

Colorado Liquor Retail License Application

*** Note that the Division will not accept cash** ☐ Paid by check ☐ Paid online

Uploaded to Date
 MoveIt on

| | | | |
|---|----------------|---|---|
| <input checked="" type="checkbox"/> New License <input type="checkbox"/> New-Concurrent <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> State Property Only <input type="checkbox"/> 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 <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Association or Other <input type="checkbox"/> Corporation <input type="checkbox"/> 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 Beyond Infinity LLC | | | FEIN Number 93-3448140 |
| 2a. Trade Name of Establishment (DBA) Blue Sky Bistro | | State Sales Tax Number 96003843 | Business Telephone 303-870-4581 |
| 3. Address of Premises (specify exact location of premises, include suite/unit numbers) <div style="text-align: center;">11755 Airport Way</div> | | | |
| City <div style="text-align: center;">Broomfield</div> | | County <div style="text-align: center;">Jefferson</div> | State <div style="text-align: center;">CO</div> |
| 4. Mailing Address (Number and Street) 10241 Northpark Drive | | City or Town Westminster | State <div style="text-align: center;">CO</div> |
| 5. Email Address <div style="text-align: center;">maddenbj@gmail.com</div> | | | |
| 6. If the premises currently has a liquor or beer license, you must answer the following questions | | | |
| Present Trade Name of Establishment (DBA) N/A | | Present State License Number N/A | Present Class of License N/A |
| | | | Present Expiration Date N/A |
| Section A | | Section B (Cont.) | |
| Nonrefundable Application Fees* | | Liquor License Fees* | |
| <input checked="" type="checkbox"/> Application Fee for New License \$1,100.00 <input 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 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 checked="" 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 | | | |
| 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 checked="" type="checkbox"/> A. Applicant/Licensee identified <input checked="" type="checkbox"/> B. State sales tax license number listed or applied for at time of application <input checked="" 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 checked="" 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 checked="" type="checkbox"/> A. No larger than 8½" 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 checked="" type="checkbox"/> C. Separate diagram for each floor (if multiple levels) <input checked="" type="checkbox"/> D. Kitchen - identified if Hotel and Restaurant <input checked="" 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 checked="" 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. Master File applicants submit results to the State using code 25YQHT with Identogo. <p style="margin-left: 20px;">Do not complete fingerprint cards prior to submitting your application.</p> <p style="margin-left: 20px;">The Vendors are as follows:</p> <p style="margin-left: 20px;">Identogo – https://uenroll.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</p> <p style="margin-left: 20px;">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</p> <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 checked="" type="checkbox"/> A. Copy of articles of organization <input checked="" type="checkbox"/> B. Certificate of Good Standing <input checked="" 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 checked="" type="checkbox"/> B. If owner is managing, no fee required |

| | | |
|-----------------------------|-------------------------------------|----------------|
| Name Beyond Infinity LLC | Type of License Hotel/Restaurant | 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 ☐ No ☒

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? ☐ ☒

b. Had an alcohol beverage license suspended or revoked? ☐ ☒

c. Had interest in another entity that had an alcohol beverage license suspended or revoked? ☐ ☒

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. ☐ ☒

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? ☐ ☒

or
Waiver by local ordinance? ☐ ☒
Other: _____

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. ☐ ☒

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. ☐ ☒

13. a. For additional Retail Liquor Store only. Was your Retail Liquor Store License issued on or before January 1, 2016? ☐ ☒

b. Are you a Colorado resident? ☒ ☐

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 current financial interest in said business including any loans to or from a licensee. ☐ ☒

15. Does the applicant, as listed on line 2 of this application, **have legal possession of the premises by ownership, lease or other arrangement?** ☒ ☐

☐ Ownership ☒ Lease ☐ 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 | Tenant | Expires |
| ROCKY MOUNTAIN METROPOLITAN AIRPORT | BEYOND INFINITY LLC | Jan 31, 2027 |

b. Is a percentage of alcohol sales included as compensation to the landlord? If yes, complete question 16. ☒ ☐

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 8½" 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 | First Name | Date of Birth | FEIN or SSN | Interest/Percentage |
| Rocky Mountain Metropolitan Airport / Jefferson County | | | | 10% Gross Sales |
| 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? ☐ ☒

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 Beyond Infinity LLC | Type of License Hotel/Restaurant | 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? ☐ ☒
If "yes" a copy of license must be attached.

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? ☐ ☒
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? ☐ ☒
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? ☐ ☒

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) ☐ ☒

22. Campus Liquor Complex applicants answer the following:
a. Is the applicant an institution of higher education? ☐ ☒
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.

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 Madden | First Name of Manager Benjamin |
|--------------------------------|-----------------------------------|

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. Yes No
☐ ☒


25. 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.
b. Designated Manager for Related Facility- Campus Liquor Complex

| | |
|--------------------------------|-----------------------------------|
| Last Name of Manager Madden | First Name of Manager Benjamin |
|--------------------------------|-----------------------------------|

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? ☐ ☒
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.? ☐ ☒

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 Benjamin Madden | Home Address, City & State 10241 Northpark Drive, Westminster, CO | DOB [REDACTED] | Position Officer | %Owned 100 |
| 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 | Home Address, City & State | DOB | Position | %Owned |

| | | |
|---|--|--|
| Name Beyond Infinity LLC | Type of License Hotel/Restaurant | Account Number |
| <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> | | |
| Oath Of Applicant | | |
| <p>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.</p> | | |
| Authorized Signature  | Printed Name and Title Benjamin Madden, Owner | Date 01/09/2024 |
| 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) | |
| For Transfer Applications Only - Is the license being transferred valid? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <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</p> <p><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 _____</p> <p><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 > 10,000? | | Yes <input type="checkbox"/> No <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 < 10,000? | | Yes <input type="checkbox"/> No <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? | | Yes <input type="checkbox"/> No <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 |


