AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Liquor License Transfer; SkyHighColorado LLC dba T

Action Requested: Board of County Commissioners' Signature

Parties to the Agreement: Kathy Similliom, County Clerk

Term Begins: **Term Ends:** **Grant Contract #:**

Summary:

Liquor License Transfer for SkyHigh Colorado LLC dba Taylor Park Trading Post

Fiscal Impact:

Submitted by: Kathy Simillion, County Clerk **Submitter's Email Address:** ksimillion@gunnisoncounty.org

Finance Review: ○ Required ◉ Not Required

Comments:

Reviewed by: Discharge Date:

County Attorney Review: ◉ Required ○ Not Required

Comments:
ok db 7/10/19

Reveiwed by: GUNCOUNTY1\dBaumgarten Discharge Date: 7/10/2019 Certificate of Insurance Required Yes ○ No ◉

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 7/11/2019

◉ Consent Agenda ○ Regular Agenda ○ Worksession Time Allotted: 0

Agenda Date: 7/16/2019

Revised April 2015

Gunnison County
COLORADO

GUNNISON COUNTY

THIS LICENSE MUST BE POSTED IN PUBLIC VIEW

GUNNISON COUNTY

GUNNISON COUNTY CLERK
221 N. WISCONSIN STREET
GUNNISON, COLORADO 81230

FORMENTED MALT BEVERAGE

ALCOHOL BEVERAGE LICENSE #04-01232
to sell/Malt Liquor for off premises
consumption in the County of Gunnison, Colorado.

SKYHIGH COLORADO LLC DBA TAYLOR PARK TRADING POST
23044 COUNTY ROAD 742
ALMONT, COLORADO 81210

Fee $100.00

Effective Dates: 07.01.19 – 07.01.2020

This license is issued subject to the laws of the State of Colorado and especially under the provisions of Title 44, Articles 4, 3, CRS 1973, as amended; and the Ordinances of the County of Gunnison as applicable.

Kathy Simillion 7-2-19

Gunnison County Clerk Date Board of County Commissioners Date
Kathy Simillion

THIS LICENSE MUST BE POSTED IN PUBLIC VIEW

DR 8402 (07/01/2012)

STATE OF COLORADO
DEPARTMENT OF REVENUE

LIQUOR ENFORCEMENT DIVISION
1697 Cole Blvd, Suite 200
Golden, CO 80401

SKYHIGH COLORADO LLC
dba TAYLOR PARK TRADING POST
23044 COUNTY ROAD 742
ALMONT CO 81210

ALCOHOL BEVERAGE LICENSE

Liquor License Number	License Expires at Midnight
04-01232	**07/01/2020**
License Type: **FERMENTED MALT BEVERAGE OFF (COUNTY)**	
Authorized Beverages: **FERMENTED MALT BEVERAGE**	

This license is issued subject to the laws of the State of Colorado and especially under the provisions of Title 44, Articles 4, 3, CRS 1973, as amended. This license is nontransferable and shall be conspicuously posted in the place above described. This license is only valid through the expiration date shown above. Any questions concerning this license should be addressed to: Colorado Liquor Enforcement Division, 1697 Cole Blvd, Suite 200 Golden, CO 80401.

In testimony whereof, I have hereunto set my hand. 7/2/2019 TR

Cory A. Amend

Cory Amend, Interim Division Director

Lu Córdova, Executive Director

DR 8403 (12/27/18)
COLORADO DEPARTMENT OF REVENUE
Liquor Enforcement Division
(303) 205-2300

Colorado Fermented Malt Beverage License Application

☐ New License ☐ New-Concurrent ☒ Transfer of Ownership

- **All answers must be printed in black ink or typewritten**
- **Applicant must check the appropriate box(es)**
- **Local license fee $ _____**
- **Applicant should obtain a copy of the Colorado Liquor and Beer Code:** *www.colorado.gov/enforcement/liquor*

1. Applicant is applying as a/an

☐ Corporation ☐ Partnership (includes Limited Liability and Husband and Wife Partnerships)

☐ Individual ☒ Limited Liability Company ☐ Association or Other

2. Applicant(s) If an LLC, name of LLC; if partnership, at least 2 partners' names; if corporation, name of corporation		FEIN
SKYHIGHCOLORADO, LLC		83-2775364
2a. Trade Name of Establishment (DBA)	State Sales Tax No.	Business Telephone
Taylor Park Trading Post	42434484	970-641-2555

