

Name	Type of License	Account Number																														
<p>20. Club Liquor License applicants answer the following: Attach a copy of applicable documentation</p> <p>a. Is the applicant organization operated solely for a national, social, fraternal, patriotic, political or athletic purpose and not for pecuniary gain? N/A <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>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"/></p> <p>c. How long has the club been incorporated? N/A</p> <p>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"/></p>																																
<p>21. Brew-Pub, Distillery Pub or Vintner's Restaurant applicants answer the following:</p> <p>a. Has the applicant received or applied for a Federal Permit? (Copy of permit or application must be attached) N/A <input type="checkbox"/> <input type="checkbox"/></p>																																
<p>22. Campus Liquor Complex applicants answer the following:</p> <p>a. Is the applicant an institution of higher education? Yes No <input type="checkbox"/> <input type="checkbox"/></p> <p>b. Is the applicant a person who contracts with the institution of higher education to provide food services? N/A <input type="checkbox"/> <input type="checkbox"/> If "yes" please provide a copy of the contract with the institution of higher education to provide food services.</p>																																
<p>23. For all on-premises applicants.</p> <p>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 fingerprint submitted to approved State Vendor through the Vendor's website. See application checklist, Section IV, for details.</p> <p>b. For all Liquor Licensed Drugstores (LLDS) the Permitted Manager must also submit a Manager Permit Application - DR 8000 and fingerprints.</p>																																
Last Name of Manager		First Name of Manager																														
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<p>24. 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"/></p>																																
<p>25. Related Facility - Campus Liquor Complex applicants answer the following:</p> <p>a. Is the related facility located within the boundaries of the Campus Liquor Complex? Yes No <input type="checkbox"/> <input type="checkbox"/> 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.</p> <p>b. Designated Manager for Related Facility- Campus Liquor Complex N/A</p>																																
Last Name of Manager		First Name of Manager																														
<p>26. Tax Information.</p> <p>a. Has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or any other person with a 10% or greater financial interest in the applicant, been found in final order of a tax agency to be delinquent in the payment of any state or local taxes, penalties, or interest related to a business? Yes No <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>b. Has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or any other person with a 10% or greater financial interest in the applicant failed to pay any fees or surcharges imposed pursuant to section 44-3-503, C.R.S.? <input type="checkbox"/> <input checked="" type="checkbox"/></p>																																
<p>27. 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 with an approved State Vendor through their website. See application checklist, Section IV, for details.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">Name</th> <th style="width:30%;">Home Address, City & State</th> <th style="width:10%;">DOB</th> <th style="width:15%;">Position</th> <th style="width:20%;">%Owned</th> </tr> </thead> <tbody> <tr> <td>VINH HO</td> <td></td> <td></td> <td>managing member</td> <td>100</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Name	Home Address, City & State	DOB	Position	%Owned	VINH HO			managing member	100																				
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<p>** If applicant is owned 100% by a parent company, please list the designated principal officer on above.</p> <p>** Corporations - the President, Vice-President, Secretary and Treasurer must be accounted for above (Include ownership percentage if applicable)</p> <p>** If total ownership percentage disclosed here does not total 100%, applicant must check this box:</p> <p><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 financial interest in a prohibited liquor license pursuant to Article 3 or 5, C.R.S.</p>																																