

Colorado Liquor Retail License Application

New License
 New-Concurrent
 Transfer of Ownership
 State Property Only
 Master file

• All answers must be printed in black ink or typewritten
 • Applicant must check the appropriate box(es)
 • Applicant should obtain a copy of the Colorado Liquor and Beer Code: SBG.Colorado.gov/Liquor

1. Applicant is applying as a/an
 Individual
 Limited Liability Company
 Association or Other
 Corporation
 Partnership (includes Limited Liability and Husband and Wife Partnerships)

2. Applicant If an LLC, name of LLC; if partnership, at least 2 partner's names; if corporation, name of corporation

S & S LLC

FEIN Number
47-4130349

2a. Trade Name of Establishment (DBA)

S & S Liquors

State Sales Tax Number Business Telephone
29968395-0000 **(303) 284-9156**

3. Address of Premises (specify exact location of premises, include suite/unit numbers)
9032 West Ken Caryl Avenue, Suite B1

City Littleton	County Jefferson	State CO	ZIP Code 80128
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4. Mailing Address (Number and Street) 9032 West Ken Caryl Ave., Suite B1	City or Town Littleton	State CO	ZIP Code 80128
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5. Email Address
ssliquors@yahoo.com

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

Present Trade Name of Establishment (DBA) S & S Liquors	Present State License Number 03-05076	Present Class of License Retail Liquor Store	Present Expiration Date 09/20/22
-----------------------------------------------------------------------	-------------------------------------------------	--------------------------------------------------------	--------------------------------------------

Section A Nonrefundable Application Fees*	Section B (Cont.) Liquor License Fees*
<input type="checkbox"/> Application Fee for New License\$1,100.00 <input checked="" type="checkbox"/> Application Fee for New License w/Concurrent Review\$1,200.00 <input type="checkbox"/> Application Fee for Transfer\$1,100.00	<input type="checkbox"/> Liquor-Licensed Drugstore (County)\$312.50 <input type="checkbox"/> Lodging & Entertainment - L&E (City)\$500.00 <input type="checkbox"/> Lodging & Entertainment - L&E (County)\$500.00 <input type="checkbox"/> Manager Registration - H & R\$30.00 <input type="checkbox"/> Manager Registration - Tavern\$30.00 <input type="checkbox"/> Manager Registration - Lodging & Entertainment\$30.00 <input type="checkbox"/> Manager Registration - Campus Liquor Complex\$30.00 <input type="checkbox"/> Optional Premises License (City)\$500.00 <input type="checkbox"/> Optional Premises License (County)\$500.00 <input type="checkbox"/> Racetrack License (City)\$500.00 <input type="checkbox"/> Racetrack License (County)\$500.00 <input type="checkbox"/> Resort Complex License (City)\$500.00 <input type="checkbox"/> Resort Complex License (County)\$500.00 <input type="checkbox"/> Related Facility - Campus Liquor Complex (City)\$160.00 <input type="checkbox"/> Related Facility - Campus Liquor Complex (County)\$160.00 <input type="checkbox"/> Related Facility - Campus Liquor Complex (State)\$160.00 <input type="checkbox"/> Retail Gaming Tavern License (City)\$500.00 <input type="checkbox"/> Retail Gaming Tavern License (County)\$500.00 <input type="checkbox"/> Retail Liquor Store License-Additional (City)\$227.50 <input type="checkbox"/> Retail Liquor Store License-Additional (County)\$312.50 <input type="checkbox"/> Retail Liquor Store (City)\$227.50 <input checked="" type="checkbox"/> Retail Liquor Store (County)\$312.50 <input type="checkbox"/> Tavern License (City)\$500.00 <input type="checkbox"/> Tavern License (County)\$500.00 <input type="checkbox"/> Vintners Restaurant License (City)\$750.00 <input type="checkbox"/> Vintners Restaurant License (County)\$750.00
Section B Liquor License Fees* <input type="checkbox"/> Add Optional Premises to H & R\$100.00 X _____ Total _____ <input type="checkbox"/> Add Related Facility to Resort Complex \$75.00 X _____ Total _____ <input type="checkbox"/> Add Sidewalk Service Area\$75.00 <input type="checkbox"/> Arts License (City)\$308.75 <input type="checkbox"/> Arts License (County)\$308.75 <input type="checkbox"/> Beer and Wine License (City)\$351.25 <input type="checkbox"/> Beer and Wine License (County)\$436.25 <input type="checkbox"/> Brew Pub License (City)\$750.00 <input type="checkbox"/> Brew Pub License (County)\$750.00 <input type="checkbox"/> Campus Liquor Complex (City)\$500.00 <input type="checkbox"/> Campus Liquor Complex (County)\$500.00 <input type="checkbox"/> Campus Liquor Complex (State)\$500.00 <input type="checkbox"/> Club License (City)\$308.75 <input type="checkbox"/> Club License (County)\$308.75 <input type="checkbox"/> Distillery Pub License (City)\$750.00 <input type="checkbox"/> Distillery Pub License (County)\$750.00 <input type="checkbox"/> Hotel and Restaurant License (City)\$500.00 <input type="checkbox"/> Hotel and Restaurant License (County)\$500.00 <input type="checkbox"/> Hotel and Restaurant License w/one opt premises (City)\$600.00 <input type="checkbox"/> Hotel and Restaurant License w/one opt premises (County)\$600.00 <input type="checkbox"/> Liquor-Licensed Drugstore (City)\$227.50	

*** Note that the Division will not accept cash**

Questions? Visit: SBG.Colorado.gov/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 \$

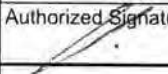
Application Documents Checklist and Worksheet

Instructions: This checklist 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: SBG.Colorado.gov/Liquor for more information**

Items submitted, please check all appropriate boxes completed or documents submitted	
I.	Applicant information <input type="checkbox"/> A. Applicant/Licensee identified <input type="checkbox"/> B. State sales tax license number listed or applied for at time of application <input type="checkbox"/> C. License type or other transaction identified <input type="checkbox"/> D. Return originals to local authority (additional items may be required by the local licensing authority) <input type="checkbox"/> E. All sections of the application need to be completed <input type="checkbox"/> F. Master file applicants must include the Application for Master File form DR 8415 and applicable fees to this Retail License Application
II.	Diagram of the premises <input type="checkbox"/> A. No larger than 8 1/2" X 11" <input type="checkbox"/> B. Dimensions included (does not have to be to scale). Exterior areas should show type of control (fences, walls, entry/exit points, etc.) <input type="checkbox"/> C. Separate diagram for each floor (if multiple levels) <input type="checkbox"/> D. Kitchen - identified if Hotel and Restaurant <input type="checkbox"/> E. Bold/Outlined Licensed Premises
III.	Proof of property possession (One Year Needed) <input type="checkbox"/> A. Deed in name of the applicant (or) (matching question #2) date stamped / filed with County Clerk <input type="checkbox"/> B. Lease in the name of the applicant (or) (matching question #2) <input type="checkbox"/> C. Lease assignment in the name of the applicant with proper consent from the landlord and acceptance by the applicant <input type="checkbox"/> D. Other agreement if not deed or lease. (matching question #2)
IV.	Background information (DR 8404-I) and financial documents <input type="checkbox"/> A. Complete DR 8404-I for each principal (individuals with more than 10% ownership, officers, directors, partners, members) <input type="checkbox"/> B. Fingerprints taken and submitted to the appropriate Local Licensing Authority through an approved state vendor. Do not complete fingerprint cards prior to submitting your application. The Vendors are as follows: IdentoGO – https://enroll.identogo.com/ Phone: 844-539-5539 (toll-free) Colorado Fingerprinting – http://www.coloradofingerprinting.com Appointment Scheduling Website: http://www.coloradofingerprinting.com/cabs/ Phone: 720-292-2722 Toll Free: 833-224-2227 Details about the vendors and fingerprinting in Colorado can be found on CBI's website here: https://cbi.colorado.gov/sections/biometric-identification-and-records-unit/employment-and-background-checks <input type="checkbox"/> C. Purchase agreement, stock transfer agreement, and/or authorization to transfer license <input type="checkbox"/> D. List of all notes and loans (Copies to also be attached)
V.	Sole proprietor/husband and wife partnership (if applicable) <input type="checkbox"/> A. Form DR 4679 <input type="checkbox"/> B. Copy of State issued Driver's License or Colorado Identification Card for each applicant
VI.	Corporate applicant information (if applicable) <input type="checkbox"/> A. Certificate of Incorporation <input type="checkbox"/> B. Certificate of Good Standing <input type="checkbox"/> C. Certificate of Authorization if foreign corporation (out of state applicants only)
VII.	Partnership applicant information (if applicable) <input type="checkbox"/> A. Partnership Agreement (general or limited). <input type="checkbox"/> B. Certificate of Good Standing
VIII.	Limited Liability Company applicant information (if applicable) <input type="checkbox"/> A. Copy of articles of organization <input type="checkbox"/> B. Certificate of Good Standing <input type="checkbox"/> C. Copy of Operating Agreement (if applicable) <input type="checkbox"/> D. Certificate of Authority if foreign LLC (out of state applicants only)
IX.	Manager registration for Hotel and Restaurant, Tavern, Lodging & Entertainment, and Campus Liquor Complex licenses when included with this application <input type="checkbox"/> A. \$30.00 fee <input type="checkbox"/> B. If owner is managing, no fee required