3. Address of Premises (specify exact location of premises)
23044 County Rd 742

City	County	State	ZIP Code
Almont	Gunnison	CO	81210
4. Mailing Address (Number and Street)	City or Town	State	ZIP Code
Same			

5. Email Address
taylorpark5119@gmail.com

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

Present Trade Name of Establishment (DBA)	Present State License No.	Present Class of License	Present Expiration Date

Section A Nonrefundable Application Fees		**Section B** *Fermented Malt Beverage Beer License Fees*	
☐ Application Fee for New License	$550.00	☐ Retail Fermented Malt Beverage On-Premises (City)	$96.25
☐ Application Fee for New License - w/Concurrent Review	$650.00	☐ Retail Fermented Malt Beverage On-Premises (County)	$117.50
☒ Application Fee for Transfer	$550.00	☐ Retail Fermented Malt Beverage Off-Premises (City)	$96.25
		☒ Retail Fermented Malt Beverage Off-Premises (County)	$117.50
		☐ Master File Location Fee ..... $25.00 x _____ To _____	
		☐ Master File Background ..... $250.00 x _____ Total _____	

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**
			$

DR 8403 (12/27/18)

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.

Questions? Visit: *www.colorado.gov/enforcement/liquor* **for more information.**

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. Submit 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 (does not have to be to scale). Exterior areas should show control (fences, walls, etc.)
- ☐ C. Separate diagram for each floor (if multiple levels)
- ☐ D. Bold/Outlined licensed premises

III. Proof of Property Possession (One Year Needed)

- ☐ A. Deed in name of the applicant ONLY (or) (matching question #2) date stamped/filed with County Clerk
- ☐ B. Lease in the name of the applicant ONLY (matching question #2)
- ☐ 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 (attach prior lease to show right to assumption)

IV. Background Information and Financial Documents

- ☐ A. Individual History Record(s) (Form DR 8404-I)
- ☐ B. Fingerprints taken and submitted to the appropriate Local Licensing Authority through an approved State Vendor.
  Master File applicants submit results to the State using code 25YQHT with IdentoGO.
  The Vendors are as follows:
  IdentoGO - *https://uenroll.identogo.com/*
  Phone: (844)539-5539 (toll-free)
  IdentoGO FAQs: *https://www.colorado.gov/pacific/cbi/identification-faqs*
  Colorado Fingerprinting by American BioIdentity – Details to be announced
- ☐ C. Purchase agreement, stock transfer agreement, and/or authorization to transfer license
- ☐ D. List of all notes and loans.

V. Sole Proprietor/Husband and Wife Partnership (if applicable)

- ☐ A. Form DR 4679
- ☐ B. Copy of State Issued Driver's License or Identification Card for each Applicant

VI. Corporate Applicant Information (If Applicable)

- ☐ A. Certificate of Incorporation (date stamped by Colorado Secretary State's Office) and/or
- ☐ B. Certificate of Good Standing
- ☐ C. Certificate of Authorization if foreign corporation
- ☐ D. List of officers, directors and stockholders of parent corporation (designate one person as "principal officer")

VII. Partnership Applicant Information (If Applicable)

- ☐ A. Partnership Agreement (general or limited). Not needed if husband and wife
- ☐ B. Certificate of Good Standing (if formed after 2009)

VIII. Limited Liability Company Applicant Information (If Applicable)

- ☐ A. Copy of articles of organization (date stamped by Colorado Secretary of State's Office)
- ☐ B Certificate of Good Standing if organized more than two years
- ☐ C. Copy of operating agreement
- ☐ D. Certificate of Authority (if foreign company)

	Yes	No
7. Is the applicant (including any of the partners if a partnership; members or managers if a limited liability company; or officers, stockholders or directors if a corporation) or managers under the age of twenty-one years?	☐	☒
8. Has the applicant (including any of the partners if a partnership; members or managers if a limited liability company; or officers, stockholders or directors if a corporation) or managers 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 8a, b or c, explain in detail on a separate sheet		
9. Has a Fermented Malt Beverage license for the premises to be licensed been denied within the preceding one year? If "yes," explain in detail.	☐	☒
10. Is the proposed Retail Fermented Malt Beverage Off Premises license within 500 feet of any public or parochial school, the principal campus of any college, university, or seminary? NOTE: The distances are to be computed using the methods outlined under C.R.S. 44-3-313(1)(d)(II). Some limited exceptions apply under C.R.S. 44-3-313.	☐	☒
11. 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.	☐	☒
12. 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?	☒	☐

☒ Ownership ☐ Lease ☐ 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

b. Is a percentage of alcohol sales included as compensation to the landlord? If yes complete question 12.	☐	☐

c. Attach a diagram or designate the area to be licensed in black bold outline (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".

