

MEMO

To: Tom Baker
From: Melody Harrison, Town Clerk
Date: September 13, 2013
Re: Hacienda El Patron, LLC

Recommendation: Staff recommends that Council approve Resolution TC-2013-21, approving an application from White River Bar & Grill, Inc. for a Hotel and Restaurant License.

Policy Implications: Adopting this recommendation would be consistent with the requirements of the State Liquor Code.

Budget Implications: Adopting this recommendation would allow Hacienda El Patron, LLC to serve malt, vinous, and spirituous liquors for on-premises consumption and Town sales tax would be collected on sales of these beverages.


Department Head (signature)

Finance Director (signature)

Town Administrator (signature)

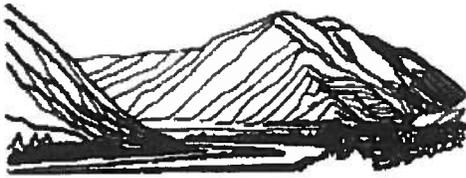
Background: Hacienda El Patron, LLC has applied for a hotel and restaurant license for 201 West Main Street.

The applicant requested that the State Liquor Enforcement Division review its application concurrently with the Town's review of the application. Concurrent review can reduce the amount of time between the date that the Town completes its review and the date that the State Liquor Enforcement Division completes its review.

Colorado Revised Statutes Section 12-47-307(3)(c) requires the applicant to submit to fingerprinting and requires that Council, as the local licensing authority, "use the information resulting from the fingerprints-based criminal history record check to investigate and to determine if an applicant is qualified for a license." The purpose of the check is to determine whether the applicant is one of the seven categories of persons who are prohibited from having a license (outlined in CRS Section 307(1)).

The applicant applied for the license in early August. At that time, the Town advised the applicant that he would need to call for his final building inspection on the unit for approval of the liquor license as well as the certificate of occupancy. Staff advised the applicant again on September 11, 2013 that he needed to call for his final inspection. Staff recommends that the liquor license be approved pending a final building inspection with the Town Building Inspector and District Fire Marshall.

See also attached reports from the Police Department.



The New Castle Police Department
450 West Main - Post Office Box 90
New Castle, Colorado 81647
(970) 984-2302

"Burning Mountain" - 1888

09/10/13

To: Town Clerk Melody Harrison
From: Chief Chris Sadler
NCPD 601
Re: New Liquor License – Hacienda El Patron LLC

Dear Melody,

I have received all documents associated with the application submitted by Samuel and Leticia Garcia in reference to the Hacienda El Patron. Upon review I have found no issues of note. I believe I previously responded to you regarding criminal histories of the above persons and would like to reiterate here there are no items contained therein which would reflect negatively on the application.

I have attached the standard requirement list provided to all establishments involved with the sales of liquor within the Town. I would like to request Hacienda El Patron be held to this same standard as follows:

1. Management, and all employees tasked with dispensing alcohol are to be TIPS or otherwise trained/certified in the responsible service of alcohol. The initial certification is to be provided to the police department as well as the Town Clerk - prior to the service of alcohol. TIPS classes (or their equivalent) are to be repeated yearly with associated certification forwarded to the PD and Town Clerk- prior to the license renewal.
2. A notebook is to be kept behind the bar/service counter for the purpose of immediate employee documentation of any and all disturbances or incidents occurring on, or near the licensed premise. (names, description of subject, date, time, nature of incident, police called, etc.) This notebook is to be readily available to the police department upon request.
3. The applicant is responsible for the employment of security personnel to deter unruly criminal behavior in and around the premises. The number of personnel required should be determined by volume, at a rate of one per thirty patrons.
4. The applicant is responsible for the sidewalk in front of or adjacent to the establishment. All trash, cigarette butts or other waste should be cleaned from the sidewalk (and gutter) when necessary, and, at the end of each business day.
5. A telephone must be kept in working order at all times for employee use in case of emergency in an easily accessible location.
6. The occupancy load of the premise must be posted. The applicant will not allow the occupancy load to exceed the posted limit.