Tax Check Authorization, Waiver, and Request to Release Information

I Benjamin Madden am signing this Tax Check Authorization, Waiver and Request to Release Information (hereinafter "Waiver") on behalf of Beyond Infinity 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) | | Social Security Number/Tax Identification Number | |
| Beyond Infinity | | 93-3448140 | |
| Address | | | |
| 10241 Northpark Drive | | | |
| City | | State | Zip |
| Westminster | | CO | 80031 |
| Home Phone Number | | Business/Work Phone Number | |
| N/A | | 303-870-4581 | |
| Printed name of person signing on behalf of the Applicant/Licensee | | | |
| Benjamin Madden | | | |
| Applicant/Licensee's Signature (Signature authorizing the disclosure of confidential tax information) | | | Date signed |
|  | | | 01/09/2024 |

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).

Instruction Sheet for Permit Application and Report of Changes

For All Sections, Complete Questions on Page 2

Section A

To Register or Change Managers, check the appropriate box in section A and complete question 10 on page 6. Proceed to the Oath of Applicant for signature. Submit to State Licensing Authority for approval.

Section B

For a Duplicate license, be sure to include the liquor license number in section B on page 1 and proceed to page 8 for Oath of Applicant signature.

Section C

Check the appropriate box in section C and proceed below.

For a Retail Warehouse Storage Permit, go to page 4 complete questions in the section (be sure to check the appropriate box). Submit the necessary information and proceed to page 8 for Oath of Applicant signature. Submit to the State Licensing Authority for approval.

For a Wholesale Branch House Permit, go to page 4 and complete questions in the section (be sure to check the appropriate box). Submit the necessary information and proceed to page 8 for Oath of Applicant signature. Submit to the State Licensing Authority for approval.

To Change Trade Name or Corporation Name, go to page 4 and complete questions in the section (be sure to check the appropriate box). Submit the necessary information and proceed to page 8 for Oath of Applicant signature. Retail Liquor License submit to the Local Liquor Licensing Authority (City or County). Manufacturer, Wholesaler and Importer's Liquor Licenses submit to the State Liquor Licensing Authority.

To modify Premise, or add Sidewalk Service Area, go to page 7 and complete all questions. Submit the necessary information and proceed to page 8 for Oath of Applicant signature. Retail Liquor License submit to the Local Liquor Licensing Authority (City or County). Manufacturer, Wholesaler and Importer's Liquor Licenses submit to the State Liquor Licensing Authority.

For Optional Premises go to page 7 and complete all questions. Submit the necessary information and proceed to page 8 for Oath of Applicant signature. Retail Liquor License submit to the Local Liquor Licensing Authority (City or County).

To Change Location, go to page 5 and complete questions in the section. Submit the necessary information and proceed to page 8 for Oath of Applicant signature. Retail Liquor License submit permit application or report of change to the Local Liquor Licensing Authority (City or County). Manufacturer, Wholesaler and Importer's Liquor Licenses submit to the State Liquor Licensing Authority.

Winery/Limited Winery Noncontiguous or Primary Manufacturing Location Change, go to page 6, and complete questions in the section. Use this section to make a current Noncontiguous Manufacturing Location into a Primary Manufacturing Location, or a Primary Manufacturing Location into a Noncontiguous Manufacturing Location. To be eligible for a Winery/Limited Winery Noncontiguous or Primary Manufacturing Location Change, you must be a Colorado state licensed manufacturer of vinous liquor pursuant to section 44-3-402 or 44-3-403, C.R.S.

Campus Liquor Complex Designation, go to page 8 and complete questions in the section. Submit the necessary information and proceed to page 8 for Oath of Applicant signature.

To add another Related Facility to an existing Resort or Campus Liquor Complex, go to page 8 and complete questions in the section.

Business Email Address Business Phone Number

Section C

| | | |
|---|------------|------------|
| Retail Warehouse Storage Permit (each)..... | \$100.00 | |
| Wholesale Branch House Permit (each)..... | \$100.00 | |
| Change Corporation or Trade Name Permit (each)..... | \$50.00 | |
| Change Location Permit (each)..... | \$150.00 | |
| Winery/Limited Winery Noncontiguous or Primary Manufacturing Location Change..... | \$150.00 | |
| Change, Alter or Modify Premises..... | \$150.00 x | Total Fee: |
| Addition of Optional Premises to Existing Hotel/Restaurant | \$100.00 x | Total Fee: |
| Addition of Related Facility to an Existing Resort or Campus Liquor Complex..... | \$160.00 x | Total Fee: |
| Campus Liquor Complex Designation..... | No Fee | |
| Sidewalk Service Area..... | \$75.00 | |

Do Not Write in This Space – For Department of Revenue Use Only

| | | |
|---------------------|------------------------|--------|
| Date License Issued | License Account Number | Period |
|---------------------|------------------------|--------|

The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

Total Amount Due..... \$

.

| |
|----|
| 00 |
|----|

Storage Permit

Retail Warehouse Storage Permit or a Wholesalers Branch House Permit

Retail Warehouse Permit for:

On–Premises Licensee (Taverns, Restaurants etc.)

