

Name Eggstrodinary Restaurants Leetsdale, L.L.C.		Type of License Hotel & Restaurant		Account Number		
21. Campus Liquor Complex applicants answer the following:						
(a) Is the applicant an institution of higher education?					Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>
(b) Is the applicant a person who contracts with the institution of higher education to provide food services? If "yes" please provide a copy of the contract with the institution of higher education to provide food services.					<input type="checkbox"/>	<input type="checkbox"/>
					N/A	
22. For all on-premises applicants.						
a. Hotel and Restaurant, Lodging and Entertainment, Tavern License and Campus Liquor Complex, the Registered Manager must also submit an Individual History Record - DR 8404-I and fingerprints.						
b. For all Liquor Licensed Drugstores (LLDS) the Permitted Manager must also submit a Manager Permit Application - DR 8000 and fingerprints.						
Last Name of Manager Paulson			First Name of Manager David			
23. 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.						
					<input type="checkbox"/>	<input checked="" type="checkbox"/>
24. Related Facility - Campus Liquor Complex applicants answer the following:						
a. Is the related facility located within the boundaries of the Campus Liquor Complex? If yes, please provide a map of the geographical location within the Campus Liquor Complex. If no, this license type is not available for issues outside the geographical location of the Campus Liquor Complex.					Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>
b. Designated Manager for Related Facility- Campus Liquor Complex					N/A	
Last Name of Manager N/A			First Name of Manager N/A			
25. 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.						
					<input type="checkbox"/>	<input checked="" type="checkbox"/>
26. 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 Eggstrodinary Restaurants, L.L.C.	Home Address, City & State	DOB N/A	Position Owner	%Owned 100%		
Name James P. Gregory	Home Address, City & State	DOB	Position President	%Owned 0%		
Name Jessen L. Gregory	Home Address, City & State	DOB	Position VP & Sec.	%Owned 0%		
Name	Home Address, City & State	DOB	Position	%Owned		
Name	Home Address, City & State	DOB	Position	%Owned		
** If applicant is owned 100% by a parent company, please list the designated principal officer on above.						
** Corporations - the President, Vice-President, Secretary and Treasurer must be accounted for above (Include ownership percentage if applicable)						
** If total ownership percentage disclosed here does not total 100%, applicant must check this box:						
<input type="checkbox"/> Applicant affirms that no individual other than these disclosed herein owns 10% or more of the applicant and does not have financial interest in a prohibited liquor license pursuant to Article 3 or 5, C.R.S.						