7. Doors should remain shut after sunset and at any time it is believed the noise level emanating from the interior of the establishment is, or is becoming, excessive. (such as live bands)

Respectfully submitted,

Chief Chris Sadler

APPLICATION DOCUMENTS CHECKLIST AND WORKSHEET

Instructions: This check list 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.

ITEMS SUBMITTED, PLEASE CHECK ALL APPROPRIATE BOXES COMPLETED OR DOCUMENTS SUBMITTED

I. APPLICANT INFORMATION

- A. Applicant/Licensee identified.
- B. State sales tax license number listed or applied for at time of application.
- C. License type or other transaction identified.
- D. Return originals to local authority.
- E. Additional information may be required by the local licensing authority.

II. DIAGRAM OF THE PREMISES

- A. No larger than 8 1/2" X 11".
- B. Dimensions included (doesn't have to be to scale). Exterior areas should show control (fences, walls, etc.).
- C. Separate diagram for each floor (if multiple levels).
- D. Kitchen - identified if Hotel and Restaurant.

III. PROOF OF PROPERTY POSSESSION

- A. Deed in name of the Applicant ONLY (or)
- B. Lease in the name of the Applicant ONLY.
- C. Lease Assignment in the name of the Applicant (ONLY) with proper consent from the Landlord and acceptance by the Applicant.
- D. Other Agreement if not deed or lease.

IV. BACKGROUND INFORMATION AND FINANCIAL DOCUMENTS

- A. Individual History Record(s) (Form DR 8404-I).
- B. Fingerprints taken and submitted to local authority. (State authority for master file applicants.)
- C. Purchase agreement, stock transfer agreement, and or authorization to transfer license.
- D. List of all notes and loans.

V. CORPORATE APPLICANT INFORMATION (If Applicable)

- A. Certificate of Incorporation (and/or)
- B. Certificate of Good Standing if incorporated more than 2 years ago.
- C. Certificate of Authorization if foreign corporation.
- D. List of officers, directors and stockholders of parent corporation (designate 1 person as "principal officer").

VI. PARTNERSHIP APPLICANT INFORMATION (If Applicable)

- A. Partnership Agreement (general or limited). Not needed if husband and wife.

VII. LIMITED LIABILITY COMPANY APPLICANT INFORMATION (If Applicable)

- A. Copy of articles of organization (date stamped by Colorado Secretary of State's Office).
- B. Copy of operating agreement.
- C. Certificate of Authority (if foreign company).

VIII. MANAGER REGISTRATION FOR HOTEL AND RESTAURANT, TAVERN LICENSES WHEN INCLUDED WITH THIS APPLICATION

- A. \$75.00 fee.
- B. Individual History Record (DR 8404-I).