Off–Premises Licensee (Liquor stores)

Wholesalers Branch House Permit

Address of Storage Premise

City County ZIP Code

Attach a deed/lease or rental agreement for the storage premises.

Attach a detailed diagram of the storage premises.

Change Trade Name or Corporate Name

Change of Trade Name/DBA only

Corporate Name Change (Attach the following supporting documents)

1. Certificate of Amendment filed with the Secretary of State, or
2. Statement of Change filed with the Secretary of State, and
3. Minutes of Corporate meeting, Limited Liability Members meeting, Partnership agreement.

Old Trade Name

New Trade Name

Old Corporate Name

New Corporate Name

Change of Location

Note to Retail Licensees: An application to change location has a local application fee of \$750 payable to your local licensing authority. You may only change location within the same jurisdiction as the original license that was issued. Pursuant to 44-3-311(1) C.R.S. Your application must be on file with the local authority thirty (30) days before a public hearing can be held.

Date filed with Local Authority

Date of Hearing

Address of current premises.

Address

City

County

ZIP Code

Address of proposed New Premises

(Attach copy of the deed or lease that establishes possession of the premises by the licensee)

Address

City

County

ZIP Code

New mailing address if applicable.

Address

City

County

State ZIP Code

Attach detailed diagram of the premises showing where the alcohol beverages will be stored, served, possessed or consumed. Include kitchen area(s) for hotel and restaurants.

Winery/Limited Winery Noncontiguous or Primary Manufacturing Location Change

Select the option that applies to your situation:

Make a current Primary Manufacturing Location (Location 1) into a Noncontiguous Location (Location 2); **or**

Make a current Noncontiguous Manufacturing Location (Location 1) into a Primary Manufacturing Location (Location 2).

Address of Location 1:

Address

City County ZIP Code

Address of Location 2:

Address

City County ZIP Code

Change of Manager

Change of Manager or to **Register the Manager** of a Tavern, Hotel and Restaurant, Lodging & Entertainment liquor license or licenses pursuant to section 44-3-301(8), C.R.S.

Change of Manager

Former Manager's Name

New Manager's Name

Date of Employment

Has manager ever managed a liquor licensed establishment?..... Yes No

Does manager have a financial interest in any other liquor
licensed establishment?..... Yes No

If yes, give name and location of establishment

Modify Premises or Addition of Optional Premises, Related Facility, or Sidewalk Service Area

Note: Licensees may not modify or add to their licensed premises until approved by state and local authorities.

(a) Describe change proposed

(b) If the modification is temporary, when will the proposed change:

Start (month/day/year)

End (month/day/year)

Note: The total state fee for temporary modification is \$300.00

(c) Will the proposed change result in the licensed premises now being located 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?..... Yes No

(If yes, explain in detail and describe any exemptions that apply)

(d) Is the proposed change in compliance with local building and zoning laws?..... Yes No

(e) If this modification is for an additional Hotel and Restaurant Optional Premises has the local authority authorized by resolution or ordinance the issuance of optional premises?..... Yes No

(f) Attach a diagram of the current licensed premises and a diagram of the proposed changes for the licensed premises.

(g) Attach any existing lease that is revised due to the modification.

(h) For the addition of a Sidewalk Service Area per Regulation 47-302(A)(4), 1 C.C.R. 203-2, include 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.

Campus Liquor Complex Designation

An institution of higher education or a person who contracts with the institution to provide food services
I wish to designate my existing:

Liquor License Type

Liquor License Number

to a Campus Liquor Complex..... ☐ Yes ☐ No

Additional Related Facility

To add a Related Facility to an existing Resort or Campus Liquor Complex, include the name of the
Related Facility and include the address and an outlined drawing of the Related Facility Premises.

Address of Related Facility

Address

City

State

ZIP Code

Outlined diagram provided..... ☐ Yes ☐ No

Oath of Applicant

I declare under penalty of perjury in the second degree that I have read the foregoing application and all
attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.

Print Name

Benjamin Madden

Title

Owner, Beyond Infinity LLC

Signature



Date (MM/DD/YY)

4/24/2024

Report and Approval of Local Licensing Authority (City / County)

The foregoing application has been examined and the premises, business conducted and character of
the applicant is satisfactory, and we do report that such permit, if granted, will comply with the applicable
provisions of Title 44, Articles 4 and 3, C.R.S., as amended. Therefore, This Application is Approved.

Local Licensing Authority (City or County)

Date filed with Local Authority

Signature

Title

Date (MM/DD/YY)

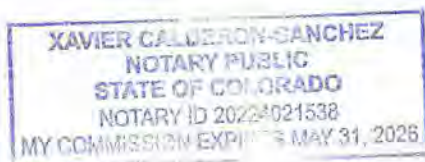
Report of State Licensing Authority

The foregoing has been examined and complies with the filing requirements of Title 44, Article 3,
C.R.S., as amended.