Name S & S Liquors	Type of License Retail Liquor Store	Account Number		
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?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
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?		<input type="checkbox"/> <input checked="" type="checkbox"/>		
b. Had an alcohol beverage license suspended or revoked?		<input type="checkbox"/> <input checked="" type="checkbox"/>		
c. Had interest in another entity that had an alcohol beverage license suspended or revoked?		<input type="checkbox"/> <input checked="" type="checkbox"/>		
If you answered yes to 8a, b or c, explain in detail on a separate sheet.				
9. Has a liquor license application (same license class), that was located within 500 feet of the proposed premises, been denied within the preceding two years? If "yes", explain in detail.		<input type="checkbox"/> <input checked="" type="checkbox"/>		
10. Are the premises to be licensed within 500 feet, of any public or private school that meets compulsory education requirements of Colorado law, or the principal campus of any college, university or seminary?		<input type="checkbox"/> <input checked="" type="checkbox"/>		
Waiver by local ordinance? <input type="checkbox"/> <input type="checkbox"/>		or		
Other: _____		<input type="checkbox"/> <input type="checkbox"/>		
11. Is your Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 1500 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of greater than (>) 10,000? NOTE: The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.		<input type="checkbox"/> <input checked="" type="checkbox"/>		
12. Is your Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 3000 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of less than (<) 10,000? NOTE: The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.		<input type="checkbox"/> <input type="checkbox"/> N/A		
13. a. For additional Retail Liquor Store only. Was your Retail Liquor Store License issued on or before January 1, 2016?		<input type="checkbox"/> <input type="checkbox"/>		
b. Are you a Colorado resident?		N/A <input type="checkbox"/> <input type="checkbox"/>		
14. 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 <u>current</u> financial interest in said business including any loans to or from a licensee.		<input checked="" type="checkbox"/> <input type="checkbox"/>		
15. Does the applicant, as listed on line 2 of this application, have legal possession of the premises by ownership, lease or other arrangement?		<input checked="" type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> Ownership <input checked="" type="checkbox"/> Lease <input type="checkbox"/> 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 Mozart Poperties, LLC	Tenant S&S LLC	Expires 11/2023		
b. Is a percentage of alcohol sales included as compensation to the landlord? If yes, complete question 16.		<input type="checkbox"/> <input checked="" type="checkbox"/>		
c. Attach a diagram that designates 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".				
16. 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 None	First Name	Date of Birth	FEIN or SSN	Interest/Percentage
Last Name	First Name	Date of Birth	FEIN or SSN	Interest/Percentage
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.				
17. Optional Premises or Hotel and Restaurant Licenses with Optional Premises: Has a local ordinance or resolution authorizing optional premises been adopted?				N/A <input type="checkbox"/> <input type="checkbox"/>
Number of additional Optional Premise areas requested. (See license fee chart) _____				
18. For the addition of a Sidewalk Service Area per Regulation 47-302(A)(4), include a diagram of the service area and documentation received from the local governing body authorizing use of the sidewalk. Documentation may include but is not limited to a statement of use, permit, easement, or other legal permissions.				

Name S & S Liquors	Type of License Retail Liquor Store	Account Number		
19. Liquor Licensed Drugstore (LLDS) applicants, answer the following: a. Is there a pharmacy, licensed by the Colorado Board of Pharmacy, located within the applicant's LLDS premise? <input type="checkbox"/> <input type="checkbox"/> If "yes" a copy of license must be attached. N/A				
20. Club Liquor License applicants answer the following: Attach a copy of applicable documentation Yes No				
a. Is the applicant organization operated solely for a national, social, fraternal, patriotic, political or athletic purpose and not for pecuniary gain? <input type="checkbox"/> <input type="checkbox"/> N/A				
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"/>				
c. How long has the club been incorporated?				
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"/>				
21. Brew-Pub, Distillery Pub or Vintner's Restaurant applicants answer the following:				
a. Has the applicant received or applied for a Federal Permit? (Copy of permit or application must be attached) <input type="checkbox"/> <input type="checkbox"/> N/A				
22. Campus Liquor Complex applicants answer the following:				
a. Is the applicant an institution of higher education? N/A <input type="checkbox"/> <input type="checkbox"/>				
b. Is the applicant a person who contracts with the institution of higher education to provide food services? <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.				
23. For all on-premises applicants.				
a. For all Liquor Licensed Drugstores (LLDS) the Permitted Manager must also submit an Manager Permit Application - DR 8000 and fingerprints.				
Last Name of Manager N/A	First Name of Manager			
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. N/A Yes No <input type="checkbox"/> <input type="checkbox"/>				
25. Related Facility - Campus Liquor Complex applicants answer the following: <input type="checkbox"/> <input type="checkbox"/>				
a. Is the related facility located within the boundaries of the Campus Liquor Complex? N/A 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.				
b. Designated Manager for Related Facility- Campus Liquor Complex				
Last Name of Manager N/A	First Name of Manager			
26. Tax Information. Yes No				
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? <input type="checkbox"/> <input checked="" type="checkbox"/>				
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"/>				
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.				
Name Nedal Alsamardli	Home Address, City & State 6344 Laguna Cir, Highlands Ranch, CO 80130	DOB [REDACTED]	Position Member	%Owned 50
Name Khaldoon Swaidan	Home Address, City & State 2739 S Hooker St., Denver, CO 80236	DOB [REDACTED]	Position Member	%Owned 50
Name	Home Address, City & State	DOB	Position	%Owned
Name	Home Address, City & State	DOB	Position	%Owned
Name	Home Address, City & State	DOB	Position	%Owned

Name S & S Liquors	Type of License Retail Liquor Store	Account Number
<p>** 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.</p>		
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 Khaldoon Swaidan, Member	Date 8-24-22
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)	
<p>The Local Licensing Authority Hereby Affirms that each person required to file DR 8404-I (Individual History Record) or a DR 8000 (Manager Permit) has been:</p> <p><input type="checkbox"/> Fingerprinted <input type="checkbox"/> Subject to background investigation, including NCIC/CCIC check for outstanding warrants</p> <p>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)</p> <p><input type="checkbox"/> Date of inspection or anticipated date _____ <input type="checkbox"/> Will conduct inspection upon approval of state licensing authority</p>		
<input type="checkbox"/> Is the Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 1,500 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of > 10,0000?		Yes No <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Is the Liquor Licensed Drugstore(LLDS) or Retail Liquor Store (RLS) within 3,000 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of < 10,0000?		<input type="checkbox"/> <input type="checkbox"/>
<p>NOTE: The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.</p>		
<input type="checkbox"/> Does the Liquor-Licensed Drugstore (LLDS) have at least twenty percent (20%) of the applicant's gross annual income derived from the sale of food, during the prior twelve (12) month period?		<input type="checkbox"/> <input type="checkbox"/>
<p>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.</p>		
Local Licensing Authority for	Telephone Number	<input type="checkbox"/> Town, City <input type="checkbox"/> County
Signature	Print	Title
Signature	Print	Title
		Date
		Date

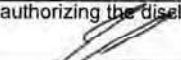
Tax Check Authorization, Waiver, and Request to Release Information

I, Khaldoon Swaidan am signing this Tax Check Authorization, Waiver and Request to Release Information (hereinafter "Waiver") on behalf of S&S LLC (the "Applicant/Licensee") to permit the Colorado Department of Revenue and any other state or local taxing authority to release information and documentation that may otherwise be confidential, as provided below. If I am signing this Waiver for someone other than myself, including on behalf of a business entity, I certify that I have the authority to execute this Waiver on behalf of the Applicant/Licensee.

The Executive Director of the Colorado Department of Revenue is the State Licensing Authority, and oversees the Colorado Liquor Enforcement Division as his or her agents, clerks, and employees. The information and documentation obtained pursuant to this Waiver may be used in connection with the Applicant/Licensee's liquor license application and ongoing licensure by the state and local licensing authorities. The Colorado Liquor Code, section 44-3-101, et seq. ("Liquor Code"), and the Colorado Liquor Rules, 1 CCR 203-2 ("Liquor Rules"), require compliance with certain tax obligations, and set forth the investigative, disciplinary and licensure actions the state and local licensing authorities may take for violations of the Liquor Code and Liquor Rules, including failure to meet tax reporting and payment obligations.

The Waiver is made pursuant to section 39-21-113(4), C.R.S., and any other law, regulation, resolution or ordinance concerning the confidentiality of tax information, or any document, report or return filed in connection with state or local taxes. This Waiver shall be valid until the expiration or revocation of a license, or until both the state and local licensing authorities take final action to approve or deny any application(s) for the renewal of the license, whichever is later. Applicant/Licensee agrees to execute a new waiver for each subsequent licensing period in connection with the renewal of any license, if requested.

By signing below, Applicant/Licensee requests that the Colorado Department of Revenue and any other state or local taxing authority or agency in the possession of tax documents or information, release information and documentation to the Colorado Liquor Enforcement Division, and is duly authorized employees, to act as the Applicant's/Licensee's duly authorized representative under section 39-21-113(4), C.R.S., solely to allow the state and local licensing authorities, and their duly authorized employees, to investigate compliance with the Liquor Code and Liquor Rules. Applicant/Licensee authorizes the state and local licensing authorities, their duly authorized employees, and their legal representatives, to use the information and documentation obtained using this Waiver in any administrative or judicial action regarding the application or license.