6. 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 No <input type="checkbox"/> <input checked="" type="checkbox"/>								
7. 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? (b) had an alcohol beverage license suspended or revoked? (c) had interest in another entity that had an alcohol beverage license suspended or revoked? If you answered yes to 7a, b or c, explain in detail on a separate sheet.	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>								
8. 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"/>								
9. 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"/>								
10. 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 or former financial interest in said business including any loans to or from a licensee.	<input type="checkbox"/> <input checked="" type="checkbox"/>								
11. 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 checked="" type="checkbox"/> Ownership <input type="checkbox"/> Lease <input type="checkbox"/> Other (Explain in Detail) _____	<input checked="" type="checkbox"/> <input type="checkbox"/>								
a. If leased, list name of landlord and tenant, and date of expiration, EXACTLY as they appear on the lease:									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%; height: 20px;">Landlord</td> <td style="width:35%;">Tenant</td> <td style="width:30%;">Expires</td> </tr> </table>	Landlord	Tenant	Expires						
Landlord	Tenant	Expires							
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". (Doesn't have to be to scale)									
12. 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.									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">NAME</th> <th style="width:15%;">DATE OF BIRTH</th> <th style="width:15%;">FEIN OR SSN</th> <th style="width:35%;">INTEREST</th> </tr> </thead> <tbody> <tr> <td style="height: 30px; vertical-align: top;">N/A</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	NAME	DATE OF BIRTH	FEIN OR SSN	INTEREST	N/A				
NAME	DATE OF BIRTH	FEIN OR SSN	INTEREST						
N/A									
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.									
13. Optional Premises or Hotel and Restaurant Licenses with Optional Premises Has a local ordinance or resolution authorizing optional premises been adopted?	Yes No <input type="checkbox"/> <input type="checkbox"/>								
Number of separate Optional Premises areas requested. _____ (See License Fee Chart)									
14. 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? COPY MUST BE ATTACHED.	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>								
15. Club Liquor License applicants answer the following and attach: (a) Is the applicant organization operated solely for a national, social, fraternal, patriotic, political or athletic purpose and not for pecuniary gain? (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? (c) How long has the club been incorporated? (Three years required) _____ (d) Has applicant occupied an establishment for three years that was operated solely for the reasons stated above?	Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>								
16. Brew-Pub License or Vintner Restaurant Applicants answer the following: (a) Has the applicant received or applied for a Federal Permit? (Copy of permit or application must be attached)	Yes No <input type="checkbox"/> <input type="checkbox"/>								
17a. Name of Manager (for all on-premises applicants) <u>Samuel P. Garcia</u> (If this is an application for a Hotel, Restaurant or Tavern License, the manager must also submit an Individual History Record (DR 8404-1).	Date of Birth <u>8-20-57</u>								
17b. 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.	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>								
18. Tax Distraint 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 distraint issued to them by the Colorado Department of Revenue? If yes, provide an explanation and include copies of any payment agreements.	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>								

19. 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 finger print cards to their local licensing authority.

NAME	HOME ADDRESS, CITY & STATE	DOB	POSITION	% OWNED*
Samuel P. Garcia	222 S E Ave New castle co 81647		owner	50
Leticia L. Garcia	222 S. E ave New castle co 81647		owner	50

*If total ownership percentage disclosed here does not total 100% applicant must check this box
 Applicant affirms that no individual other than these disclosed herein, owns 10% or more of the applicant

Additional Documents to be submitted by type of entity

- CORPORATION Cert. of Incorp. Cert. of Good Standing (if more than 2 yrs. old) Cert. of Auth. (if a foreign corp.)
 PARTNERSHIP Partnership Agreement (General or Limited) Husband and Wife partnership (no written agreement)
 LIMITED LIABILITY COMPANY Articles of Organization Cert. of Authority (if foreign company) Operating Agrmt.
 ASSOCIATION OR OTHER Attach copy of agreements creating association or relationship between the parties

Registered Agent (if applicable) _____ Address for Service _____

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 <i>Samuel P Garcia</i>	Title owner	Date 8-14-13
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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.
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THE LOCAL LICENSING AUTHORITY HEREBY AFFIRMS:

- That each person required to file DR 8404-I (Individual History Record) has: Yes No
- Been fingerprinted
 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)
- Date of Inspection or Anticipated Date _____
 Upon approval of state licensing authority.

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	Title	Date
Signature (attest)	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 or Tavern 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.

1. Name of Business

Hacienda El Patron

2. Your Full Name (last, first, middle)

Garcia Samuel P.

3. List any other names you have used.

N/A

4. Mailing address (if different from residence)

P.O. Box 109 New Castle Co 81647

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	222 S. Eau	New Castle Co 81647	03-01-13	to the present
Previous	380 oak Run Rd	Carbondale Co 81623	08-01-06	02-28-13

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
Garcias Cafe INC	0211 Hwy 133 Carbondale Co 81623	president	1999	2012
Garcias Cafe INC	201 W. main st New Castle 81647	president	2001	2013

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
Leticia Garcia	wife	cashier	
S.P.G	S.P.G	S.P.G	

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

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 SSN		c. Place of Birth <i>Chihuahua Mexico</i>		d. U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
e. If Naturalized, State where <i>California</i>				f. When		g. Name of District Court <i>Los Angeles</i>	
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'-11"</i>	m. Weight <i>215</i>	n. Hair Color <i>B</i>	o. Eye Color <i>B</i>	p. Sex <i>M</i>	q. Race <i>hispanic</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	

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 or fees paid \$ _____

c. Provide details of the investment described in 14.b. You must account for all of the sources of this investment. Attach a separate sheet if needed.