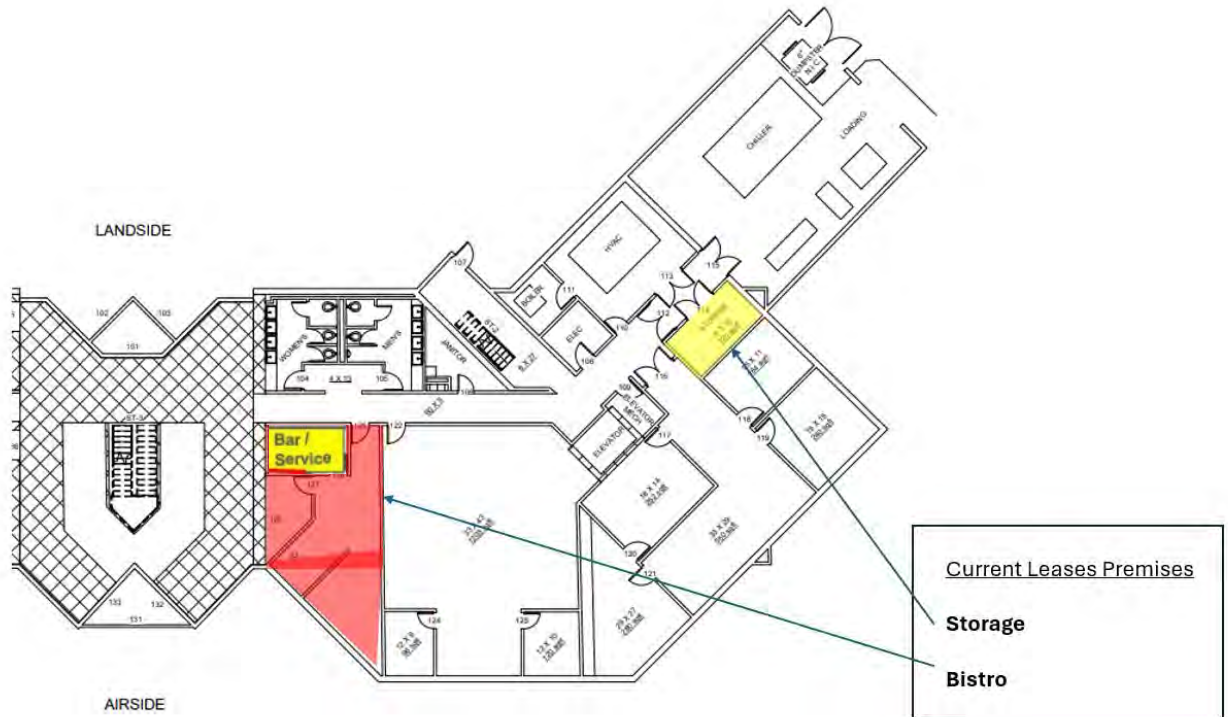
Signature

Title

Date (MM/DD/YY)



Leased Space Diagram





Barriers

- Red line - 4" tall metal rail fence
- Blue Line - Retractable stanchions
- Yellow Line - Building Wall

11755 Airport Way
Broomfield, CO 80020

Proposed Outdoor Patio
Consumption Area

Bistro

Door to
Terminal

Parking Lot

Google

Detail view of 4' metal rail fence
surrounding patio



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 Beyond Infinity LLC / dba Blue Sky Bistro | Home Phone Number N/A | Cellular Number 303-870-4581 |
| 2. Your Full Name (last, first, middle) Benjamin Madden | 3. List any other names you have used N/A | |
| 4. Mailing address (if different from residence) 10241 Northpark Drive | Email Address maddenbj@gmail.com | |


| 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 10241 Northpark Drive | Westminster, CO 80031 | 10/14 | Present |
| Previous N/A | N/A | N/A | N/A |

| 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 |
| DaVita Inc | 2001 16th St Mall, Denver, CO 80202 | Director | 5/2022 | 10/2023 |
| Lignetics Inc | 11101 W 120th Ave #200, Broomfield, CO 80021 | Manager | 5/2018 | 4/2022 |
| Hunter Douglas | 1 Duette Way, Broomfield, CO 80020 | Manager | 5/2013 | 4/2018 |

| 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 |
| N/A | N/A | N/A | N/A |
| | | | |
| | | | |
| | | | |

| | |
|--|---|
| 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| N/A | |

| | |
|---|---|
| 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 |
| N/A | |

| 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------------|---|------------------------------------|-----------------------------------|--|----------------------------------|--|---|--|-----------------------------------|--------------|--------------|-----------|--------|-----------------|----------|----------|------------------------------|--------|------|-----|-----|-------------|-------|--|--|--|--|--|--|--|--|--|--|
| N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? (If yes, explain in detail.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Have you ever had any professional license suspended, revoked, or denied? (If yes, explain in detail.) <input type="checkbox"/> Yes <input type="checkbox"/> 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 [REDACTED] | | b. Social Security Number [REDACTED] | | c. Place of Birth Catskill, NY | | | d. U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. If Naturalized, state where N/A | | | | f. When N/A | | g. Name of District Court N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Naturalization Certificate Number N/A | | | i. Date of Certification N/A | | j. If an Alien, Give Alien's Registration Card Number N/A | | | k. Permanent Residence Card Number N/A | | | | | | | | | | | | | | | | | | | | | | | | | | |
| l. Height 6' 2" | m. Weight 175 | n. Hair Color Blonde | o. Eye Color Blue | p. Gender Male | q. Do you have a current Driver's License/ID? If so, give number and state. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No # [REDACTED] State Colorado | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. Financial Information. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Total purchase price or investment being made by the applying entity, corporation, partnership, limited liability company, other. \$ 150000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. \$ 100000 * 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>Type: Cash, Services or Equipment</th><th>Account Type</th><th>Bank Name</th><th>Amount</th></tr></thead><tbody><tr><td>Cash</td><td>Brokerage</td><td>Fidelity</td><td>100000</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> | | | | | | | | | | Type: Cash, Services or Equipment | Account Type | Bank Name | Amount | Cash | Brokerage | Fidelity | 100000 | | | | | | | | | | | | | | | | | |
| Type: Cash, Services or Equipment | Account Type | Bank Name | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cash | Brokerage | Fidelity | 100000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>Type: Cash, Services or Equipment</th><th>Loans</th><th>Account Type</th><th>Bank Name</th><th>Amount</th></tr></thead><tbody><tr><td>Cash</td><td>No</td><td>Checking</td><td>First National Bank of Omaha</td><td>100000</td></tr><tr><td>Cash</td><td>Yes</td><td>N/A</td><td>Owner Carry</td><td>50000</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> | | | | | | | | | | Type: Cash, Services or Equipment | Loans | Account Type | Bank Name | Amount | Cash | No | Checking | First National Bank of Omaha | 100000 | Cash | Yes | N/A | Owner Carry | 50000 | | | | | | | | | | |
| Type: Cash, Services or Equipment | Loans | Account Type | Bank Name | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cash | No | Checking | First National Bank of Omaha | 100000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cash | Yes | N/A | Owner Carry | 50000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Loan Information (Attach copies of all notes or loans) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>Name of Lender</th><th>Address</th><th>Term</th><th>Security</th><th>Amount</th></tr></thead><tbody><tr><td>Big Dog BBQ LLC</td><td>N/A</td><td>120</td><td> </td><td>50000</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 of Lender | Address | Term | Security | Amount | Big Dog BBQ LLC | N/A | 120 | | 50000 | | | | | | | | | | | | | | | |
| Name of Lender | Address | Term | Security | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Big Dog BBQ LLC | N/A | 120 | | 50000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 Benjamin Madden | | Title Owner/Manager | | Date 03/21/2024 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