13. 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
Last Name	First Name	Date of Birth	FEIN or SSN	Interest

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.

14. Name of Manager(s) for all on premises applicants.

Last Name	First Name	Date of Birth
Brand	Tamara	10/29/64

15. 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.	☐	☒
16. **Tax Distraint Information.** Does the applicant or any other person listed on this application 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.	☐	☒

17. If applicant is a corporation, partnership, association or limited liability company, applicant must list all Officers, Directors, General Partners, and Managing Members. In addition, applicant must list any stockholders, partners, or members with ownership of 10% or more in the Applicant. All persons listed below must also attach form DR 8404-I (Individual History Record), and make an appointment to be fingerprinted by an approved State Vendor through the Vendor's website. See application checklist, Section IV, for details.

Name	Home Address, City & State	Date of Birth	Position	% Owned
Theodore C Brand	23044 Cty Rd 742 Almont CO	10/9/68	Member	50
Tamara L Brand	23044 Cty Rd 742 Almont CO	10/29/64	Member	50

** Limited Liability Companies and Partnerships - 100% of ownership must be accounted for on question #16
** Corporations - The President, Vice-President, Secretary and Treasurer must be accounted for on question #16
(Include ownership percentage if applicable)

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
Tamara L Brand	Tamara L Brand	6/10/19

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 44-3-311(1) C.R.S.
5-6-19	

Each person required to file DR 8404-I has been:

☑ Fingerprinted

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

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

(Check One)

☐ Date of Inspection or Anticipated Date _____

☑ Upon approval of state licensing authority

☐ For new Retail Fermented Malt Beverage Off Premises licenses, distance requirements of Senate Bill 18-243 are satisfied

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

Local Licensing Authority for		Telephone Number	☐ Town, City ☑ County
Gunnison County		970-641-7641	
Signature	Printed Name	Title	Date
Kathy Semillion	Kathy Simillion	County Clerk	5-10-19
Signature (attest)	Printed Name	Title	Date
Diane L. Fofoweu	Diane Fofowell	Deputy Clerk	5-10-19

From: Ted
Sent: Friday, April 26, 2019 12:09 PM
To: Jeff Franklin/Bank Of Colorado
Subject: Operation Agreement

Bank Of Colorado,

Theodore C. Brand and Tamara L. Brand, who are the members of SKYHIGHCOLORADO LLC and TNTCOLORADORANCH LLC, will not have an operation agreement in place at this time.

Sincerely,

Theodore C. Brand Member
Tamara L. Brand Member

Theodore C. Brand Member

E-Filed

Colorado Secretary of State
Date and Time: 12/10/2018 04:54 PM
ID Number: 20181962971

Document number: 20181962971
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 § 7-90-301 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is

SkyHighColorado, 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: 24043 Eagle Cliff Trl.
(Street number and name)

Conifer (City) CO (State) 80433 (ZIP/Postal Code)
(Province – if applicable) United States (Country)

Mailing address
(leave blank if same as street address): 24043 Eagle Cliff Trl
(Street number and name or Post Office Box information)

Conifer (City) CO (State) 80433 (ZIP/Postal Code)
(Province – if applicable) United States. (Country)

3. The registered agent name and registered agent address of the limited liability company's initial registered agent are

Name
(if an individual): Brand (Last) Theodore (First) C (Middle) (Suffix)

or

(if an entity)
(Caution: Do not provide both an individual and an entity name.)

Street address: 24043 Eagle Cliff Trl
(Street number and name)

Conifer (City) CO (State) 80433 (ZIP Code)

Mailing address
(leave blank if same as street address): 24043 Eagle Cliff Trl
(Street number and name or Post Office Box information)

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

Brand (Last) Theodore (First) C (Middle) (Suffix)

24043 Eagle Cliff Trl
(Street number and name or Post Office Box information)

Conifer (City) CO (State) 80433 (ZIP/Postal Code)

(Province – if applicable) United States (Country).