Name (Individual/Business) <p style="text-align: center;">S&S LLC</p>		Social Security Number/Tax Identification Number <p style="text-align: center;">47-4130349</p>	
Address <p style="text-align: center;">9032 West Ken Caryl, Ave., Suite 1B</p>			
City <p style="text-align: center;">Littleton</p>		State <p style="text-align: center;">CO</p>	Zip <p style="text-align: center;">80128</p>
Home Phone Number <p style="text-align: center;">(303) 284-9156</p>		Business/Work Phone Number <p style="text-align: center;">(303) 284-9156</p>	
Printed name of person signing on behalf of the Applicant/Licensee <p style="text-align: center;">Khaldoon Swaidan</p>			
Applicant/Licensee's Signature (Signature authorizing the disclosure of confidential tax information) 			Date signed <p style="text-align: center;">8-24-2022</p>

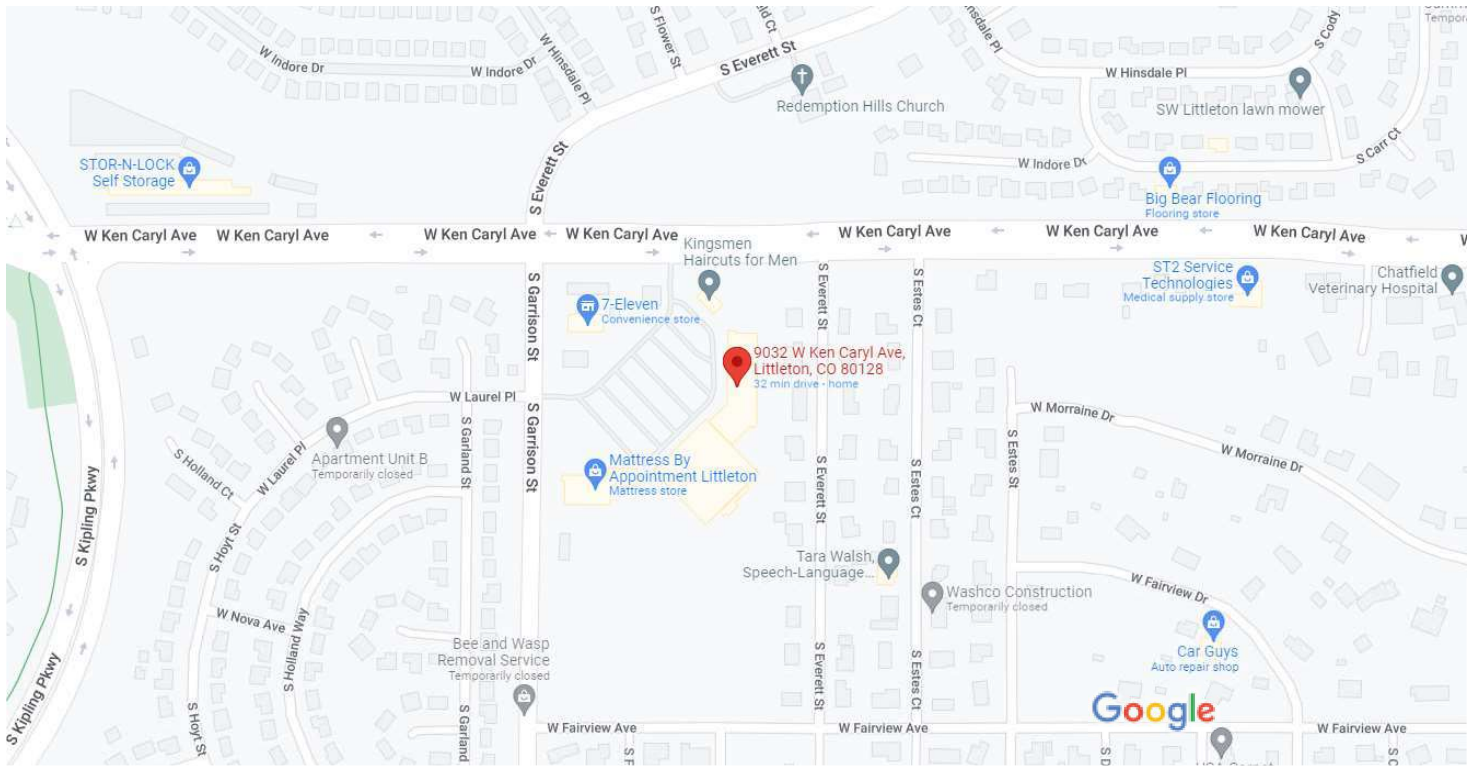
Privacy Act Statement

Providing your Social Security Number is voluntary and no right, benefit or privilege provided by law will be denied as a result of refusal to disclose it. § 7 of Privacy Act, 5 USCS § 552a (note).

SUPPLEMENT TO
RETAIL LICENSE APPLICATION

#14 – Applicant currently holds a retail liquor store license at this location. The current license is being purchased and transferred to a new location as part of a liquor licensed drugstore license. This application is to replace the liquor license at this location concurrent with the transfer of the old license to the new purchaser.

Google Maps 9032 W Ken Caryl Ave



Map data ©2022 Google 200 ft



9032 W Ken Caryl Ave



Directions



Save



Nearby



Send to phone



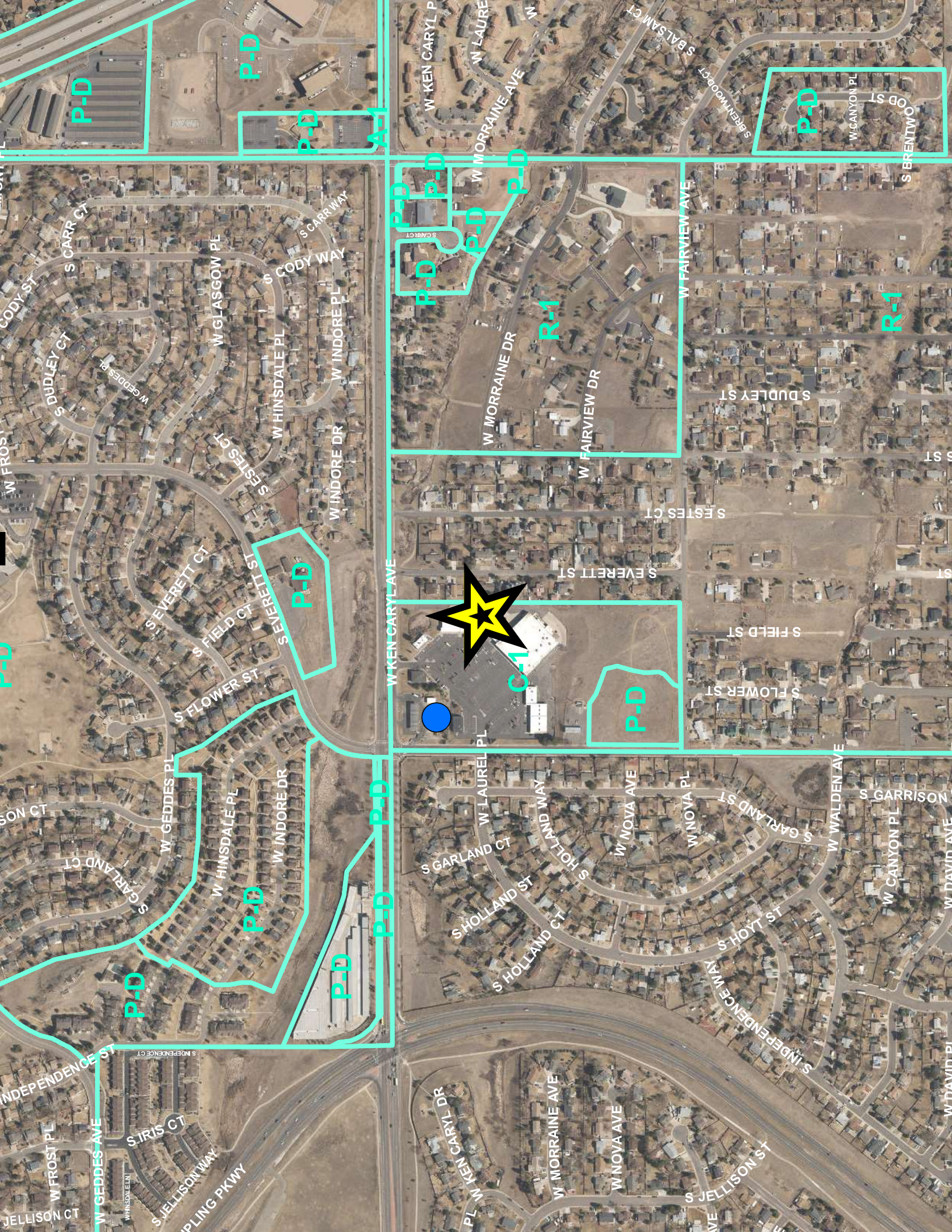
Share



9032 W Ken Caryl Ave, Littleton, CO 80128

HWH2+VF Littleton, Colorado





Individual History Record

To be completed by the following persons, as applicable: sole proprietors; general partners regardless of percentage ownership, and limited partners owning 10% or more of the partnership; all principal officers of a corporation, all directors of a corporation, and any stockholder of a corporation owning 10% or more of the outstanding stock; managing members or officers of a limited liability company, and members owning 10% or more of the company; and any intended registered manager of Hotel and Restaurant, Tavern and Lodging and Entertainment class of retail license