For Clerk's Use:
Application
Received:

Application To
Sheriff:

Application To
Clerk to Board:

Business Name: Beyond Infinity LLC

DBA: Blue Sky Bistro

Address: Rocky Mountain Regional Airport 11755 Airport Way Broomfield Co 80021

Phone / Email: 303-870-4581

| <u>Application Type:</u> | <u>Application for:</u> | <u>Applicant Applying as:</u> |
|--|--|--|
| <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 checked="" type="checkbox"/> Hotel/Restaurant License <input type="checkbox"/> Tavern License <input type="checkbox"/> FMB Off Premise <input checked="" type="checkbox"/> Lodging & Entertainment <input type="checkbox"/> Beer/Wine <input type="checkbox"/> Retail Liquor Store <input type="checkbox"/> Brew Pub <input type="checkbox"/> Club | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation |

| Applicant Name (last, first) | DOB | Records Checks | Financial Back- ground | Prints / Photo | Other |
|---------------------------------|-----|-------------------|------------------------------|----------------------|-------|
| MADDEN, BENJAMIN | | Y | Y | Y | |
| | | | | | |
| | | | | | |
| | | | | | |

☐ ☐ Master File, No Additional Documents Required ☐ Additional Applicants on separate form *Designated
Manager

Assigned to: J. BACA Investigator Remarks: NO CONCERNS

☐ No information to preclude application

☐ See Memo Attached

Investigator Signature: [Signature]

Date: 4/10/24

Supervisor Initials/Date: _____

Remarks: _____

☒ Recommended

☐ Not Recommended

Sheriff's Signature: [Signature]

Date: 4/10/24

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: New Liquor License

APPLICANT: Beyond Infinity LLC

DBA: Blue Sky Bistro

ADDRESS: 11755 Airport Way, Broomfield, CO 80021

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:

N/A

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:

N/A

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:

N/A

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:

N/A

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

Yes ☐ No ☒

If Yes, please explain:

N/A

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 approx 2 years experience in fast food restaurants in both front and back of house operations. I have also completed a certificate program at the Culinary Schoold of the Rockies. Professionally I have 25 years of experience in corporate settings for large, small, and start up companies leading sales, marketing, product development, and operations, with oversight of teams up to 12 people.

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 - myself and all personnel that will be serving will go through TIPS training.

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

In addition to my professional experience and passion for culinary arts, I am also an active member of my community and have served as a Little League coach with North Metro Little League, and have been a personal trainer with the Westminster Fitness Center for the last 10 years.



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 Hotel/Restaurant Liquor License BY

Beyond Infinity, LLC

DBA

Blue Sky Cafe

11755 Airport Way

Broomfield, CO 80021

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, May 2, 2024**, 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 Planned Development Amended and would permit the use of a New Hotel/Restaurant 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 - CITY OF BROOMFIELD- NO INFORMATION AVAILABLE
SOUTH - PLANNED DEVELOPMENT (P-D)
EAST - PLANNED DEVELOPMENT (P-D)
WEST - 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 - CITY OF BROOMFIELD- NO INFORMATION AVAILABLE
SOUTH - PLANNED DEVELOPMENT (P-D)
EAST - PLANNED DEVELOPMENT (P-D)
WEST - PLANNED DEVELOPMENT (P-D)

4. Distance in all directions to the nearest outlet:

NORTH- NONE
SOUTH- NONE
EAST- THE BURNS PUB & RESTAURANT .8 MILES
WEST- NONE

5. AGE: 65 YEARS BUILDING: AVERAGE

6. Health Department Approval: REQUIRED

7. Distance in all direction to nearest schools:

NORTH- NONE
SOUTH- NONE
EAST- NONE
WEST- NONE

8. Parking: ADEQUATE



9. Proximity to incorporated areas: 3 MILES TO CITY OF BROOMFIELD LIMITS

.66 MILES TO CITY OF WESTMINSTER LIMITS

10. Traffic congestion problems: NONE ANTICIPATED

11. Road Improvements: NONE ANTICIPATED

12. Location Checked 11755 Airport Way, Broomfield, CO 80021 . One posting sign checked on April 22nd, was properly posted, easily visible to the public and appeared correct.