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

[X] 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).

Conifer (City) CO (State) 80433 (ZIP Code).

(The following statement is adopted by marking the box.)

[X] 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) Brand (Last) Theodore (First) C (Middle) (Suffix)

or

(if an entity) _____

(Caution: Do not provide both an individual and an entity name.)

Mailing address 24043 Eagle Cliff Trl
(Street number and name or Post Office Box information)

Conifer (City) CO (State) 80433 (ZIP/Postal Code)

(Province – if applicable) United States (Country).

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

[X] 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

[X] the members.

6. *(The following statement is adopted by marking the box.)*

[X] 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.)*

[X] 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.

Tamara L. Brand
24043 Eagle Cliff Trl
Conifer, CO 80433
United States

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 12-10-2018

Employer Identification Number:
83-2775364

Form: SS-4

Number of this notice: CP 575 B

SKYHIGHCOLORADO LLC
THEODORE C BRAND MBR
24043 EAGLE CLIFF TRL
CONIFER, CO 80433

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-2775364. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065 03/15/2019

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.

* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.

* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is SKYH. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records. CP 575 B (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

9999999999

Your Telephone Number Best Time to Call
( ) -

DATE OF THIS NOTICE: 12-10-2018
EMPLOYER IDENTIFICATION NUMBER: 83-2775364
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

SKYHIGHCOLORADO LLC
THEODORE C BRAND MBR
24043 EAGLE CLIFF TRL
CONIFER, CO 80433

Instructions: Please print this document for your records.

MyBizColorado

COLORADO DEPT OF REVENUE

Thank you for registering with the Colorado Department of Revenue!
Your electronic application has been received.
You will receive your Sales Tax License and/or Wage Withholding information in the mail in the next 10 business days.

You may use this receipt as a temporary Sales Tax License in the interim.

Filing Information

Your filing information is as follows

Date: 4/16/19

Name: SkyHighColorado, LLC

Address: 23044 County Road 742\n\nAlmont,
Colorado 81210-9761

Sales Tax Account Number: 42434484

Sales Tax Filing Frequency: Monthly ($300 in taxes/mo or more)

Wage Withholding Account Number: 42434484

Wage Withholding Filing Frequency: Monthly ($7,000 to $49,000/year)

Websites

State of Colorado: www.colorado.gov

Colorado Department of Revenue: www.colorado.gov/revenue

Colorado Department of Revenue Online Customer Support Site:
revenuestateco.custhelp.com

File and pay your sales tax online: www.colorado.gov/RevenueOnline

Register to pay by EFT: www.colorado.gov/revenue/eft

Please wait 2-3 business days while we validate your registration before attempting to access your account in Revenue Online. You will receive your license(s) in the mail within 10 business days. If you do not already have access to Revenue Online, you may use information from that letter to sign-up.

DR 8004 (12/21/16)
COLORADO DEPARTMENT OF REVENUE
Liquor Enforcement Division
(303) 205-2300

Wholesaler Affidavit of Compliance

Section 12-47-303(1)(d), C.R.S.

Wholesaler Licensee Name (If an LLC; partnership; corporation or name of corporation) High Country Beverage Corp.		License Number 23687180001	
Trade Name of Establishment/Doing Business As (DBA) High Country Beverage Corp.		Phone Number 970-622-8444	
Physical Address 4200 Ronald Reagan Blvd	City Johnstown	State CO	ZIP 80534
Email Address www.highcountrybeverage.com			
Transferor Retailer Licensee Name Taylor Park Trading Post Inc.		License Number 28121660000	
Trade Name of Establishment/Doing Business As (DBA) Taylor Park Trading Post Inc.		Phone Number 970-641-2555	
Physical Address 23044 Cnty Rd 742	City Almont	State CO	ZIP 81210

The above wholesaler affirms that all alcohol beverages delivered to the above transferor retailer are:

☒ Paid in Full (only for the purposes of complying with section 12-47-303(1)(d), C.R.S.)

Note: If Paid in full is selected, the wholesaler may no longer extend credit to the transferee or transferor until the local and state licensing authorities have approved the transfer of the liquor license.

☐ Not Paid in Full

Wholesaler: High Country Beverage Corp			
Signature	Print Carly Stephen	Title Accounting Manager	Date 06/19/19