Notice: This individual history record requires information that is necessary for the licensing investigation or inquiry. All questions must be answered in their entirety or the license application may be delayed or denied. If a question is not applicable, please indicate so by "N/A". Any deliberate misrepresentation or material omission may jeopardize the license application. (Please attach a separate sheet if necessary to enable you to answer questions completely)				
1. Name of Business <p style="text-align: center;">S & S Liquors</p>	Home Phone Number <p style="text-align: center;">N/A</p>	Cellular Number <p style="text-align: center;">303-284-9156</p>		
2. Your Full Name (last, first, middle) <p style="text-align: center;">Alsamardli, Nedal, Ayed</p>	3. List any other names you have used			
4. Mailing address (if different from residence)	Email Address <p style="text-align: center;">ssliquors@yahoo.com</p>			
5. List current residence address. Include any previous addresses within the last five years. (Attach separate sheet if necessary)				
Street and Number	City, State, Zip	From	To	
Current <p style="text-align: center;">6344 Laguna Cir.</p>	<p style="text-align: center;">Highlands Ranch, CO 80130</p>	<p style="text-align: center;">06/01/16</p>	<p style="text-align: center;"><i>Present</i></p>	
Previous				
6. List all employment within the last five years. Include any self-employment. (Attach separate sheet if necessary)				
Name of Employer or Business	Address (Street, Number, City, State, Zip)	Position Held	From	To
<p style="text-align: center;">S & S LLC</p>	<p style="text-align: center;">9032 West Ken Caryl Avenue, Suite B1 Littleton, CO 80128</p>	<p style="text-align: center;">Owner</p>	<p style="text-align: center;">11/01/15</p>	<p style="text-align: center;"><i>Present</i></p>
7. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry.				
Name of Relative	Relationship to You	Position Held	Name of Licensee	
<p style="text-align: center;">None</p>				
8. Have you ever applied for, held, or had an interest in a Colorado Liquor or Beer License, or loaned money, furniture, fixtures, equipment or inventory to any licensee? (If yes, answer in detail.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
I currently hold a retail liquor store license at this location. This license has been sold to a new entity for a transfer to a liquor licensed drugstore license and will be surrendered concurrent with the issuance of this license.				
9. Have you ever received a violation notice, suspension, or revocation for a liquor law violation, or have you applied for or been denied a liquor or beer license anywhere in the United States? (If yes, explain in detail.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

10. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? (If yes, explain in detail.) Yes No

11. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? (If yes, explain in detail.) Yes No

12. Have you ever had any professional license suspended, revoked, or denied? (If yes, explain in detail.) Yes No

Personal and Financial Information

Unless otherwise provided by law, the personal information required in question #13 will be treated as confidential. The personal information required in question #13 is solely for identification purposes.

13a. Date of Birth		b. Social Security Number		c. Place of Birth		d. U.S. Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
[REDACTED]		[REDACTED]		Jordan			
e. If Naturalized, state where				f. When		g. Name of District Court	
Colorado				2008		Denver	
h. Naturalization Certificate Number		i. Date of Certification		j. If an Alien, Give Alien's Registration Card Number		k. Permanent Residence Card Number	
[REDACTED]		12/09/08					
l. Height	m. Weight	n. Hair Color	o. Eye Color	p. Gender	q. Do you have a current Driver's License/ID? If so, give number and state.		
5'8"	170	Black	Brown	M	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No # [REDACTED] State CO		

14. Financial Information.
 a. Total purchase price or investment being made by the applying entity, corporation, partnership, limited liability company, other. \$ 10000.00

b. List the total amount of the personal investment, made by the person listed on question #2, in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases or fees paid. \$ 0.00
 * If corporate investment only please skip to and complete section (d)
 ** Section b should reflect the total of sections c and e

c. Provide details of the personal investment described in 14b. You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment	Account Type	Bank Name	Amount
N/A			

d. Provide details of the corporate investment described in 14 (a). You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment	Loans	Account Type	Bank Name	Amount
Cash		Bus. Checking	Key Bank	\$10000.00

e. Loan Information (Attach copies of all notes or loans)

Name of Lender	Address	Term	Security	Amount
N/A				

Oath of Applicant

I declare under penalty of perjury that this application and all attachments are true, correct, and complete to the best of my knowledge.

Authorized Signature	Print Signature	Title	Date
	Nedal Alsamardli,	Owner	8-24-2022

Individual History Record

To be completed by the following persons, as applicable: sole proprietors; general partners regardless of percentage ownership, and limited partners owning 10% or more of the partnership; all principal officers of a corporation, all directors of a corporation, and any stockholder of a corporation owning 10% or more of the outstanding stock; managing members or officers of a limited liability company, and members owning 10% or more of the company; and any intended registered manager of Hotel and Restaurant, Tavern and Lodging and Entertainment class of retail license

Notice: This individual history record requires information that is necessary for the licensing investigation or inquiry. All questions must be answered in their entirety or the license application may be delayed or denied. If a question is not applicable, please indicate so by "N/A". Any deliberate misrepresentation or material omission may jeopardize the license application. (Please attach a separate sheet if necessary to enable you to answer questions completely)				
1. Name of Business <p style="text-align: center;">S & S Liquors</p>		Home Phone Number <p style="text-align: center;">N/A</p>	Cellular Number <p style="text-align: center;">720-272-6307</p>	
2. Your Full Name (last, first, middle) <p style="text-align: center;">Swaidan, Khaldoon, Suliman</p>		3. List any other names you have used		
4. Mailing address (if different from residence)		Email Address <p style="text-align: center;">ssliquors@yahoo.com</p>		
5. List current residence address. Include any previous addresses within the last five years. (Attach separate sheet if necessary)				
	Street and Number	City, State, Zip	From	To
Current	2739 S Hooker St.	Denver, CO 80236	08/01/15	<i>Present</i>
Previous				
6. List all employment within the last five years. Include any self-employment. (Attach separate sheet if necessary)				
	Name of Employer or Business	Address (Street, Number, City, State, Zip)	Position Held	From
	S & S LLC	9032 West Ken Caryl Avenue, Suite B1 Littleton, CO 80128	Member	11/01/15
				<i>Present</i>
7. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry.				
	Name of Relative	Relationship to You	Position Held	Name of Licensee
	Rania Ayyash	Wife	Owner	Jude Liquors
8. Have you ever applied for, held, or had an interest in a Colorado Liquor or Beer License, or loaned money, furniture, fixtures, equipment or inventory to any licensee? (If yes, answer in detail.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
I currently hold a retail liquor store license at this location. This license has been sold to a new entity for a transfer to a liquor licensed drugstore license and will be surrendered concurrent with the issuance of this license.				
9. Have you ever received a violation notice, suspension, or revocation for a liquor law violation, or have you applied for or been denied a liquor or beer license anywhere in the United States? (If yes, explain in detail.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

10. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? (If yes, explain in detail.) Yes No

11. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? (If yes, explain in detail.) Yes No

12. Have you ever had any professional license suspended, revoked, or denied? (If yes, explain in detail.) Yes No

Personal and Financial Information

Unless otherwise provided by law, the personal information required in question #13 will be treated as confidential. The personal information required in question #13 is solely for identification purposes.

13a. Date of Birth		b. Social Security Number		c. Place of Birth		d. U.S. Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
[REDACTED]		[REDACTED]		Jordan			
e. If Naturalized, state where				f. When		g. Name of District Court	
Colorado				2015		Denver	
h. Naturalization Certificate Number		i. Date of Certification		j. If an Alien, Give Alien's Registration Card Number		k. Permanent Residence Card Number	
[REDACTED]		06/17/15					
l. Height	m. Weight	n. Hair Color	o. Eye Color	p. Gender	q. Do you have a current Driver's License/ID? If so, give number and state.		
5'11"	200	Gray	Brown	M	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No # [REDACTED] State CO		

14. Financial Information.

a. Total purchase price or investment being made by the applying entity, corporation, partnership, limited liability company, other. \$ 10000.00

b. List the total amount of the personal investment, made by the person listed on question #2, in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases or fees paid. \$ 0.00

* If corporate investment only please skip to and complete section (d)

** Section b should reflect the total of sections c and e

c. Provide details of the personal investment described in 14b. You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment	Account Type	Bank Name	Amount
N/A			

d. Provide details of the corporate investment described in 14 (a). You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment	Loans	Account Type	Bank Name	Amount
Cash		Bus. Checking	Key Bank	\$10000.00

e. Loan Information (Attach copies of all notes or loans)

Name of Lender	Address	Term	Security	Amount
N/A				

Oath of Applicant

I declare under penalty of perjury that this application and all attachments are true, correct, and complete to the best of my knowledge.