13. Legal notice of public hearing was published in the CANYON COURIER on April 11, 2024 and appeared correct.



April 20, 2024

RESULTS OF THE LIQUOR LICENSE SURVEY REGARDING: **Blue Sky Bistro**

11755 Airport Way
Broomfield, Jefferson County, CO 80021

Applicant: Beyond Infinity, LLC

Purpose: Application for a NEW Hotel and Restaurant Liquor 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 Blue Sky Bistro being granted a Hotel and Restaurant Liquor 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> |
|----------------|----|----------------|---|-------------------------|
| 100% | 48 | --- | 0 | 48 |

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

SURVEY STATISTICS

| | FAVOR "YES" | | OPPOSE "NO" | | TOTAL |
|----------------------------|-------------|----|-------------|---|-------|
| Business Survey Results | 100% | 48 | --- | 0 | 48 |
| Residential Survey Results | --- | 0 | --- | 0 | 0 |

| | BUSINESS | RESIDENTIAL | TOTAL |
|---------------------------|----------|-------------|-------|
| No Response | 49 | 0 | 49 |
| Declined to Participate | 27 | 5 | 32 |
| Not Qualified to Sign | 28 | 0 | 28 |
| Disqualified | 0 | 0 | 0 |
| "No" Signatures | 0 | 0 | 0 |
| "Yes" Signatures | 48 | 0 | 48 |
| TOTAL CONTACTS & ATTEMPTS | 152 | 5 | 157 |

SURVEY STATISTICS (continued)

>Number of Businesses and Residents Contacted: 157 Attempts – 49 No Response = 108
 >Business Survey Participation Rate: 48 Signatures/ 75 Qualified Contacts = 64%
 >Residential Survey Participation Rate: 0 Signatures/ 5 Qualified Contacts = ---
 >Percentage of Residents Home During Survey: 5 Contacts/ 5 Attempts = 100%

| <u>REASONS FOR OPPOSITION SIGNATURES</u> | | <u>REASONS FOR DECLINING TO PARTICIPATE</u> | |
|---|----------|--|-----------|
| No Reason | 0 | Against Company Policy | 9 |
| Total | 0 | Too Busy | 7 |
| | | Not Interested | 6 |
| | | Do Not Sign Any Petitions/ Surveys | 5 |
| | | Locked / No Access | 5 |
| | | Total | 32 |
| | | <u>NOT QUALIFIED CONTACTS</u> | |
| | | Owner / Manager Unavailable | 23 |
| | | Government | 5 |
| | | Total | 28 |

PETITION METHODOLOGY

- Survey Dates and Times:**

| | | |
|-------------------------|-------------------------|-------------------|
| Business & Residential: | Monday, April 15, 2024 | 9:00 am – 5:00 pm |
| Business: | Tuesday, April 16, 2024 | 1:00 pm – 3:00 pm |

- Survey Areas:** Circulators started in areas closest to the proposed licensed site and did complete coverage of the boundary area. They also went back to those businesses the next business day that were unable to provide feedback on the first attempt. Contact and notification was still given to management of Residential areas with no access (See page 4). Please see the attached map.
- Circulators of the Survey:** There were two circulators for this survey doing a drive and drop. 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 be completely unbiased in their approach to residents and business- people. The circulator had with them 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. After the survey, the circulator signed notarized affidavits of circulation. All packets were filed with the Jefferson County Clerk's Office.

Report prepared and respectfully submitted by,



Eva L. Garretson
Liquor Licensing Professionals, LLC



JEFFERSON COUNTY, CO LIQUOR LICENSE APPLICATION



EXISTING LIQUOR LICENSES

ART GALLERY PERMIT

ARTS

BEER/BREAKFAST

BEER/WINE

BREW PUB

CLUB

DRUG STORE

FERMENTED MALT BEVERAGES AND WINE RETAILER

HOTEL/RESTAURANT

HOTEL/RESTAURANT NIGHT PERM

LOBBY & ENTERTAINMENT

NETAL LIQUOR STORE

SALES ROOM

TAVERN

OverMinBuffer

ZONING

PREK/SCHOOL

ELEMENTARY SCHOOL

4-6 SCHOOL

MIDDLE SCHOOL

JR / SR HIGH SCHOOL

HIGH SCHOOL

Blue Sky Bistro 
11755 Airport Way
Broomfield, CO 80021



JEFFERSON
COUNTY COLORADO
Innovation & Technology

Informational Map prepared by Jefferson County Planning & Technology Services - GIS Section
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Data provided: March 2024

SURVEY RESULTS:

APPLICATION FOR A
HOTEL AND
RESTAURANT
LIQUOR LICENSE

SURVEY DATES:

APRIL 15 & 16, 2024

 BUSINESS
AREAS
COVERED
IN SURVEY

 RESIDENTIAL
AREAS LOCKED
INSIDE
SURVEY AREA

LiquorPros



LiquorPros@msn.com
719.390.8844
www.LiquorPros.com



HEIGHTS
AT INTERLOCKEN



DM

FAE KUGLER
Leasing Professional

faedra.kugler@greystar.com
P 303.552.5943

401 Interlocken Blvd
Broomfield, CO 80021
heightsatinterlocken.com



JOSIAS SEHUVERT
Community Manager

t: 720.783.5515
e: jsehuvart@irtliving.com

Destination at Arista
8705 Parkland Street
Broomfield, CO 80021
DestinationAtArista.com

