personal investment, made by the person listed on question #2, in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases or fees paid. \$ _____
- * If corporate investment only please skip to and complete section (d)
- ** Section b should reflect the total of sections c and e

c. Provide details of the personal investment described in 14b. You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment	Account Type	Bank Name	Amount
<u>Cash</u>	<u>Checking</u>	<u>US BANK</u>	

d. Provide details of the corporate investment described in 14 (a). You must account for all of the sources of this investment. (Attach a separate sheet if needed)

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

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

Name of Lender	Address	Term	Security	Amount

Oath of Applicant

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

Authorized Signature 	Print Signature <u>NENAD RADOJLOVIC</u>	Title <u>MANAGER</u>	Date <u>10/21/16</u>
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Individual History Record

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

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

1. Name of Business ROARING FORK COLECTIV		Home Phone Number	Cellular Number 305 7941267	
2. Your Full Name (last, first, middle) MILINOVIC PETAR		3. List any other names you have used		
4. Mailing address (if different from residence) PO BOX 5212, SNOWMASS VILLAGE, CO, 81615		Email Address PETARSAKE@YAHOO.COM		
5. List current residence address. Include any previous addresses within the last five years. (Attach separate sheet if necessary)				
Street and Number		City, State, Zip		From
To				
Current	912 BRUSH CREEK LAKE	SNOWMASS VILLAGE, CO, 81615	06/2015	PRESENT
Previous	36 COMMONS CIRCLE	SNOWMASS VILLAGE, CO, 81615	06/2015	06/2015
6. List all employment within the last five years. Include any self-employment. (Attach separate sheet if necessary)				
Name of Employer or Business		Address (Street, Number, City, State, Zip)		Position Held
From		To		
LITTLE MAMMOTH STEAKHOUSE		315 GATEWAY BLDG, SNOWMASS		MANAGER
VICEROY SNOWMASS		130 WOOD ROAD, SNOWMASS		SERVER
TAKAY SUSHI		320 S MILL STREET, ASPEN		SERVER
				06/2014
		10/2014		
7. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry.				
Name of Relative		Relationship to You		Position Held
				Name of Licensee
8. Have you ever applied for, held, or had an interest in a Colorado Liquor or Beer License, or loaned money, furniture, fixtures, equipment or inventory to any licensee? (If yes, answer in detail.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
I HAVE LIQUOR LICENCE ON MY NAME AT LITTLE MAMMOTH STEAKHOUSE				
9. Have you ever received a violation notice, suspension, or revocation for a liquor law violation, or have you applied for or been denied a liquor or beer license anywhere in the United States? (If yes, explain in detail.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

10. 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 No

11. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? (If yes, explain in detail.) Yes No

12. Have you ever had any professional license suspended, revoked, or denied? (If yes, explain in detail.) Yes No

Personal and Financial Information

Unless otherwise provided by law, the personal information required in question #13 will be treated as confidential. The personal information required in question #13 is solely for identification purposes.

13a. Date of Birth		b. Social Security Number		c. Place of Birth <i>NOVI SAD, SERBIA</i>		d. U.S. Citizen <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
e. If Naturalized, state where				f. When		g. Name of District Court	
h. Naturalization Certificate Number		i. Date of Certification		j. If an Alien, Give Alien's Registration Card Number <i>210-245-564</i>		k. Permanent Residence Card Number	
l. Height <i>6'4"</i>	m. Weight <i>215</i>	n. Hair Color <i>BLACK</i>	o. Eye Color <i>BROWN</i>	p. Gender <i>MALE</i>	q. Race <i>WHITE</i>	r. Do you have a current Driver's License/ID? If so, give number and state. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No # <i>14-138-0832</i> State <i>CO</i>	

14. Financial Information.
a. Total purchase price or investment being made by the applying entity, corporation, partnership, limited liability company, other. \$ _____

b. List the total amount of the personal investment, made by the person listed on question #2, in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases or fees paid. \$ _____
* If corporate investment only please skip to and complete section (d)
** Section b should reflect the total of sections c and e

c. Provide details of the personal investment described in 14b. You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment	Account Type	Bank Name	Amount
<i>CASH</i>	<i>CHECKING</i>	<i>ALPINE BANK</i>	<i>"</i>

d. Provide details of the corporate investment described in 14 (a). You must account for all of the sources of this investment. (Attach a separate sheet if needed)

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

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

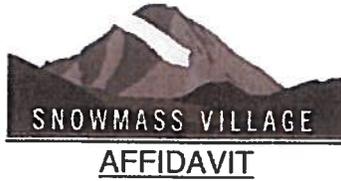
Name of Lender	Address	Term	Security	Amount

Oath of Applicant

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

Authorized Signature	Print Signature	Title	Date
----------------------	-----------------	-------	------

FUTURE CHANGES AFFIDAVIT



REGARDING NOTIFICATION OF ANY CHANGE IN STATUS OF LICENSE OWNERSHIP OR FINANCIAL INTEREST

I, DAVIDO DUGAN, depose and say, this 5th day of Oct, 2016, that I have been advised that any information changes to the application for a liquor license involving ownership or financial interest in the licensed or sought to be licensed premises must be reported, within 10 days, in writing to the Local Liquor Licensing Authority of the Town of Snowmass Village, Box 5010, Snowmass Village, CO 81615 and the Department of Revenue, Liquor Enforcement Division, 1375 Sherman St., Denver, CO 80261 and further say that I will abide by this provision.

[Signature]
(Pres., Partner, Owner, or Registered Mgr.)

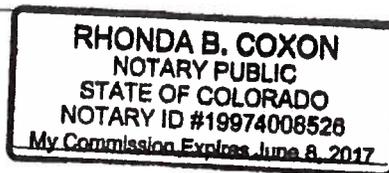
Address: P.O. BOX 6013
SNOWMASS VILLY
CO 81615

Subscribed and sworn to before me this 5 day of Oct, 2016.