Authorized Signature	Print Signature	Title	Date
	Khaldoon Swaidan	Member	8-24-22

Jefferson County Sheriff's Office
Liquor License Clearance and Recommendation Form

For Clerk's Use:
 Application Received:
 9/26/22
 Application To Sheriff:
 10/21/2022
 Application To Clerk to Board:

Business Name: S & S LLC
 DBA: S & S LIQUORS
 Address: 9032 WEST KEN CARYL AVENUE, SUITE B1, LITTLETON, CO 80128
 Phone / Email: 303-284-9156 / ssliquors@yahoo.com

Application Type:	Application for:	Applicant Applying as:
<input checked="" type="checkbox"/> New Business <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Modification of Premises <input type="checkbox"/> Change of Location <input type="checkbox"/> Manager Registration <input type="checkbox"/> Change of Structure <input type="checkbox"/> Other: _____ <small>(* if multiple applicants, indicate manager with * below)</small>	<input type="checkbox"/> Hotel/Restaurant License <input type="checkbox"/> Tavern License <input type="checkbox"/> FMB Off Premise <input type="checkbox"/> Lodging & Entertainment <input type="checkbox"/> Beer/Wine <input checked="" type="checkbox"/> Retail Liquor Store <input type="checkbox"/> Brew Pub <input type="checkbox"/> Club	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation

Applicant Name (last, first)	DOB	Records Checks	Financial Back-ground	Prints / Photo	Other
SWAIDAN, KLSIDAN		10/21/22	9/28/22	10/6/22	
A/SAMARAI, NBAAL		10/21/22	9/28/22	10/6/22	
<input type="checkbox"/> Master File, No Additional Documents Required <input type="checkbox"/> Additional Applicants on separate form *Designated Manager					

Assigned to: Inv. M. Gonzalez Investigator Remarks: NO ISSUES

No information to preclude application **See Memo Attached**

Investigator Signature: [Signature] Date: 10/21/22

Supervisor Initials/Date: [Signature] 10/24/22

Remarks: _____

Recommended **Not Recommended**

Sheriff's Signature: [Signature] Date: 11-1-22

Remarks: _____



JEFFERSON

COUNTY COLORADO

CLERK & RECORDER

LIQUOR LICENSING OFFICE

Phone: (303) 271-8191 Email: clerktotheboard@jeffco.us

Jefferson County Individual History Questionnaire NEW/TRANSFER LIQUOR LICENSE APPLICATION

TYPE: Retail Liquor Store

APPLICANT: S&S LLC - *Nedal Alsamardi*

DBA: S&S Liquors

ADDRESS: 9032 West Ken Caryl Ave., Suite 1B, Littleton, CO 80128

HEARING DATE:

1. Have you, or any other applicant, ever applied for, held, or had an interest in a Colorado liquor license?

Yes No

If Yes, please explain:

I currently hold a retail liquor license at this location. It is being sold to a liquor licensed drugstore and will be surrendered concurrent with the processing of this application.

2. Have you, or any other applicant, ever received a violation notice, suspension, or revocation for a liquor law violation, or have you applied for or been denied a liquor or beer license anywhere in the U.S.?

Yes No

If Yes, please explain:

3. Have you, or any other applicant, ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending?

Yes No

If Yes, please explain:

4. Are you, or any other applicant, currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence?

Yes No

If Yes, please explain:

5. Have you, or any other applicant, ever had any professional license suspended, revoked, or denied?

Yes No

If Yes, please explain:

6. Please give a brief background of the experience you, or any other applicant, has in the liquor and/or restaurant business, if none please describe background.

I have owned and operated a liquor store at this location since 2015.

7. Have you, or any other applicant, had or planning to take any formal training? (For example: TIPS, LiquorPros Training, Responsible Vendor Trainings, etc. This may not be required but is suggested.)

Yes, I take TIPS trainings every two years.

8. Anything that you would like the Liquor Board Members to know for considering your application for approval or denial?

N/A



JEFFERSON

COUNTY COLORADO

CLERK & RECORDER

LIQUOR LICENSING OFFICE

Phone: (303) 271-8191 Email: clerktotheboard@jeffco.us

Jefferson County Individual History Questionnaire

NEW/TRANSFER LIQUOR LICENSE APPLICATION

TYPE: Retail Liquor Store

APPLICANT: S&S LLC - *Khaldoon Sweidan*

DBA: S&S Liquors

ADDRESS: 9032 West Ken Caryl Ave., Suite 1B, Littleton, CO 80128

HEARING DATE:

1. Have you, or any other applicant, ever applied for, held, or had an interest in a Colorado liquor license?

Yes No

If Yes, please explain:

I currently hold a retail liquor license at this location. It is being sold to a liquor licensed drugstore and will be surrendered concurrent with the processing of this application.

2. Have you, or any other applicant, ever received a violation notice, suspension, or revocation for a liquor law violation, or have you applied for or been denied a liquor or beer license anywhere in the U.S.?

Yes No

If Yes, please explain:

3. Have you, or any other applicant, ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending?

Yes No

If Yes, please explain:

4. Are you, or any other applicant, currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence?

Yes No

If Yes, please explain:

5. Have you, or any other applicant, ever had any professional license suspended, revoked, or denied?

Yes No

If Yes, please explain:

6. Please give a brief background of the experience you, or any other applicant, has in the liquor and/or restaurant business, if none please describe background.

I have owned and operated a liquor store at this location since 2015.

7. Have you, or any other applicant, had or planning to take any formal training? (For example: TIPS, LiquorPros Training, Responsible Vendor Trainings, etc. This may not be required but is suggested.)

Yes, I take TIPS trainings every two years.

8. Anything that you would like the Liquor Board Members to know for considering your application for approval or denial?

N/A

FINDINGS OF THE LIQUOR LICENSING AUTHORITY BOARD
OF THE COUNTY OF JEFFERSON, STATE OF COLORADO,
BASED UPON THE INVESTIGATION AND REPORT OF THE
JEFFERSON COUNTY LIQUOR INVESTIGATOR
REGARDING THE APPLICATION FOR A

**NEW RETAIL LIQUOR STORE LIQUOR LICENSE
S&S LLC
DBA S&S LIQUORS
9032 WEST KEN CARLY AVE, SUITE B1
LITTLETON, CO 80128
UNINCORPORATED JEFFERSON COUNTY**

An investigation was made by the County Liquor Investigator and a report thereon made to the Liquor Licensing Authority of the County of Jefferson, State of Colorado. It is the intention of said Board to make the following Findings a part of the record and if any interested persons believe said Findings to be in error, they shall have the burden of presenting evidence at the public hearing to be held on **THURSDAY, DECEMBER 1ST, 2022** at the hour of **9:00 A.M.**

FINDINGS

1. The area to be served and the neighborhood to be considered and the boundary lines of the area in which the investigation was conducted are:

1 MILE RADIUS

The property in question is zoned **COMMERCIAL ONE (C-1)** and would permit the use of a **NEW RETAIL LIQUOR STORE LIQUOR LICENSE** if granted.

2. The zoning in all directions in order of decreasing proximity to premises to be licensed, within the neighborhood as designated by the Liquor Licensing Authority, is as follows:

NORTH: AGRICULTURAL ONE (A-1) and PLANNED DEVELOPMENT (P-D)

SOUTH: RESIDENTIAL ONE (R-1) and PLANNED DEVELOPMENT (P-D)

EAST: AGRICULTURAL ONE (A-1), RESIDENTIAL (R-1), and PLANNED DEVELOPMENT (P-D)

WEST: CONSERVATION ZONE (C-O) and PLANNED DEVELOPMENT (P-D)

3. Land uses in all directions in order of decreasing proximity to premises to be licensed, within the neighborhood as designated by the Licensing Authority, is as follows:

NORTH: AGRICULTURAL

SOUTH: RESIDENTIAL

EAST: AGRICULTURAL, RESIDENTIAL

WEST: CONSERVATION

4. Distance in all directions to nearest outlet(s):

NORTH: RIB CITY GRILL .9 MILE

SOUTH: ASIAN CHEFS .9 MILE

THE GARLIC KNOT .9 MILE

R.O.T.Q.'s PUB INC. .9 MILE

CIRCLE K #6532 .8 MILE

AGAVEROS FAMILY MEXICAN RESTAURANT .9 MILE

82 LIQUORS .9 MILE

CARLOS MIGUEL'S MEXICAN BAR & GRLL .9 MILE

EAST: 7-11 STORE 39731A 500 FT

WEST: NONE

SAME COMPLEX: NONE

5. AGE: **39 YEARS** BUILDING: **GOOD**

6. Health department approval: **REQUIRED**

7. Distance in all directions to nearest school(s):

NORTH: DEER CREEK MIDDLE SCHOOL .5 MILE

STONY CREEK ELEMENTARY .4 MILE

SOUTH: CORONADO ELEMENTARY .6 MILE

MORTENSEN ELEMENTARY .7 MILE

EAST: NONE

WEST: SHAFFER ELEMENTARY .9 MILE

8. Parking: **ADEQUATE**
9. Proximity to incorporated areas: **2.5 MILES TO LITTLETON CITY LIMITS**
10. Traffic congestion problems: **NONE ANTICIPATED**
11. Road Improvements: **NONE ANTICIPATED**
12. Location checked: **9032 W. KEN CARYL AVE. #B1, LITTLETON, CO 80128.**
One posting sign checked on **11/10/2022** was properly posted, easily visible to the public and appeared correct.
13. Legal notice of public hearing was published in the **CANYON COURIER** on **11/11/2022** and appeared correct.