AP



CORTLAND
BROOMFIELD

Yes

Abigail Arellano

Assistant Community Manager

abigail.arellano@cortland.com
cortland.com/broomfield
720.566.6000 RESIDENT SERVICES

720.613.9812 LEASING

KATELYN RAMIREZ
Leasing Consultant

Camden Flatirons
303.464.1206

Camden Interlocken
303.465.2200

kramirez@camdenliving.com
camdenliving.com | NYSE:CPT
Best Place to Live & Work

DM



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: Beyond Infinity, LLC
d/b/a: **Blue Sky Bistro**
Address: 11755 Airport Way, Broomfield, CO 80021
Application for a **NEW HOTEL AND RESTAURANT Liquor License**

A **Public Hearing** on this matter will be held VIRTUAL before the Jefferson County Liquor Licensing Authority, on **Thursday, May 2nd, 2024, 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

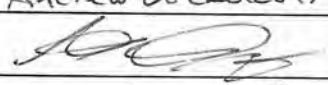
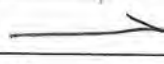
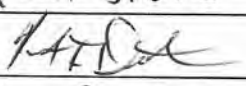
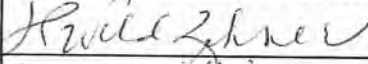
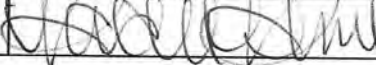
INSTRUCTIONS – QUALIFICATIONS FOR SIGNING THIS PETITION

- 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 Signature | Business Name Business Address | Age | Favor YES X | Oppose NO X | Reason Circle Owner or Manager |
|---------------------|---|-----------------------------------|-----|----------------|----------------|-----------------------------------|
| 4/15/24 | Andrew Dickson of | Go Rentals | 33 | ✓ | | Owner |
| |  | 11755 Airport Way | | | | Manager |
| 4-15-24 | HARRY SJOSTROM | PHASE ONE | 35 | ✓ | | Owner |
| |  | 11755 Airport Way | | | | Manager |
| 4/15/24 | Kent Drotter | ATP | 62 | ✓ | | Owner |
| |  | 11755 Airport Way 80021 | | | | Manager |
| 4.15.24 | Jennifer Wild Zehner | Signature | 54 | ✓ | | Owner |
| |  | 11705 Airport Way | | | | Manager |
| 4.15.24 | Katie Kirt | IP Companies | 37 | ✓ | | Owner |
| |  | 11705 Airport Way | | | | Manager |

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

| Today's Date w/Year | Printed Name Signature | Business Name Business Address | Age | Favor YES X | Oppose NO X | Reason Circle Owner or Manager |
|---------------------|---|---|-----|----------------|----------------|-----------------------------------|
| 4/15/24 | Clinton Cook <i>Clinton Cook</i> | RMA'S BIZA 11750 Airport Way | 37 | X | | Owner <u>Manager</u> |
| 4/15/24 | TORIEKA BROWN <i>Torieka Brown</i> | WESTERN AIR FLIGHT ACA. BROOKFIELD CO 11915 AIRPORT WAY ST. 4 80021 | 36 | X | | Owner <u>Manager</u> |
| 4-15-24 | Steve Nelson <i>Steve Nelson</i> | D&H Engineering 9769 W 119TH Dr #7 | 62 | X | | <u>Owner</u> Manager |
| 4/15/24 | (Scott) S. Christopher <i>Scott Christopher</i> | 9769 W 119TH DR #34 | 45 | X | | <u>Owner</u> Manager |
| 4/15/24 | DANIEL NADDOY <i>Daniel Naddoy</i> | 9769 W 119TH DR STE 24 FARMERS INSURANCE | 40 | ✓ | | <u>Owner</u> Manager |
| 4/15/24 | Craig (Hacker) <i>Craig Hacker</i> | 9769 W 119TH DR #21 | 51 | ✓ | | <u>Owner</u> Manager |
| 4/15/24 | Juanes Caporale <i>Juanes Caporale</i> | Mountain Ave 9644 Metro Airport Ave | 49 | X | | Owner <u>Manager</u> |
| 4/15/24 | James Sorbet <i>James Sorbet</i> | 9626 Metro Airport Ave Midwinny Real Estate | 45 | X | | Owner <u>Manager</u> |
| 4/15/24 | BARRY STIDHAM <i>Barry Stidham</i> | Bull CORP. 9606 METRO AIRPORT AVE | 53 | X | | Owner <u>Manager</u> |
| 4-15-24 | Chuck Grooms <i>Chuck Grooms</i> | 9596 Metro Airport Boiler Aviation May | 69 | X | | Owner <u>Manager</u> |
| 4-15-24 | RHALLADAY <i>RHalladay</i> | LEPRINO FOODS 9566 METRO AIRPORT AVE BROOKFIELD, CO | 61 | X | | Owner <u>Manager</u> |
| 4/15/24 | Chris Kelkel <i>Chris Kelkel</i> | 7-Eleven 8900 Metro Airport Ave | 43 | X | | Owner <u>Manager</u> |
| 4/15/24 | Ken Davis <i>Ken Davis</i> | LESS SCHWAB 8870 W 116th Cir | 37 | X | | Owner <u>Manager</u> |