Type: Cash, Services or Equipment	Source	Amount

d. 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 <i>Samuel P. Garcia</i>	Title <i>owner</i>	Date <i>8-11-13</i>
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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 or Tavern 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.

1. Name of Business

Hacienda el Patron

2. Your Full Name (last, first, middle)

Garcia Leticia L

3. List any other names you have used.

N/A

4. Mailing address (if different from residence)

P.O. Box 109 New Castle Co 81647

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 222 S.E ave	New Castle Co 81647	3-1-13	present
Previous 380 oak Run Rd	Carbondale Co 81623	5-1-06	2-28-13

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
Garcias Cafe Inc	0211 Hwy 133 Carbondale 81623	Vice President	1999	2013

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

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 SSN	c. Place of Birth <i>Saxaca Mexico</i>	d. U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. If Naturalized, State where <i>California</i>	f. When	g. Name of District Court <i>Los Angeles</i>	
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>4-11</i>	m. Weight <i>170</i>	n. Hair Color <i>B</i>	o. Eye Color <i>B</i>
p. Sex <i>F</i>	q. Race <i>hispanic</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	

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 or fees paid \$ _____

c. Provide details of the investment described in 14.b. You must account for all of the sources of this investment. Attach a separate sheet if needed.

Type: Cash, Services or Equipment	Source	Amount

d. 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 <i>Retario Yacini</i>	Title <i>OWNER</i>	Date <i>8-14-13</i>
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201 w.

Main St

Ext Door



Hacienda El Patron LLC
Dining area

Ext floor

52'-0"

24'-0"

100'-0"

Ext Door

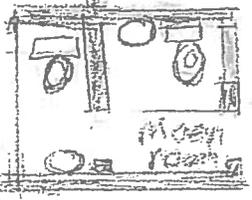
Ladies room

17'-0"

Bar

13'-0"