November 17, 2022

RESULTS OF THE LIQUOR LICENSE SURVEY REGARDING: S & S Liquors
 9032 West Ken Caryl Avenue
 Littleton, CO 80128

Applicant: S & S, LLC
 Purpose: Application for a NEW Retail Liquor Store License

ISSUE: A petition was circulated to determine if the needs of the neighborhood and desires of the inhabitants were or were not being presently met by existing similar alcoholic beverage outlets. Those in favor of S & S Liquors being granted a NEW Retail Liquor Store License indicated by checking the "Favor – YES" column of the signature sheet and those opposed checked the "Oppose - NO" column. The results were as follows:

Favor "YES"		Oppose "NO"		<u>TOTAL SIGNATURES</u>
99%	73	1%	1	74

SURVEY STATISTICS

	Favor "YES"		Oppose "NO"		TOTAL
Business Survey Results	100%	14	---	0	14
Residential Survey Results	98%	59	2%	1	60

Percentages in this report have been rounded to the nearest whole number.

	BUSINESS	RESIDENTIAL	TOTAL
No Response	7	234	241
Declined to Participate	0	38	38
Not Qualified to Sign	2	4	6
Disqualified	0	0	0
"No" Signatures	0	1	1
"Yes" Signatures	14	59	73
TOTAL CONTACTS & ATTEMPTS	23	336	359

SURVEY STATISTICS

>Number of Businesses and Residents Contacted: 359 Attempts – 181 No Response = 178
 >Business Survey Participation Rate: 14 Signatures/ 14 Qualified Contacts = 100%
 >Residential Survey Participation Rate: 60 Signatures/ 98 Qualified Contacts = 61%
 >Percentage of Residents Home During Survey: 102 Contacts/ 336 Attempts = 37%

<u>REASONS FOR DECLINING TO PARTICIPATE</u>		<u>CONTACTS NOT QUALIFIED TO SIGN</u>	
Not Interested	24	Non-Resident	4
Don't Sign Any Petitions / Surveys	5	Owner / Manager Unavailable	2
Too Busy	4	Total	6
No Opinion	3	<u>REASON FOR OPPOSITION SIGNATURES</u>	
Against Alcohol	2	No Reason	1
Total	38	Total	1

PETITION METHODOLOGY

- Survey Date and Times:

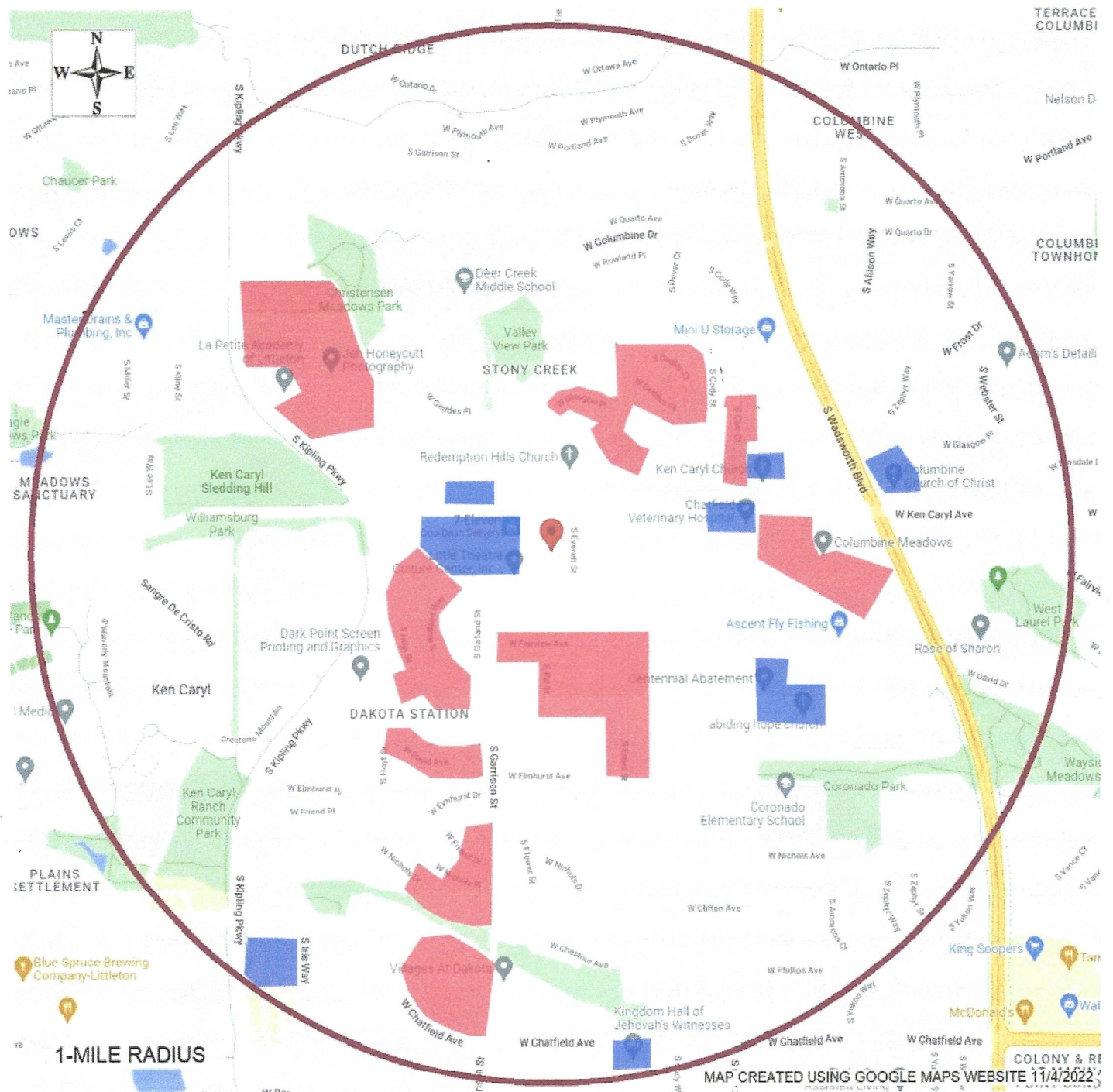
Business/Residential:	Wednesday	November 9, 2022	10:00 am – 5:30 pm
Business/Residential:	Friday	November 11, 2022	10:00 am – 5:30 pm

- Survey Areas: Circulators started in areas closest to the proposed licensed site and obtained samples throughout the boundary area. Please see the attached map.
- Circulators of the Survey: There was one circulator for this survey. Prior to the start of the survey, the circulator was briefed on the type of liquor license application, the areas to be surveyed and reminded to remain unbiased in their approach to residents and businesspeople. The circulator had with her a face sheet with the applicant business name, location and hearing information, instructions, and the petition/survey issue along with signature sheets and a map of the proposed location. The circulator used tally sheets to record all contacts, attempts and reasons for opposition signatures and refusals. Upon conclusion of the survey, the circulator signed notarized affidavits of circulation. The original survey packets were pre-filed with the Jefferson County City Clerk’s Office.

Report prepared and respectfully submitted by,



Eva L. Garretson
 Liquor Licensing Professionals, LLC



MAP CREATED USING GOOGLE MAPS WEBSITE 11/4/2022

S & S Liquors
 9032 West Ken Caryl Avenue,
 Suite B1
 Littleton, CO 80128

**APPLICATION FOR A
 RETAIL LIQUOR
 STORE LICENSE**

LiquorPros

LiquorPros@msn.com
 719.390.8844
 www.LiquorPros.com

SURVEY RESULTS:

- RESIDENTIAL AREAS COVERED IN SURVEY
- BUSINESS AREAS COVERED IN SURVEY

SURVEY DATES:

NOVEMBER 9 & 11, 2022

BUSINESS PETITION TO THE JEFFERSON COUNTY LIQUOR LICENSING AUTHORITY

This petition/opinion survey is being conducted to determine the reasonable requirements, needs and desires of the adult inhabitants of the defined neighborhood per the Colorado Liquor Code, Article 3-5, Title 44, C.R.S. and per the local licensing authority rules/procedures. **If you feel/think you have been unduly influenced by the petition circulator or have questions or comments concerning the proposed application or survey method, please call the Licensing Clerk's Office at: 303-271-8167.**

Applicant: S & S, LLC
 d/b/a: **S & S Liquors**
 Address: 9032 West Ken Caryl Avenue, Littleton, CO 80128
 Application for a **NEW Retail Liquor Store License**

A **Public Hearing** on this matter will be held VIRTUAL before the Jefferson County Liquor Licensing Authority, on **Thursday, December 1st, 2022, at 9:00 am** at the Jefferson County Courts Administration
 100 Jefferson County Parkway, Hearing Room 1, Golden, Colorado
**** VIRTUAL GO TO: www.jeffco.us/events**