(SEAL)

[Signature]
Notary Public

My commission expires: _____



P:/shared/clerk/liquor.tc/future changes affidavit

AFFIDAVIT OF TRANSFER AND STATEMENT OF COMPLIANCE

Pursuant to the requirements of 12-47-303(3)(b), Colorado Revised Statutes, Licensee hereby states that all accounts for alcohol beverages sold to the Applicant are:

- Paid in full. There are no outstanding accounts with any Colorado Wholesalers.
- Licensee hereby certifies that the following is a complete list of accounts for alcohol beverages that are unpaid:

Licensee and Applicant agree that all accounts will be paid for from the proceeds at closing by the Licensee Applicant

- Licensee unavailable to certify disposition of accounts for alcohol beverages - Inventory list attached. Transfer by operation of law - Regulation 47-304.
- Applicant will assume full responsibility for payment of the outstanding accounts as listed above.
- No alcohol beverage inventory transferred or sold.

Licensee hereby authorizes the transfer of its Colorado Retail Liquor License to the Applicant, its agent, or a company, corporation, partnership or other business entity to be formed by the Applicant.

Dated this _____ day of _____, 20 ____

Seller:

Succubus Acquisition Co
Licensee & License Number LLC

SAKE
Trade name

[Signature]
Signature

Vice President
Position

Craig Monello
Print Name

Buyer:

Roarung Foot Collectives
Applicant LLC

SAKE
Trade name

[Signature]
Signature

Owner / manager
Position

DALIA DUGAW
Print Name

Certificate of Completion

This Certificate of Completion of
eTIPS On Premise 3.0
For coursework completed on October 5, 2016
provided by Health Communications, Inc.
is hereby granted to:

David Dugan

Certification to be sent to:

**Roaring Fork Collective LLC, Sake
110 Carriage Way
Snowmass Village CO, 81615 USA**



HEALTH

INC

For complete and most current eTIPS certification standards, visit www.healthcommunications.com. Your certification certificate will be forwarded to you.



Colorado Secretary of State
 Date and Time: 09/02/2016 10:38 AM
 ID Number: 20161602551
 Document number: 20161602551
 Amount Paid: \$50.00

Document must be filed electronically.
 Paper documents are not accepted.
 Fees & forms are subject to change.
 For more information or to print copies
 of filed documents, visit www.sos.state.co.us.

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Organization

filed pursuant to § 7-80-203 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is

Roaring Fork Collective, LLC

(The name of a limited liability company must contain the term or abbreviation "limited liability company", "ltd. liability company", "limited liability co.", "ltd liability co.", "limited", "l.l.c.", "llc", or "ltd.". See §7-90-601, C.R.S.)

(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

2. The principal office address of the limited liability company's initial principal office is

Street address

110 Carriage Way

(Street number and name)

#3101

Snowmass Village

(City)

CO

(State)

81615

(ZIP/Postal Code)

United States

(Country)

(Province - if applicable)

Mailing address

(leave blank if same as street address)

PO Box 6013

(Street number and name or Post Office Box information)

Snowmass Village

(City)

CO

(State)

81615

(ZIP/Postal Code)

United States

(Country)

(Province - if applicable)

3. The registered agent name and registered agent address of the limited liability company's initial registered agent are

Name

(if an individual)

(Last)

(First)

(Middle)

(Suffix)

or

(if an entity)

(Caution: Do not provide both an individual and an entity name.)

Law Offices of Preston Fox, P.C.

Street address

205 S. Mill St.

(Street number and name)

Suite 301A

Aspen

(City)

CO

(State)

81611

(ZIP Code)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City) CO _____
(State) (ZIP Code)

(The following statement is adopted by marking the box.)

The person appointed as registered agent has consented to being so appointed.

4. The true name and mailing address of the person forming the limited liability company are

Name
(if an individual) _____
(Last) (First) (Middle) (Suffix)
or

(if an entity) Law Offices of Preston Fox, P.C.
(Caution: Do not provide both an individual and an entity name.)

Mailing address 205 S. Mill Street
(Street number and name or Post Office Box information)
Suite 301A
Aspen CO 81611
(City) (State) (ZIP/Postal Code)
United States
(Province - if applicable) (Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

The limited liability company has one or more additional persons forming the limited liability company and the name and mailing address of each such person are stated in an attachment.

5. The management of the limited liability company is vested in

(Mark the applicable box.)

one or more managers.

or

the members.

6. (The following statement is adopted by marking the box.)

There is at least one member of the limited liability company.

7. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

8. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are _____
(mm.dd/yyyy hour:minute am/pm)

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is named in the document as one who has caused it to be delivered.

9. The true name and mailing address of the individual causing the document to be delivered for filing are

<u>Fox</u>	<u>Preston</u>		
<small>(Last)</small>	<small>(First)</small>	<small>(Middle)</small>	<small>(Suffix)</small>
<u>205 S. Mill Street</u>			
<small>(Street number and name or Post Office Box information)</small>			
<u>Suite 301A</u>			
<u>Aspen</u>	<u>CO</u>	<u>81611</u>	
<small>(City)</small>	<small>(State)</small>	<small>(ZIP/Postal Code)</small>	
<u></u>	<u>United States</u>	<u>.</u>	
<small>(Province – if applicable)</small>	<small>(Country)</small>		

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Disclaimer:

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).

ATTACHMENT A

Liquor Violations

Snowmass Acquisition Company LLC dba Viceroy Hotel

06/27/2013, Sale to a minor

Fifteen day suspension: 6 days of active suspension, 9 days held in abeyance for one year.

Ten additional days of active suspension added due to previous violation.

Snowmass Acquisition Company LLC dba Viceroy Hotel

11/30/2012, Sale to a minor

Fine in Lieu of active suspension, ten days held in abeyance for one year.

Other Interests

Officers of Snowmass Acquisition Company LLC are also officers of Snowmass Hospitality LLC.