walk in cooler



prep room

Kitchen

Preparation area

Ext Door

ALL

ALL

(E) 12" Brick wall

Trash Container
over concrete

Recyclables
Containers

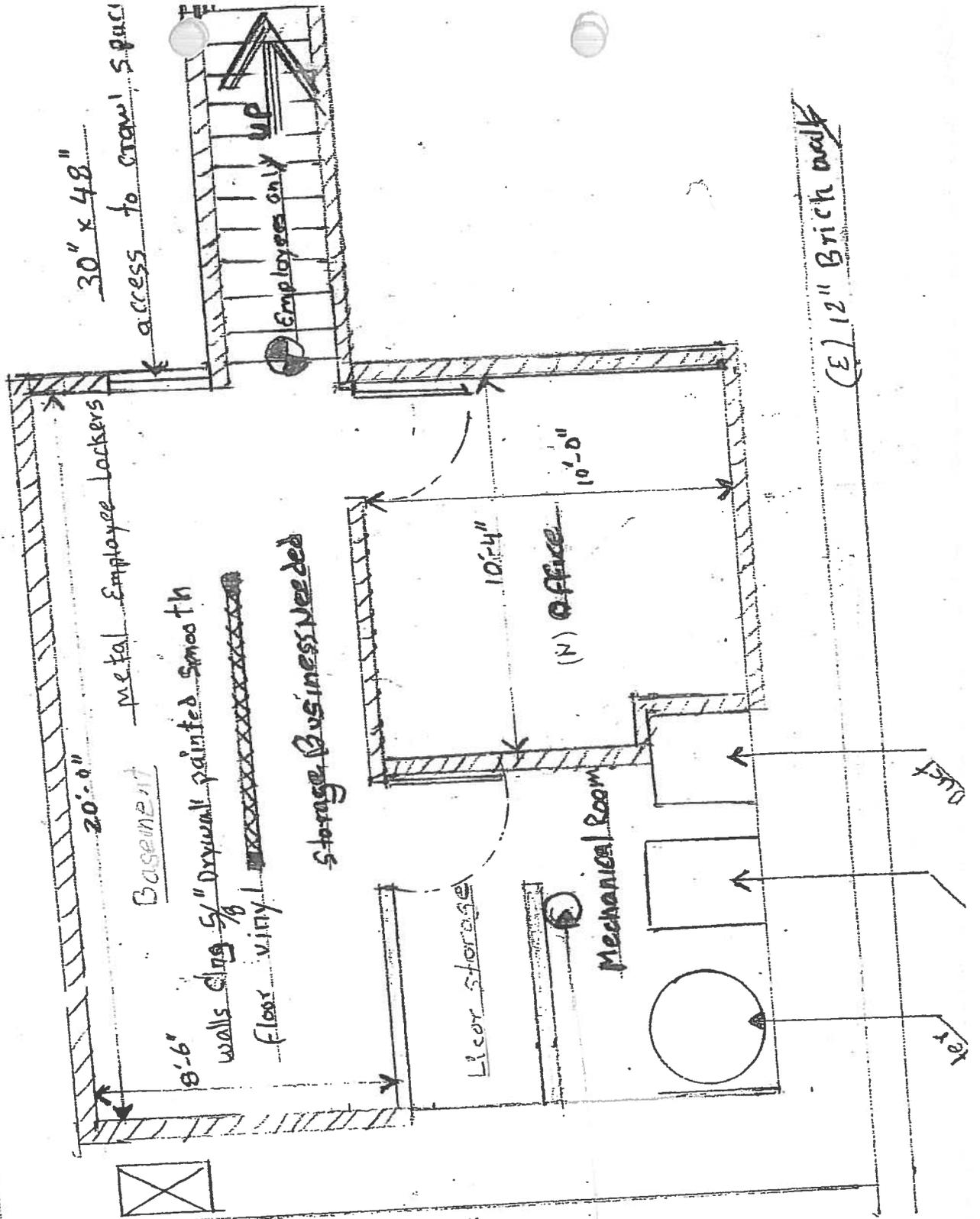
Access
30" x 30"

(E) Grease Interceptor

Alley

(E) 8" concrete block

(E) Swamp pump



30" x 48"

access to crawl space

Employees only UP

20'-0" Metal Employee lockers

Basement

8'-6" walls clng 5/8" Drywall painted smooth

floor vinyl

Storage Business Needed

10'-4"

(N) Office

10'-0"

Mechanical Room

ter

ter

(E) 12" Brick wall

STATE OF COLORADO
DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

LICENSE TO OPERATE A RETAIL FOOD ESTABLISHMENT

3274
\$255.00

ACCOUNT NUMBER use for all references	LIABILITY INFORMATION					ISSUE DATE			LICENSE VALID TO
	county	city	indust.	type	liability date	month	day	year	DECEMBER 31
279-75927-0000	23			C	04/24/2013	06/07/2013			2013

THIS LICENSE MUST BE POSTED AT THE FOLLOWING LOCATION:

201 W MAIN ST
New Castle, CO 81647

Hacienda El Patron LLC
Hacienda El Patron
P.O. Box 109
NEW CASTLE, CO 81647

This certifies that licensee shown hereon is authorized and licensed to engage in business in accordance with the provisions of the law and regulations of the Colorado Department of Public Health and Environment. Any alterations made on this license will automatically make it null and void.