INSTRUCTIONS – QUALIFICATIONS FOR SIGNING THIS PETITION

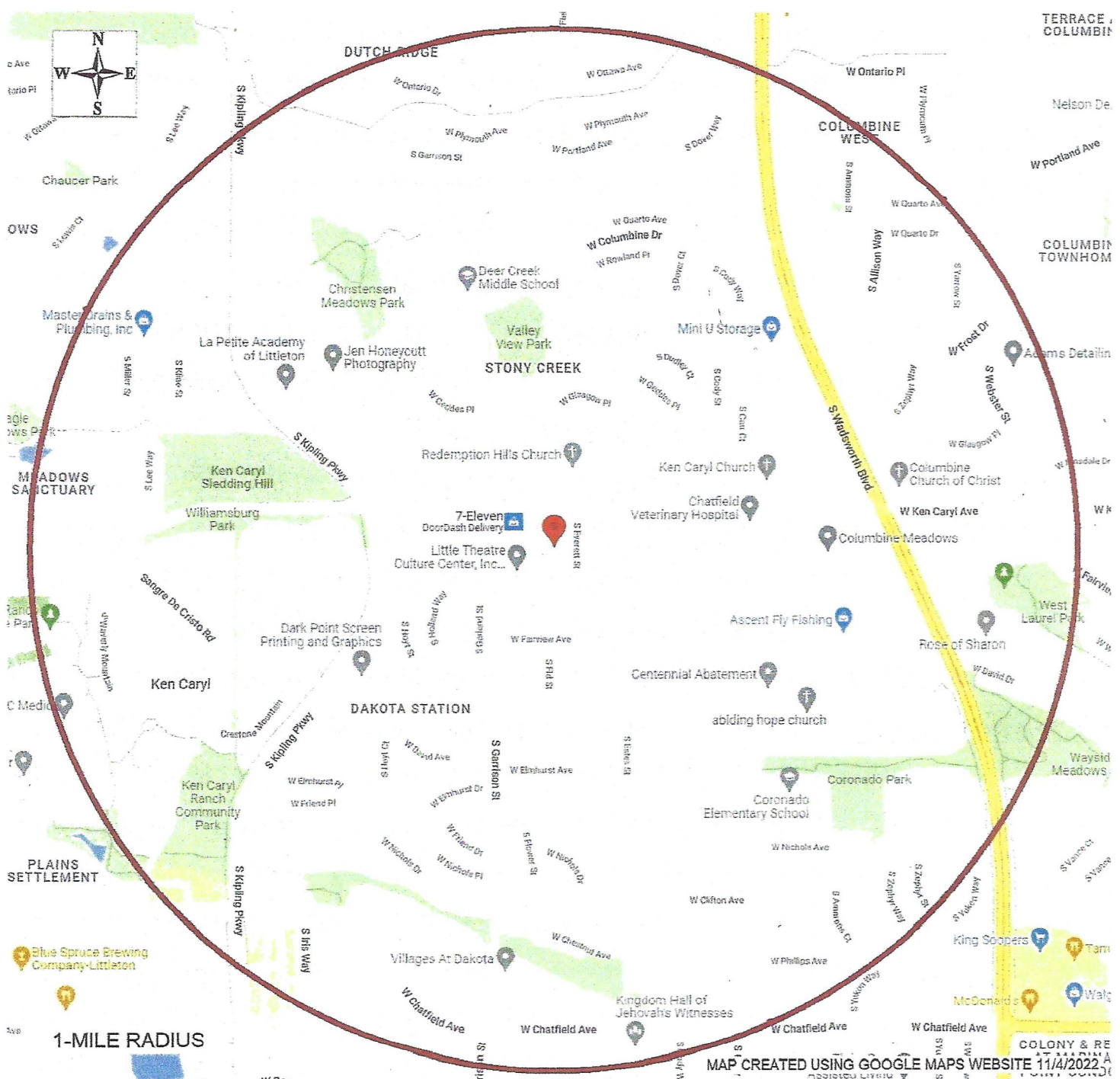
- You are at least 21 years of age.
- You must be a resident or business owner or manager within the designated area. **(Please see attached map).**
- You have not signed another petition concerning the same application.
- You have read or had the opportunity to read the petition in its entirety and understand its meaning.
- Petition circulators must witness all signatures

PETITION ISSUE: If you **FAVOR/SUPPORT** this application because present liquor establishments of this type are insufficient for your present needs and it is your desire this license be issued, sign the petition **FAVOR "YES"**.

If you **OPPOSE /DO NOT SUPPORT** this application because present liquor establishments of this type are sufficient for your needs and it is your desire this license is not issued, please sign the petition **OPPOSED "NO"**.

Please sign your name only; First Name, Middle Initial, Last Name. Businesses: List Business Name & Address

Today's Date w/Year	Printed Name	Business Name	Age	Favor YES	Oppose NO	Reason Circle Owner or Manager
	Signature	Business Address		X	X	
11/9/22	Kelly Phan <i>[Signature]</i>	9142 W Ken Caryl Ave # 04 Four Seasons	37	X		Owner <u>Manager</u>
11/9/22	Brittany Albrecht <i>[Signature]</i>	FTIME of your life travel	34	X		Owner <u>Manager</u>
11/9/22	<i>[Signature]</i>	9032 W Ken Caryl Ave	45	X		Owner <u>Manager</u>
11/9/22	Amanda Rubin <i>[Signature]</i>	True Beauty med spa	29	X		Owner <u>Manager</u>
11/9/22	Dulquan <i>[Signature]</i>	Kingsmen Barber Shop	29	X		Owner <u>Manager</u>
11/9/22	Dawn Bitting <i>[Signature]</i>	711 9100 W Ken Caryl	32	X		Owner <u>Manager</u>



S & S Liquors
 9032 West Ken Caryl Avenue,
 Suite B1
 Littleton, CO 80128

**APPLICATION FOR A
 RETAIL LIQUOR
 STORE LICENSE**



**RESIDENTIAL PETITION TO THE
JEFFERSON COUNTY LIQUOR LICENSING AUTHORITY**

This petition/opinion survey is being conducted to determine the reasonable requirements, needs and desires of the adult inhabitants of the defined neighborhood per the Colorado Liquor Code, Article 3-5, Title 44, C.R.S. and per the local licensing authority rules/procedures. **If you feel/think you have been unduly influenced by the petition circulator or have questions or comments concerning the proposed application or survey method, please call the Licensing Clerk's Office at: 303-271-8167.**

Applicant: S & S, LLC
 d/b/a: **S & S Liquors**
 Address: 9032 West Ken Caryl Avenue, Littleton, CO 80128
 Application for a **NEW Retail Liquor Store License**

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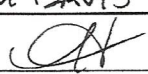
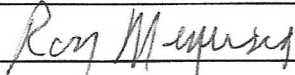
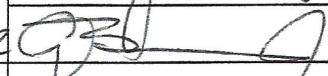
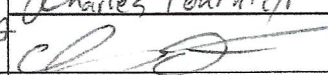
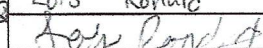
INSTRUCTIONS – QUALIFICATIONS FOR SIGNING THIS PETITION

- You are at least 21 years of age.
- You must be a resident or business owner or manager within the designated area. **(Please see attached map).**
- You have not signed another petition concerning the same application.
- You have read or had the opportunity to read the petition in its entirety and understand its meaning.
- Petition circulators must witness all signatures

PETITION ISSUE: If you **FAVOR/SUPPORT** this application because present liquor establishments of this type are insufficient for your present needs and it is your desire this license be issued, sign the petition **FAVOR "YES"**.

If you **OPPOSE /DO NOT SUPPORT** this application because present liquor establishments of this type are sufficient for your needs and it is your desire this license is not issued, please sign the petition **OPPOSED "NO"**.

Please sign your name only; First Name, Middle Initial, Last Name.

Today's Date w/Year	Printed Name	Street Address	Age	Favor YES X	Oppose NO X	Reason
	Signature					
11/9/2022	KIM DAVIS 	9221 W KEN CARYL AVE	68	X		
11/9/22	RAY MEYERSICK 	7100 S. GARRISON ST	73	X		
11/9/22	GEORGE J. MAURER JR. 	7789 S. FLOWER ST	44	X		
11/9/22	Charles Fournier 	8276 W Morraine Ave APT E	24	X		
11/9/22	Luis Ronald 	8206 W Morraine Ave APT C	53	X		

Please sign your name only; First Name, Middle Initial, Last Name.

Today's Date w/ Year	Printed Name <i>Signature</i>	Address	Age	In Favor of License	Opposed to License	Reason
11/9/22	Ramona Miner <i>Ramona Miner</i>	8274 WK Lead #Chittenden Co	80	✓		
11/9/22	Ben Krael <i>Ben Krael</i>	8274 W Ken Caryl St Unit A	35	✓		
Nov 9 22	Scott Johnson <i>Scott Johnson</i>	8234 W. Ken Caryl F	66	✓		
11/9/22	MARIRANELLY <i>MARIRANELLY</i>	8234 N. Ken Caryl E	35	✓		
11/9/22	Robert Ranelly <i>Robert Ranelly</i>	8234 W. Ken Caryl E	37	✓		
11-9-22	Timothy H. Ford <i>Timothy H. Ford</i>	8234 W Ken Caryl B	30	✓		
11/9/22	Robert Ranelly <i>Robert Ranelly (w/avato)</i>	8234 W. Ken Caryl C	29	✓		
11/9/22	Sindy Lavato <i>Sindy Lavato</i>	8234 W. Ken Caryl C	32	✓		
11/9/22	Angela LWS <i>Angela LWS</i>	8500 W. INDORE PL	46	✓		
11-9-22	Leah Rothlenburg <i>Leah Rothlenburg</i>	7465 Cody way	21	✓		
11-9-22	Carl Rothlenburg <i>Carl Rothlenburg</i>	7465 Cody way	24	✓		
11-9-22	R. Pirog <i>R. Pirog</i>	7439 S. Cody way	57	✓		
11/9/22	Danny Lucers <i>Danny Lucers</i>	8564 W. INDORE PL	67	✓		
11/9/22	EMILY NORTHMAN <i>EMILY NORTHMAN</i>	1583 W INDORE PL	74	✓		
11/9/22	Tom Wicketts <i>Tom Wicketts</i>	8604 W. Indore PL	55	✓		