Snowmass Hospitality LLC previously held the liquor license at the Base Village Conference Center, 110 Carriage Way, Snowmass Village, CO 81615. This license has been transferred and is currently held by Snowmass Acquisition Company LLC.

Snowmass Hospitality LLC currently holds Tavern Liquor Licenses at the Snowmass Mountain Chalet, 115 Daly Lane, Snowmass Village.

Snowmass Acquisition Company LLC currently holds H&R Liquor licenses at the Viceroy Hotel, 130 Wood Road, Snowmass Village.

Snowmass Acquisition Company LLC currently holds H&R Liquor Licenses at the Ricard Brasserie and Liquor Bar, 110 Carriage Way, Unit 206/3107 in Snowmass Village.

Updated 9/2015

Attachment A

Other interests of David Dugan

1. 30% Stake in Liquidated LLC (DBA) Base Camp Bar and Grill
2. 25% Stake in Village Barn LLC (DBA) Slice

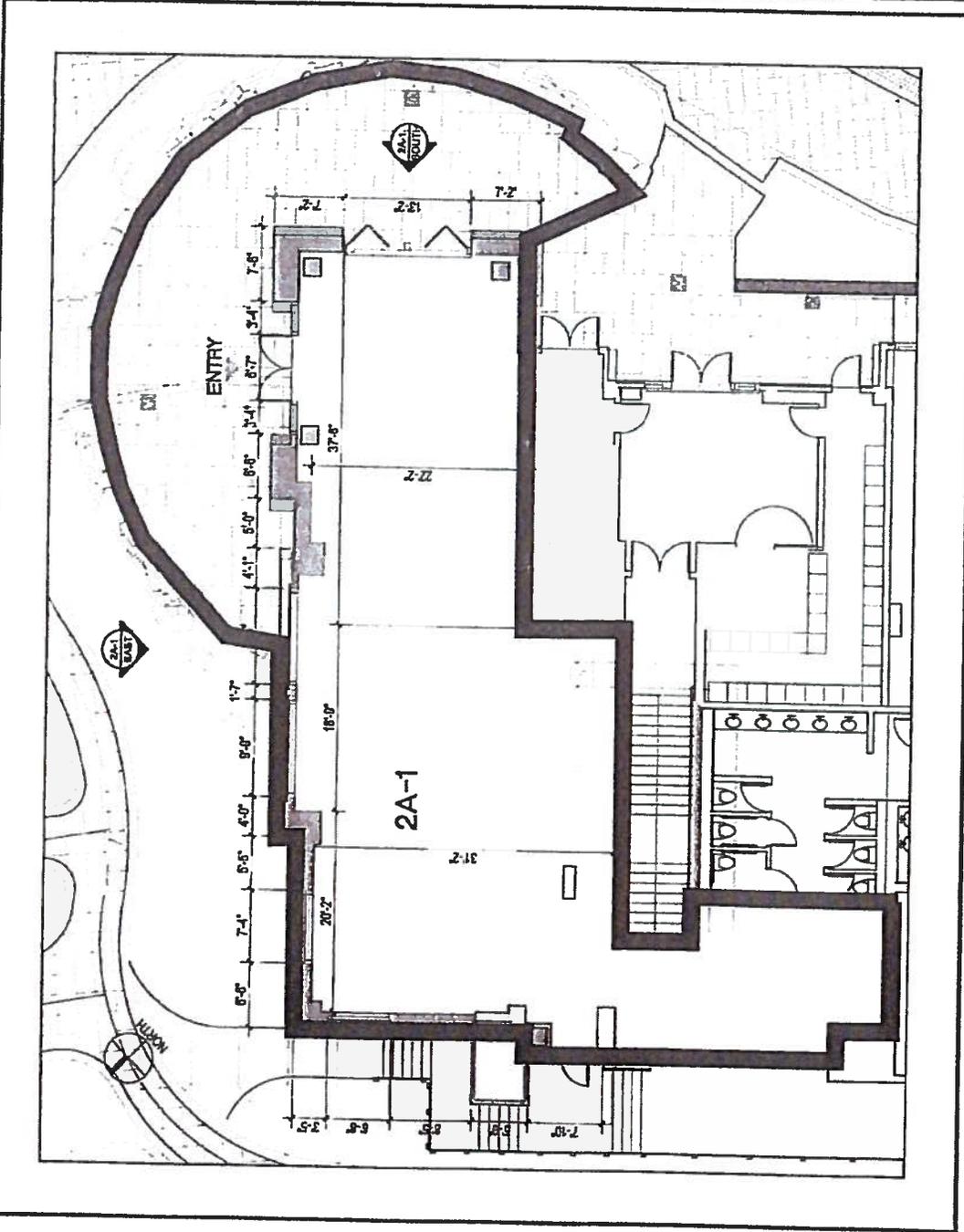
Attachment B

1. David Dugan - 05/08/1974 SS# 249-63-0328
2. Scott Calliham – 05/26/1965 SS# 511-76-5546
3. Nenad Rafajlovic – 07/25/1980 SS# 653-58-6070
4. Petar Milinovic – 08/07/1984 SS# 138-19-9072

Snowmass Acquisition Company LLC
 110 Carriage Way, Unit 3101 (2A-1), Snowmass Village, CO 81615
 CURRENT H&R LICENSED PREMISES - OVERVIEW/ PATIO DETAIL

SNOWMASS BASE VILLAGE

SCALE: 3/32" = 1'-0"



FOOD/ BEVERAGE

LOCAL NUMBER	2A-1
AREA IN SQUARE FEET	2008'-0"
STORE FRONTAGE IN LINEAR FEET	181'-0"
CEILING HEIGHT TO BOTTOM OF SLAB	16'-4"
PATIO AREA	1070'-0"



KEY MAP: NOT TO SCALE



SNOWMASS BASE VILLAGE
 CAPITAL PEAK LODGE 2A
 SNOWMASS VILLAGE, COLORADO

WE HEREBY CERTIFY THAT THE PROJECT DESCRIBED IN THIS PLAN IS THE PROPERTY OF THE CLIENT AND IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT THE WRITTEN PERMISSION OF THE ARCHITECT.

