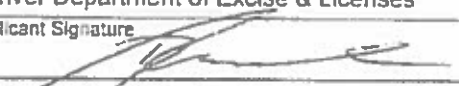


DR 8057 (02/11/16)
 COLORADO DEPARTMENT OF REVENUE
 Liquor Enforcement Division - 108
 PO Box 173350
 Denver, CO 80217-3350
 Fax (303) 205-2341
 Phone (303) 205-2300

Application for Colorado Liquor Sales Room

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

<input checked="" type="checkbox"/> Malt Liquor <input 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. Woods Boss Brewing Company LLC							
2. Trade Name of Applicant Woods Boss Brewing Company							
3. State Sales Tax No. 31876293				Applicant Liquor License No. See attached Confirmation of submission			
4. Business Address of Applicant (Number and Street) 2210 California Street				City Denver		State CO	ZIP 80205
5. Mailing Address (Number and Street) 2863 SE Grapevine Road				City Idledeale		State CO	ZIP 80453
6. Phone Number 702-556-8784				7. Email Address woodsbossbrew@gmail.com			
8. Sales Room Location (Full Address) 2210 California Street, Denver CO 80205				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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		12. If Yes, List % and Interested Party. Use Additional Sheet if Necessary.					
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 Denver Department of Excise & Licenses				Date Application Copy Submitted to Local Licensing Authority			
Applicant Signature 		Title Owner/Business Operations		Date 9/23/2016			
Notice to Local Licensing Authority							
<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 ten (10) business days 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 forty-five (45) days 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.