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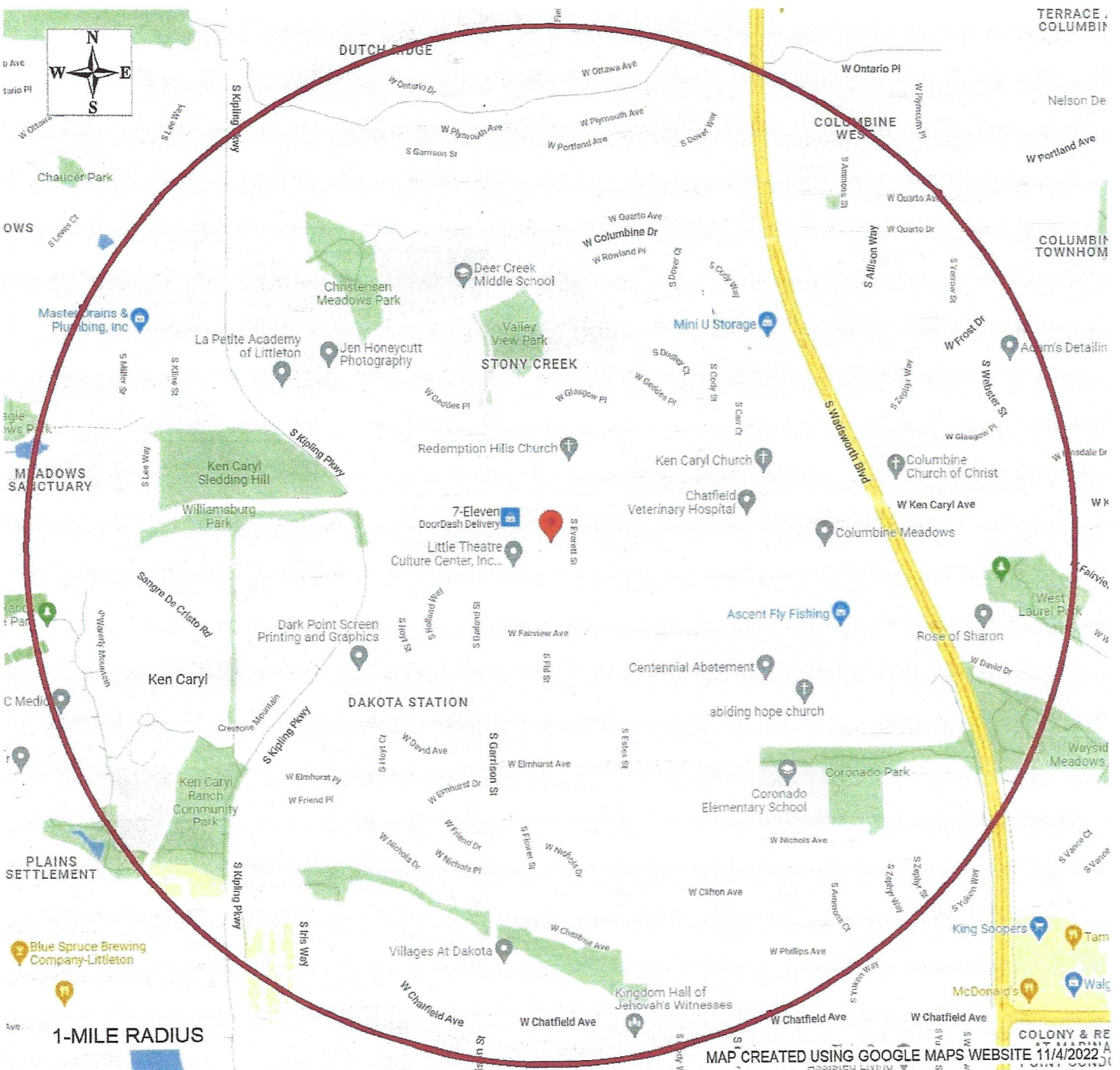
Today's Date w/ Year	Printed Name <i>Signature</i>	Address	Age	In Favor of License	Opposed to License	Reason
11-9-22	Denise Nuckolls <i>Denise Nuckolls</i>	8604 W. Midvale Rd	55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11/11/22	Kevin J Fallon <i>Kevin J Fallon</i>	7288 S Iris Court	66	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11/11/22	Todd Smith <i>Todd Smith</i>	7258 S. Fris Ct	57	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11/11/22	David Goodall <i>David Goodall</i>	7249 S. Iris Ct	41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11/11/22	Sandra Goodall <i>Sandra Goodall</i>	7249 S. Iris Ct	45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11-11-22	Melinda Lopez <i>Melinda Lopez</i>	7228 S. Iris Ct	55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11-11-22	Jesus Lopez <i>Jesus Lopez</i>	7228 S. Iris Ct	57	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11/5/22	Mary Strait <i>Mary Strait</i>	977d Fremont Pl	84	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11/10/22	Mary Strait <i>Mary Strait</i>	977bd Fremont Pl	82	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11/11/22	Andrew Mohr <i>Andrew Mohr</i>	967 E Chatfield	52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11/11/22	Sally Mohr <i>Sally Mohr</i>	967 E W. Chatfield	60	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11/11/22	Paula Kincaid <i>Paula Kincaid</i>	9665 W. Chat. F	71	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11/11/22	Erin Smith <i>Erin Smith</i>	9665 W Chatfield B	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11/11/22	Sabrina Blosky <i>Sabrina Blosky</i>	9665 W Chatfield A	34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11/11/22	Trista McDonald <i>Trista McDonald</i>	9697 W Chatfield E	29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Please sign your name only; First Name, Middle Initial, Last Name.

Today's Date w/ Year	Printed Name Signature	Address	Age	In Favor of License	Opposed to License	Reason
11/9/22	Candy Eisner C. Eisner	8165 W. Morraine B	32	✓		
11-9-22	Sabrina Gonzalez [Signature]	S. Allison Circle 7611-A	62	✓		
11-9-22	Pekerto Gonzalez [Signature]	S. Allison Circle 7611-A	64	✓		
11-9-22	LISA Gonzalez LG	S. Allison Circle 7611-A	24	✓		
11-9-22	Patricia Sawyer Patricia Sawyer	7401 S. Cand h	85	✓		
11/9/22	Stephan K Potter [Signature]	7411 S Carr Ct Littleton	43	✓		
11-9-22	Holly Reynolds [Signature]	7416 S Carr Ct	26	✓		
11/6/22	Abbie Wilson [Signature]	8633 W Indore Pl	32	✓		
11-9-22	David Jacobs [Signature]	8621 W Hingsdal Pl	65	X		
11-9-22	Loretta Jacobs Loretta Jacobs	8621 W Hingsdal Pl	70	X		
11/9/22	Shonit Smith Shonit Smith	8554 Indore Pl	49	X		
11/9/22	Kevin Smith Kevin Smith	8554 Indore Pl	54	X		
11/9/22	Steve Smith [Signature]	8554 Indore Pl	22	✓		
11/11/22	Dea Paladino [Signature]	9696 W Hingsdale Pl	60	✓		
11/11/22	Carol Sharp Carol Sharp	9646 W Hingsdale Pl	78	✓		

Please sign your name only; First Name, Middle Initial, Last Name.

Today's Date w/ Year	Printed Name <i>Signature</i>	Address	Age	In Favor of License	Opposed to License	Reason
11/11/22	RICHARD KOHLE <i>Richard Kohle</i>	9612 W. INDORE DR.	85	YES		
11/11/22	David Finamore <i>David Finamore</i>	9622 W. INDORE DR.	71	✓		
11/11/22	Clark Cowden <i>Clark Cowden</i>	9632 W. INDORE DR.	83	✓		
11/11/22	Diana Taylor <i>Diana Taylor</i>	9702 W. INDORE DR.				
11/11/22	Thomas D Coleman <i>Thomas D Coleman</i>	9732 W. INDORE DR.	85	✓		
11/11/22	Leann Shepard <i>Leann Shepard</i>	9782 W. INDORE DR.	84	✓		
11-11-22	Colleen White <i>Colleen White</i>	9625 W. Chatfield Ave. Unit G	49	✓		
11-11-22	Michael Ryan <i>Michael Ryan</i>	9623-F W. Chatfield Ave. Littleton, CO	60	YES		
11/11/22	Vanessa Vail <i>Vanessa Vail</i>	9633 W. Chatfield Ave. Unit F 80128	23	X		
11-11-22	Jasmine Weber <i>Jasmine Weber</i>	9633 W. Chatfield Ave Unit F	22	✓		
11-11-22	Carol Weigum <i>Carol Weigum</i>	9633 W. Chatfield D	82	yes		
11/11/22	Laura Anderson <i>Laura Anderson</i>	9633 W. Chatfield B	27	X		
11/11/22	Zach Anderson <i>Zach Anderson</i>	9633 W. Chatfield	29	X		
11/11/22	Ken Thomas <i>Ken Thomas</i>	9633 W. Chatfield Unit C	40	X		
11/11/22	Dana Thomas <i>Dana Thomas</i>	9633 W. Chatfield Unit C	43	X		



S & S Liquors 
 9032 West Ken Caryl Avenue,
 Suite B1
 Littleton, CO 80128

**APPLICATION FOR A
 RETAIL LIQUOR
 STORE LICENSE**

MAP CREATED USING GOOGLE MAPS WEBSITE 11/4/2022