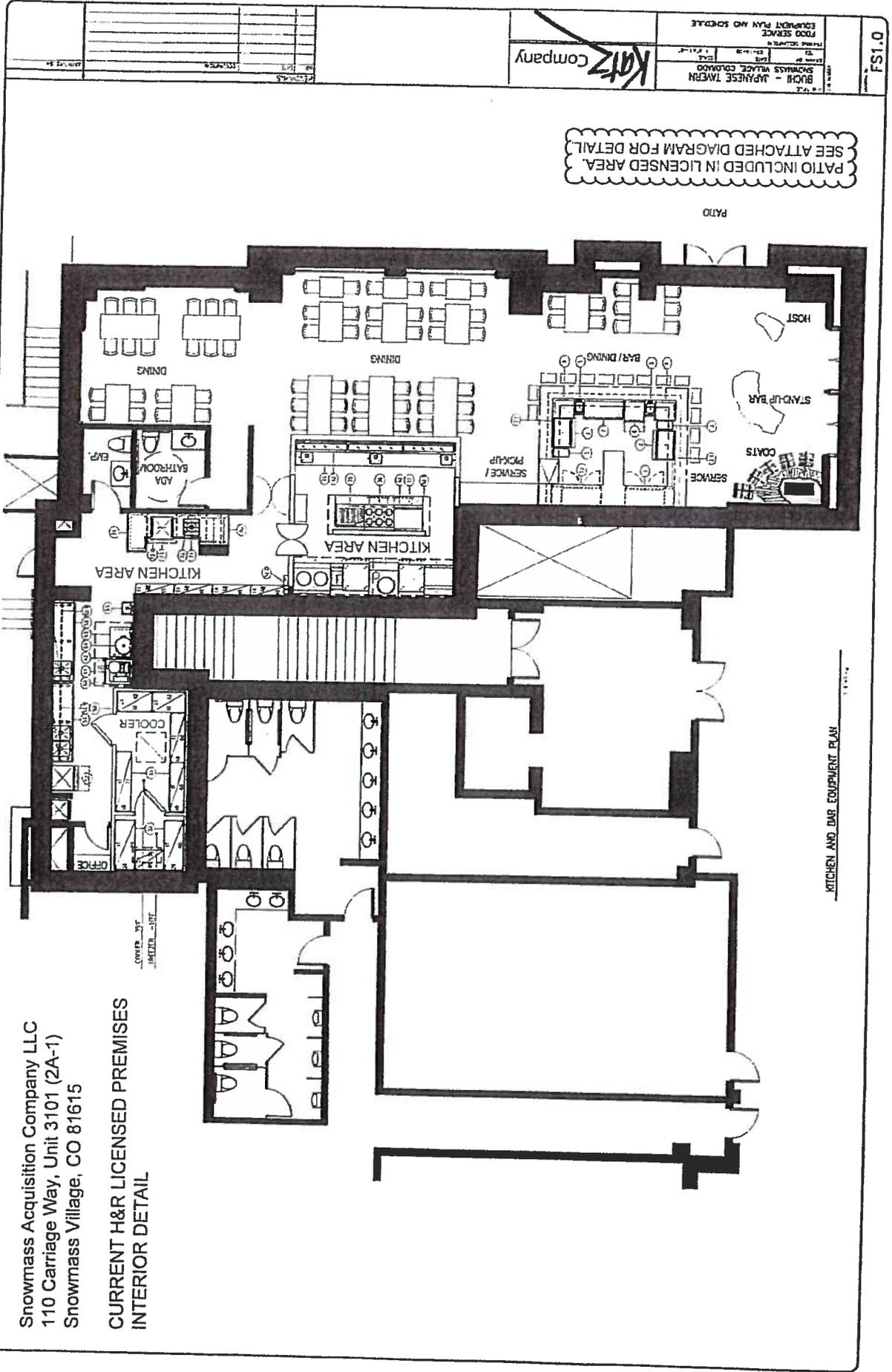


AUGUST 22, 2008

2A-1

Snowmass Acquisition Company LLC
 110 Carriage Way, Unit 3101 (2A-1)
 Snowmass Village, CO 81615

**CURRENT H&R LICENSED PREMISES
 INTERIOR DETAIL**



05/2016

1007

82-340/1021

⑆CHECK NUMBER

ROARING FORK COLLECTIVE LLC 09-16
PO BOX 8646
SNOWMASS VILLAGE, CO 81615

DATE 10/11/16

\$ 1420.00

DOLLARS

⑆

PAY TO THE ORDER OF

Colorado Dept of Revenue
Hunting Club Party Dinner and 500



18 Kearsley Rd. • P.O. Box 6490
Snowmass Village, CO 81615
(970) 823-8000 • Alpha Inco-Line (970) 946-4433

FOR DEPOSITOR'S USE ONLY

[Signature]

1008

82-340/1021

⑆CHECK NUMBER

ROARING FORK COLLECTIVE LLC 09-16
PO BOX 8646
SNOWMASS VILLAGE, CO 81615

DATE 10/11/16

\$ 940.50

DOLLARS

⑆

PAY TO THE ORDER OF

Four of Revenue College
Hunting Club Party Dinner and 500



18 Kearsley Rd. • P.O. Box 6490
Snowmass Village, CO 81615
(970) 823-8000 • Alpha Inco-Line (970) 946-4433

FOR DEPOSITOR'S USE ONLY

[Signature]

License ID: 50066

State Tax ID: 32875025

Amount Paid:\$750.00



Town of
SNOWMASS Village
State of Colorado By The Authority of

Town of Snowmass Village

Temporary Restaurant / Hotel Liquor License

To Sell At Retail Malt, Vinous & Spirituous Liquor

Sake

110 Carriage Way, Unit 3101, Snowmass Village, CO 81615

This License is to certify that the above establishment of the State of Colorado, has applied to sell Liquor at their premises, having paid the Town Treasurer the stated amount. Therefore, the applicant is hereby licensed to sell Liquors containing more than 3.2% Alcohol by weight for consumption on premise.

