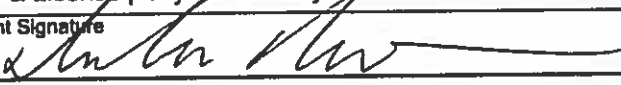


## Application for Colorado Liquor Sales Room

### Regulation 47-428, 1 C.C.R. 203-2

<input type="checkbox"/> Malt Liquor <input checked="" type="checkbox"/> Limited Winery <input type="checkbox"/> Winery <input type="checkbox"/> Distillery				<input type="checkbox"/> Temporary (3 days or less)		<input checked="" type="checkbox"/> Permanent	
1. Name of Applicant exactly as it appears on your current Colorado Liquor License. Kingman Enterprises LLC							
2. Trade Name of Applicant Kingman Estates Winery							
3. State Sales Tax No. 02560933-0000				Applicant Liquor License No. 02560933-0000			
4. Business Address of Applicant (Number and Street) 800 East 64th Avenue				City Denver		State CO	ZIP 80229
5. Mailing Address (Number and Street) 2319 Fairfax Street				City Denver		State CO	ZIP 80207
6. Phone Number 720-560-7270				7. Email Address dkingman@kingmanwine.com			
8. Sales Room Location (Full Address) 700 Colorado Blvd, Unit C, Denver CO, 80206				9. Dates of Events: From Date: _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM To Date: _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM			
10. Rights to Premises Granted by: (attach a copy of the Premises Use Authorization letter or lease if not previously submitted)							
11. Renting/Leasing % Basis <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		12. If Yes, List % and Interested Party. Use Additional Sheet if Necessary. 50% of profit to owners of Stargazer Fine Chocolates					
13. Alcohol will be sold (check all that apply) <input checked="" type="checkbox"/> For on-premises consumption <input checked="" type="checkbox"/> For off-premises consumption							
14. Additional Required Documents <input checked="" type="checkbox"/> Attach an outlined diagram of proposed premises <input checked="" type="checkbox"/> Attach a copy of the premises control plan describing how the premises will be controlled to ensure compliance with liquor code and rules. It must include restricting sales to minors and visibly intoxicated persons and insuring that customers cannot leave the premises with an open container of alcohol. <input type="checkbox"/> Attach a copy of any contracts and/or operating agreements pertaining to the sales room.							
Local Licensing Authority Name Excise & License   City and County of Denver - Audra Miller				Date Application Copy Submitted to Local Licensing Authority January 22, 2018			
Applicant Signature 				Title Co-Owner		Date January 22, 2018	
<b>Notice to Local Licensing Authority</b>							
<p>This application for a Sales Room will be granted to the above name applicant unless any of the below listed conditions apply. If any of these conditions apply please contact the State Licensing Authority immediately.</p> <p><input type="checkbox"/> Issuance of this permit would impact traffic, noise, or other neighborhood concerns in a manner that is inconsistent with local regulations or ordinances.</p> <p><input type="checkbox"/> If granted this permit would result in violations of the Colorado liquor code or the laws of the local government. (specify)</p> <p><input type="checkbox"/> Issuance of this permit would violate local zoning laws.</p> <p>For events lasting <u>three consecutive days or less</u>, the Local Licensing Authority has <b>ten (10) business days</b> to submit its determination to the State Licensing Authority.</p> <p>For events lasting <u>four or more consecutive days</u>, the Local Licensing Authority has <b>forty-five (45) days</b> to submit its determination to the State Licensing Authority.</p> <p>Local Licensing Authorities can send the approval via mail or email to dor_led@state.co.us</p> <p>If the Local Licensing Authority does not submit a response or determination within the time specified, the State Licensing Authority shall deem that the Local Licensing Authority has determined that the proposed sales room will not impact traffic, noise, or other neighborhood concerns in a manner that is inconsistent with local regulations or ordinances or that the applicant will sufficiently mitigate any impacts identified by the Local Licensing Authority.</p>							
Licensing Authority Signature <input type="checkbox"/> Object <input type="checkbox"/> Do Not Object				Local Licensing Authority Contact Name/Phone Number			

If the Local Licensing Authority objects to the sales room, provide a separate page with details of the objection.