**POST IN A
CONSPICUOUS
PLACE**

License Issued By Colorado Department of Public Health and Environment (CDPHE)

▲ Detach Here ▲

STATE COLORADO COUNTY GARFIELD RTA CITY NEW CASTLE

Must collect taxes for:

SALES TAX LICENSE

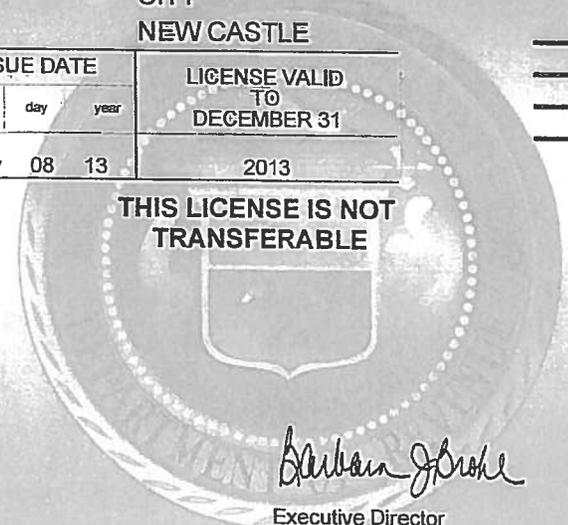
USE ACCOUNT NUMBER for all references	LIABILITY INFORMATION					ISSUE DATE			LICENSE VALID TO DECEMBER 31
	county	city	industry	type	liability date	month	day	year	
27975927-0000	24	0031	005	L	050113	May	08	13	2013

THIS LICENSE MUST BE POSTED AT THE FOLLOWING LOCATION
IN A CONSPICUOUS PLACE: HACIENDA EL PATRON LLC
201 W MAIN ST NEW CASTLE CO 81647-6401

THIS LICENSE IS NOT TRANSFERABLE



HACIENDA EL PATRON LLC
PO BOX 109
NEW CASTLE CO 81647-0109



Barbara J. Broke
Executive Director
Department of Revenue

▲ Detach Here ▲

Letter Id: L1228194112

Important Verification Process

If you are new to Colorado sales tax visit: www.Colorado.gov/revenue/salestaxbasics

VERIFY that all information on your sales tax license is correct. Modify and update any errors you identify on the Internet through Revenue Online. **Access your tax account, file returns, submit payments, verify sales tax licenses and view sales tax rates through Revenue Online at www.Colorado.gov/RevenueOnline**

All the information you need to register is on this document; have it with you before you begin. Follow these easy steps.

1. Go to www.Colorado.gov/RevenueOnline
2. Click on the **Sign Up (Individual or Business)** link on the right.
3. Click on **Continue**.

Now click on: **Enter Taxpayer Information**. Click on the down arrow in the Account Type list and select Other. Use the first 8-digits of the account number shown on your license. Complete the rest of the screen.

Next click on: **Enter Login Information** and complete the screen (this is information YOU get to create for the account).

Next click on: **Enter Account Information** and complete the screen.

Your Letter ID is: L1228194112

Then click the **Submit** button. You will see a confirmation page on your screen. You should receive a confirmation email from the Colorado Department of Revenue. If you do not, check your Junk email folder. Once you have your Authorization Code return to Revenue Online via the link in your email. Enter the Login ID and Password you created.

1. Click on the **Login** button.
2. Enter the Authorization Code from your email (first time only).
3. Click Login. You should then be in your account. NOTE: If you have additional tax types registered under the same Account Number, such as withholding, you will be able to view those tax types through the account. You do not need to create separate Login IDs and Passwords for each tax in your account.

Filing Returns

To file a return, go to Revenue Online (www.Colorado.gov/RevenueOnline). You must file a return for each reporting period. If you have no tax to report, file a "zero" return. Tax reporting and payment are your responsibility. To avoid late penalties and interest, file online on or before the due date. If you discontinue sales, you may close your business location through Revenue Online.

Learn more and avoid unnecessary errors by attending our free sales tax classes! Sign up at www.TaxSeminars.state.co.us

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

HACIENDA EL PATRON LLC

is a **Limited Liability Company** formed or registered on 04/18/2013 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 20131238396.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/05/2013 that have been posted, and by documents delivered to this office electronically through 08/06/2013 @ 16:29:35.

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 08/06/2013 @ 16:29:35 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8609027.



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/hi/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."