This License is issued subject to the Laws of the State of Colorado and especially under the provisions of Article 47 of Title 12. Colorado Revised Statutes. as amended.

*This License is valid for the date period of 10/18/2016 to 02/17/17,
unless revoked sooner as provided by Law.*

IN TESTIMONY WHEREOF, The Liquor Licensing Authority has hereunto subscribed its name by its officers duly authorized on _____.

Clerk

Town of Snowmass Village
Liquor Licensing Authority

POST IN A CONSPICUOUS PLACE

TOWN OF SNOWMASS VILLAGE
LIQUOR LICENSING AUTHORITY
REGULAR MEETING MINUTES
SEPTEMBER 13, 2016

CALL TO ORDER AT 4:00 P.M.

LLA Board Chair Boineau called to order the Town of Snowmass Village Regular Liquor Licensing Authority (LLA) Meeting of August 09, 2016 at 4:12 p.m.

Item No. 1: ROLL CALL

LLA BOARD MEMBERS PRESENT: Deidre Boineau, Michelle Bates, Janine Barth, Donna Aiken and Irene Greiser

LLA BOARD MEMBERS ASBENT: NONE

STAFF PRESENT: Rhonda Coxon, Town Clerk; Brian Olson, Chief of Police

PUBLIC PRESENT:

Item No. 2: CLERK'S NEEDS LIST – None at this time

Item No. 3: ANNUAL RENEWAL – SAM'S SMOKEHOUSE
Aspen Skiing Company – Hotel and Restaurant
Expiration Date: December 10, 2016
Registered Manager: Britt Miller

LLA Board Chair Boineau made a motion to approve the Annual Renewal for Sam's Smokehouse. It was seconded by LLA Board Member Greiser and approved by a vote of 5 in favor to 0 opposed.

Item No. 4: ANNUAL RENEWAL – SNOWMASS WESTERN HERITAGE
Snowmass Western Heritage – Snowmass Rodeo
Expiration Date: November 1, 2016
Register Manager: Darce Vold

LLA Board Member Aiken made a motion to approve the Annual Renewal for Snowmass Western Heritage. It was seconded by LLA Board Member Greiser and approved by a vote of 4 in favor to 0 opposed. LLA Board Member Bates was recused.

Item No. 5: ANNUAL RENEWAL – NEW BELGIUM RANGER STATION

Patches O'Houllihan, Inc

Expiration Date: November 5, 2016

Register Manager: Patrick Wasserman

LLA Board Chair Boineau made a motion to approve the Annual Renewal for New Belgium Ranger Station. It was seconded by LLA Board Member Bates and approved by a vote of 5 in favor to 0 opposed.

Item No. 6: APPROVAL OF MINUTES - Minutes for August 9, 2016

LLA Board Chair Boineau made a motion to approve the minutes for August 9, 2016. It was seconded by LLA Board Member Barth and approved by a vote of 3 in favor to 0 opposed. LLA Board Member Greiser and Aiken were not present for this meeting.

Item No. 7: LIQUOR LICENSEE LIST – No comments or corrections.

--Rhonda B. Coxon/Janet Tipton

There was a discussion about the dates for the next LLA Board Meeting and since there would not be a quorum for October 11th so it was scheduled for October 18, 2016.

Item No. 8: ADJOURNMENT

There being no further business LLA Board Member Aiken made a motion to adjourn the Regular Meeting of the Liquor License Authority on Tuesday, September 13, 2016 at 4:20 p.m. It was seconded by LLA Board Member Greiser and the motion was approved by a vote of 5 in favor to 0 opposed.

Submitted By

Rhonda B. Coxon, CMC

TOWN OF SNOWMASS VILLAGE
LIQUOR LICENSEE LIST
(Updated 08-29-2016)

1. Anderson Ranch Arts Center
P.O. Box 5598
Snowmass Village, CO 81615
Arts License
License No. 04311790001
Jessica Cerise (Designated TIPS Server)
jcerise@andersonranch.org
Telephone: 923-3181 Ext: 209
Registered Manager: Jessica Cerise
Renewal Date: 11-20-2016
State Renewal Fee: \$308.75
Town Renewal Fee: \$191.25
Certification Expiration Date: 9-23-2018
PREMISES OWNED
2. Artisan, The/ Stonebridge Inn
P.O. Box 5008
Snowmass Village, CO 81615
Hotel & Restaurant
License No. 80-33118000
Todd Heintz (Designated TIPS Server)
theintz@destinationhotels.com
Telephone: 923-2420 Fax=923-5889
Registered Manager: Todd Heintz
Renewal Date: 11-02-2016
State Renewal Fee: \$500.00
Town Renewal Fee: \$225.00
Certification Expiration Date: 01-16-2017
517-214-8983
PREMISES OWNED
3. Base Camp Bar & Grill Liquidated, LLC
P.O. Box 6545
73 Wood Rd., Units 1100 & 1200
Snowmass Village, CO 81615
Hotel & Restaurant
License No.25551320000
Brad Kennington (Designated TIPS Server)
970-948-7150
Telephone: 970-948-7150
Registered Manager: David Dugan
Restaurant; 970-923-6000
Renewal Date: 10-03-2017
State Renewal Fee: \$500.00
Town Renewal Fee: \$225.00
Certification Expiration Date: 10-09-2018
LEASE EXPIRES = 05-01-2017
scalliam@basecampsnowmass.com;
ddugan@basecampsnowmass.com
4. Base Village Conference Center
Snowmass Acquisition Company LLC
P.O. Box 6565
Snowmass Village, CO 81615
Tavern/City
License No: 4702731
Rick Lang (Designated TIPS Server)
Telephone 970-970-923-8000
Registered Manager: Ashley Lynch
Renewal Date: 05-29-2017
State Renewal Fee: \$500.00
Town Renewal Fee: \$225.00
PREMISES OWNED
Certification Expiration Date: 12/09/18
5. Bia Hoi-4Below, LLC
P.O. Box 5886
Snowmass Village, Co 81615
Hotel & Restaurant
License No. 4703316
Telephone: Restaurant 970-429-8796
Registered Manager: Jeffrey Armstrong
Renewal Date: 10-05-2016
State Renewal Fee: \$500.00
Town Renewal Fee: \$225.00

(Designated TIPS Server) Jeffrey Armstrong

Certification Expiration Date: 06-07-17
LEASE EXPIRES = 04-30-2019

6. Big Hoss Grill, LLC
P.O. Box 5698
Snowmass Village, CO 81615
Hotel & Restaurant
License No. 42-39219-0000
Teri Harrison (Designated TIPS Server)
zgstevesklar@yahoo.com

Telephone 274-2122
Registered Manager: Steve Sklar
Renewal Date: 09-28-2016
State Renewal Fee: \$500.00
Town Renewal Fee: \$225.00
Certification Expiration Date: 07-28-17
LEASE EXPIRES = 10-2016

7. Daly Bottle Shop
P.O. Box 5899
Snowmass Village, CO 81615
Retail Liquor Store
License No. 26-43078-0000
Andy Spitz (Designated TIPS Server)
dalybottle@gmail.com

Telephone: 923-4100
Registered Manager: Reed Lewis
Renewal Date: 09-10-2017
State Renewal Fee: \$227.50
Town Renewal Fee: \$172.50
Certification Expiration Date: 06/2019
LEASE EXPIRES = 10-31-2025

8. Edge Restaurant & Bar
P.O. Box I-2
Snowmass Village, CO 81615
Hotel & Restaurant
License No. 28-73450-0000
Jason DeBacker (Designated TIPS Server)
mharris@thetimberline.com

Telephone: 970-923-4004
Registered Manager: Jason DeBacker-Mary Harris
Renewal Date: 01-12-2017
State Renewal Fee: \$500.00
Town Renewal Fee: \$225.00
Certification Expiration Date: 11/29/2017
LEASE EXPIRES = 10-09-2020

9. Elk Camp Restaurant/ASC
P.O. Box 1248
Aspen, CO 81612
Hotel & Restaurant w/Optional Premises
License No. 26-09248-0051
Kirk Dieter Schindler (Designated TIPS Server)
abpreis@aspensnowmass.com

Telephone: 970-300-7158
Registered Manager: Kirk Dieter Schindler
Renewal Date: 04-29-2017
State Renewal Fee: \$500.00
Town Renewal Fee: \$300.00
Certification Expiration Date: 11/05/17
PREMISES OWNED

10. Gutterball, LLC
P.O. Box 6022
Snowmass Village, CO 81615
Tavern
License No. 4701252
Mark Reese (Designated TIPS Server)
reeceorama@aol.com

Telephone: 239-289-6555 970-429-8839
Registered Manager: Mark Reese
Renewal Date: 06-05-2017
State Renewal Fee: \$500.00
Town renewal Fee: \$225.00
Certification Expiration Date: 05/06/2017
LEASE EXPIRES = 11-30-2017

11. High Alpine Restaurant
P.O. Drawer 6400
Snowmass Village, CO 81615
Hotel & Restaurant
License No. 04-31206-0001
Gwyn Knowlton, Asst. Mgr.
Whitney Gordon-DeLuca
(Designated TIPS Server)
gwynshighalpine@gmail.com

Telephone: 923-3311/923-3318
George Gordon's Cell - 379-1681
Registered Manager: George Gordon
Renewal Date: 12-02-2016
State Renewal Fee: \$500.00
Town Renewal Fee: \$225.00
Certification Expiration Date: 10-14-2016
LEASE EXPIRES = 10-09-2020

12. Il Poggio Restaurant
P.O. Box 5965
Snowmass Village, CO 81615
Hotel & Restaurant
License No. 04-66270-0000
- Jeffrey "Ted" Greene (Designated TIPS Server)
greenes201@comcast.net
breesee@sopris.net
- Telephone: 923-4292 or 925-4016
or Chris Blachly, Owner = 963-9499
Registered Manager: Jeffrey "Ted" Greene
Renewal Date: 11-24-2016
State Renewal Fee: \$500.00
Town Renewal Fee: \$225.00
Certification Expiration Date: 06-03-2017
LEASE EXPIRES = 04-30-19
13. Krabloonik Restaurant
P.O. Box 5517
Snowmass Village, CO 81615
Hotel & Restaurant
License No. 4704142
Regina Phillips
Regina Phillips (Designated TIPS Server)
gina@krabloonik.com
LEASE EXPIRES = 12-31-2016
- Telephone: 923-3953 ext. 203
Registered Manager: Gina Phillips
Renewal Date: 03-26-2017
State Renewal Fee: \$500.00
Town Renewal Fee: \$225.00
Office Manager 923-3953 F=923-0246
Certification Expiration Date: 08-15-18
14. Little Mammoth Steak House
P.O. Box 5212
Snowmass Village, CO 81615
Hotel & Restaurant
License No. 4700565
Petar Milinovic (Designated TIPS Server)
petar@littlemammothsteakhouse.com
- Telephone: 970-923-8892
Registered Manager: Petar Milinovic: 305-710-1644
Renewal Date: 01-06-2017
State Renewal Fee: \$500.00
Town Renewal Fee: \$225.00
Certification Expiration Date: 01-16-17
LEASE EXPIRES = 05/2017
15. Lynn Britt Cabin/ASC
P.O. Box 1248
Aspen, CO 81612
Hotel & Restaurant
License No. 26-09248-0024
John Pfautz (Designated TIPS Server)
- abpreis@aspensnowmass.com
- Telephone: 923-0479
Registered Manager: John Pfautz
Renewal Date: 12-20-16
State Renewal Fee: \$500.00
Town Renewal Fee: \$225.00
Certification Expiration Date: 11-20-2018
- PREMISES OWNED**
16. New Belgium Ranger Station
P.O. Box 17108
Snowmass Village, CO 81615
Hotel & Restaurant
License No. 4700368
Wendy Harris
(Designated TIPS Server)
patrick@rangerstation.org
- Telephone: 970-236-6277 Ranger Station
Registered Manager: Patrick Wasserman
Renewal Date: 11-05-2017
State Renewal Fee: \$600.00-Storage
Town Renewal Fee: \$225.00
Certification Expiration Date: 11-2016
LEASE EXPIRES: 04-30-2018
401-263-5723 --Wasserman

17. Ricard Brasserie and Liquor Bar
Snowmass Acquisition Company.
P.O. Box 6565
Snowmass Village, CO 81615
Hotel & Restaurant
License No. 4703317
Andrea Rodriguez
(Designated TIPS Server)
andrea.rodriquez@viceroysnowmass.com Telephone: 970-923-8000
Restaurant Number 970-429-4163
Registered Manager: Andrea Rodriguez
Renewal Date: 09-08-2017
State Renewal Fee: \$500.00
Town Renewal Fee: \$225.00
Certification Expiration Date: 12-09-18
PREMISES OWNED
18. Sam's Smokehouse/ASC
P.O. Box 1248
Aspen, CO 81612
Hotel & Restaurant
License No. 26-09248-0026

Britt Miller
(Designated TIPS Server)
abpreis@aspensnowmass.com Telephone: 925-1220/309-5108 Linda Edward
Registered Manager: Britt Miller
0563 Light Hill Rd. - Basalt, CO 81621
Renewal Date: 12-10-2017
State Renewal Fee: \$500.00
Town Renewal Fee: \$225.00
Certification Expiration Date: 11/19/16
PREMISES OWNED
19. Silvertree F & B Operator, LLC
D/B/A Westin Snowmass Resort
P.O. Box 5009
Snowmass Village, Co 81615
License No. 42-96011-0000
Hotel & Restaurant
Allison Campbell (Designated TIPS Server)
jim.morrissey@westinsnowmass.com Telephone: 970-923-8240 Mgr 970-618-937
Registered Manager: Allison Campbell
Renewal Date: 12-15-2016
State Renewal Fee: \$500.00
Town Renewal Fee: \$225.00
Certification Expiration Date: 12/04/16
LEASE EXPIRES = 06-30-17
20. Snowmass Club/Toll Bros.
P.O. Drawer G2
Snowmass Village, CO 81615
Hotel & Restaurant w/Optional Premises
License No. 4701251

Donald Smith (Designated TIPS Server) Telephone: 923-5600
Registered Manager: Donald Andrew Smith
dsmith@tollbrothersinc.com
Renewal Date: 08-13-17
State Renewal Fee: \$500.00
Town Renewal Fee: \$300.00
PREMISES OWNED
Certification Expiration Date: 06-27-19
21. Snowmass Hospitality LLC
d/b/a Snowmass Mountain Chalet
P.O. Box 6565
Snowmass Village, CO 81615
Tavern
License No. 4705449
Scott Hirsch (Designated TIPS Server)
jvarghese@Related.com Telephone: 970-205-1947
Registered Manager: Scott Hirsch
Renewal Date: 11-04-2017
State Renewal Fee: \$500.00
Town Renewal Fee: \$225.00
PREMISES OWNED
Certification Expiration Date: 10/20/18
22. Snowmass Western Heritage Assn.
P.O. Box 5745
Snowmass Village, CO 81615
Optional Premises Telephone: 970-923-8898
e-mail darcevoid@snowmassrodeo.org
Registered Manager: Darce Vold 719-250-5010
Renewal Date: 11-01-2017

License No. 25-38465-0000

Inga Clayton (Designated TIPS Server)

23. Spider Sabich Race Arena/ASC
P.O. Box 1248 - Aspen, CO 81612
Hotel & Restaurant
License No. 26-09248-0002

David Gray (Designated TIPS Server)
abpreis@aspensnowmass.com

24. Stew Pot, The
P.O. Box 5868
Snowmass Village, CO 81615
Hotel & Restaurant
License No. 3525040000
Fletcher Duke 662-347-0437
(Designated TIPS Server)
fletcherduke@hotmail.com

25. Sundance Retail Liquor Store
P.O. Box 6280
Snowmass Village, CO 81615
Retail Liquor Store
License No. 04-46829-0000
Andrew Wicks (Designated TIPS Server)
barb@sundancewine.com

26. Taster's Restaurant
P.O. Box 6562
Snowmass Village, CO 81615
Beer & Wine
License No. 14-45138-0000
David Kamataris (Designated TIPS Server)
stacyforster@gmail.com

27. Turks Productions, LLC d/b/a Turks
P.O. Box 2330
Basalt, CO 81621
Tavern
License No. 4705722
Timothy F. Lucca (Designated TIPS Server)
turk@sopris.net

28. Two Creeks Mexican Cafe/ASC
P.O. Box 1248
Aspen, CO 81612
Hotel & Restaurant
License No. 26-09248-0000
Lynda Edwards F & B (Designated TIPS Server)

State Renewal Fee: \$600.00
Town Renewal Fee: \$300.00
Certification Expiration Date: 04-28-19
LEASE EXPIRES = 11-2018
Telephone: 923-1220/Office = 923-0465/Kitchen
Registered Manager: David Gray
Renewal Date: 09-06-2017
State Renewal Fee: \$500.00
Town Renewal Fee: \$225.00
Certification Expiration Date: 05-09-2018
PREMISES OWNED

Telephone: 923-2263 @ the Restaurant
Registered Manager: Fletcher Duke
Renewal Date: 11-17-2016
State Renewal Fee: \$500.00
Town Renewal Fee: \$225.00
Certification Expiration Date: 11-10-2018
LEASE EXPIRES = 04-15-2016

Telephone: 923-5890 X2 F=923-7995
Registered Manager: Steve Wicks
Renewal Date: 04-11-2017
State Renewal Fee: \$227.50
Renewal Fee: \$172.50
Certification Expiration Date: 02-2019
LEASE EXPIRES = 02-14-2024

Telephone: 923-5250 C=618-6797 Stacey
Registered Manager: Stacey Forster
Renewal Date: 06-04-2017
State Renewal Fee: \$351.25
Town Renewal Fee: \$198.75
Certification Expiration Date: 01-16-2017
LEASE EXPIRES = 04-30-2023

Telephone: 970-429-4761
Registered Manager: Timothy Lucca
Renewal Date: 12-16-2016
State Renewal Fee: \$500.00
Town Renewal Fee: \$225.00
Certification Expiration Date:
LEASE EXPIRES = 10-31-17

Telephone: 923-1220
Registered Manager: Lynda Edwards
Renewal Date: 05-30-2017
State Renewal Fee: \$500.00
Town Renewal Fee: \$225.00
Certification Expiration Date: 11/20/2018
PREMISES OWNED

abpreis@aspensnowmass.com

29. Ullrhof Restaurant
P.O. Box 1248
Aspen, CO 81612
Hotel & Restaurant
License No. 26-09248-0047
Paul Vallejos (Designated TIPS Server)
abpreis@aspensnowmass.com
Telephone: 300-7158
Registered Manager: Paul Vallejos
Renewal Date: 11-18-2016
State Renewal Fee: \$500.00
Town Renewal Fee: \$225.00
Certification Expiration Date: 07-21-2016
PREMISES OWNED
30. Up 4 Pizza/ASC
P.O. Box 1248
Aspen, CO 81612
Hotel & Restaurant
License No. 26-09248-0001
Lee Solomon (Designated TIPS Server)
abpreis@aspensnowmass.com
Telephone: 923-1220
Registered Manager: Lee Solomon
Renewal Date: 09-05-2017
State Renewal Fee: \$500.00
Town Renewal Fee: \$225.00
Certification Expiration Date: 11/19/2016
PREMISES OWNED
31. Tacos of Snowmass, LLC
Venga Venga Cantina & Tequila Bar
P.O. Box 5428
Snowmass Village, CO 81615
Hotel & Restaurant
License No. 25-58322-0000
Jacob M. Weber (Designated TIPS Server)
sivy@richardsandoval.com
Telephone: 970-923-7777
Shayna Ivy – 720-299-3249
Registered Manager: Shayna Ivy
Renewal Date: 12-01-2016
State Renewal Fee: \$500.00
Town Renewal Fee: \$225.00
Certification Expiration Date: 06-30-2017
LEASE EXPIRES = 08-31-2020
32. Viceroy Hotel, The
P.O. Box 6985
Snowmass Village, CO 81615
Hotel & Restaurant
License No. 4700566
Rick Lang (Designated TIPS Server)
RICK.LANG@VICEROYSNOWMASS.COM
Telephone: 970-456-3744 Rick Lang
Registered Manager: Rick Lang
Renewal Date: 03-27-2017
State Renewal Fee: \$500.00
Town Renewal Fee: \$225.00
Certification Expiration Date: 12-09-2018
PREMISES OWNED
33. Village Barn LLC d/b/a Slice
P.O. Box 6545
Snowmass Village, CO 81615
Hotel & Restaurant
License No. 4700723
Rafajlovic Nenad (Designated TIPS Server)
scalliham@basecampsnowmass.com; ddugan@basecampsnowmass.com;
cburrows@basecampsnowmass.com; nenadrafa@yahoo.com
Telephone: 970-948-7150
Registered Manager: Scott Calliham
Renewal Date: 12-18-2016
State Renewal Fee: \$500.00
Town Renewal: \$225.00
Certification Expiration Date: 03-01-2019
LEASE EXPIRES = 10-31-2017
34. Mountain Bayou, LLC
P.O. Box 6432
Snowmass Village, CO 81615
Hotel & Restaurant
License No. 4706066
Lynn Wemert (Designated TIPS Server)
carterroso@hotmail.com
Telephone: 970-319-2662
Registered Manager: Jason Neilson
Renewal Date: 03-09-2017
State Renewal Fee: \$500.00
Town Renewal Fee: \$225.00
Certification Expiration Date 12-09-2017
LEASE EXPIRES = 11-01-2017

35. Wildwood F & B Operators, LLC
d/b/a Holiday Inn Express Snowmass Village
P.O. Box 5037
Snowmass Village, CO 81615
Hotel & Restaurant
License No. 42-96012-0000
Anissa V. House (Designated TIPS Server)
jim.morrissey@westinsnowmass.com

Telephone: 970-923-8400/ 970-923-8283
Registered Manager: James Morrissey
Renewal Date: 12-20-2016
State Renewal Fee: \$500.00
Town Renewal Fee: \$225.00
LEASE EXPIRES = 06-30-2017
Certification Expiration date 12/02/2017

36. Zane's Tavern - Avalon West LLC
54 Twin Ridge Drive
Aspen, CO 81611
Hotel & Restaurant
License No. 09-86801-0000
Ed Zane (Designated TIPS Server)
annazane@aol.com; eddiezane@aol.com

Telephone: 379-2522 F=920-2662
Registered Manager: Edward W. Zane, Jr.
Renewal Date: 05-21-2017
State Renewal Fee: \$500.00
Town Renewal Fee: \$225.00
Certification Expiration Date 10/16/2017
LEASE EXPIRES = 04-01-2017