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

| Today's Date w/Year | Printed Name Signature | Business Name Business Address | Age | Favor YES X | Oppose NO X | Reason Circle Owner or Manager |
|---------------------|---|---|-----|----------------|----------------|-----------------------------------|
| 4/15/24 | MIKKI SUFFIN <i>Mikki Suffin</i> | CRCG 8855 W. 116th Cir. Broomfield, CO | 33 | X | | Owner <u>Manager</u> |
| 4/15/24 | MYRA WILENSKY <i>Myra Wilz</i> | Urban Dogs 8855 W. 116th Cir Broomfield, CO 80021 | 51 | X | | <u>Owner</u> Manager |
| 4/15/24 | Christopher Berdrell <i>Ca</i> | GI Climbing 8845 W 116th Cir | 28 | X | | Owner <u>Manager</u> |
| 4/15/24 | Andria Lobo-Lucas <i>Andria Lobo-Lucas</i> | DartHite 8835 W. 116th Cir. Broomfield | 50 | X | | Owner <u>Manager</u> |
| 4/15/24 | NICK STANSBURY <i>N St</i> | 8835 W 116th Cir F NATIONAL FLOORING EQUIPMENT | 29 | X | | Owner <u>Manager</u> |
| 4/15/24 | Warren Do <i>Warren Do</i> | 8110 W 116th Cir Flip Belt | 51 | X | | Owner <u>Manager</u> |
| 4/15/24 | Adrianna Ayle <i>Adrianna</i> | 8830 W 116th Cir City Park | 34 | X | | Owner <u>Manager</u> |
| 4/15/24 | Carley Brewster <i>Carley Brewster</i> | 8860 W 116th Cir Ziggys Coffee | 25 | X | | Owner <u>Manager</u> |
| 4/15/24 | Erica Rojas <i>Erica Rojas</i> | Vertra Bank 8810 Willow Creek | 35 | ✓ | | Owner <u>Manager</u> |
| 4/15/24 | Abigail Arellano <i>Abigail Arellano</i> | Cortland Broomfield 11585 Destination Dr | 27 | X | | Owner <u>Manager</u> |
| 4/15/24 | Bruce Cosle <i>Bruce Cosle</i> | Comfort Suites 8619 Destination Way | 45 | X | | Owner <u>Manager</u> |
| 4/15/24 | Jerome Orrell <i>Jerome Orrell</i> | HOPS NOBLES 8511 Destination Way | 32 | ✓ | | Owner <u>Manager</u> |
| 4/15/24 | Michelle Lough <i>MJ</i> | 8551 destination dr Starbucks | 32 | X | | Owner <u>Manager</u> |

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

| Today's Date w/Year | Printed Name Signature | Business Name Business Address | Age | Favor YES X | Oppose NO X | Reason Circle Owner or Manager | |
|---------------------|---------------------------|--|-----|----------------|----------------|-----------------------------------|----|
| 4/15/24 | Tetiana Joyce | WoodSpring Suites 121 Edgemoor Dr | 30 | ✓ | | Owner <u>Manager</u> | 1 |
| 4/15/24 | TERRI WATANYK | North Shore Energy 105 Edgemoor #400 | 69 | ✓ | | Owner <u>Manager</u> | 2 |
| 4/15/24 | Patricia Flood | Scottsdale Construction 10401 W. 120th Ave Overland Park, KS 66211 | 56 | ✓ | | Owner <u>Manager</u> | 3 |
| 4/15/24 | Lauren Roberts | Webber Infra 10530 W. 120th Ave, Overland Park | 59 | ✓ | | Owner <u>Manager</u> | 4 |
| 4/15/24 | Denise Bott | Empire Electric 10530 W. 120th Ave | 65 | X | | Owner <u>Manager</u> | 5 |
| 4/15/24 | Jennifer Billmeyer | Office Evolution 400 11001 W 120th Ave | 23 | X | | Owner <u>Manager</u> | 6 |
| 4/15/24 | AR | E-VAN-SCOTLAND 11101 120th Ave | 56 | + | | <u>OWNER</u> Owner Manager | 7 |
| 4/15/24 | Chris McGrath | Competition Insurance 10901 120th Ave #190 | 40 | X | | <u>Owner</u> <u>Manager</u> | 8 |
| 4/15/24 | Taylor Lightsey | American Kiosks 10901 W. 120th Ave #130 | 36 | X | | Owner <u>Manager</u> | 9 |
| 4/15/24 | FRANISKA BLEZ | DNLAW FIRM 10901 120th Ave #120 | 59 | X | | Owner <u>Manager</u> | 10 |
| 4/15/24 | RICK MARCELLO | LEGACY R.R., INC 11905 CORPORATE WAY | 55 | X | | <u>Owner</u> Manager | 11 |
| 4/15/24 | Ezekiel Denison | Ramos Law, LLC 11824 Corporate Way | 30 | X | | Owner <u>Manager</u> | 12 |
| 4/15/24 | MATT SOOT | 10122 AMORCT JETTECH LLC | 44 | X | | Owner <u>Manager</u> | 13 |

JEFFERSON COUNTY, CO LIQUOR LICENSE APPLICATION



EXISTING LIQUOR LICENSES

- ART GALLERY PERMIT
- ARTS
- BED/BREAKFAST
- BEER/WINE
- BREW PUB
- CLUB
- DRUG STORE
- FERMENTED MALT BEVERAGE AND WINE RETAILER
- HOTEL/RESTAURANT
- HOTEL/RESTAURANT W/OT PREM
- LODGING & ENTERTAINMENT
- RETAIL LIQUOR STORE
- SALES ROOM
- TAVERN

One-Mile Buffer

ZONING

- PRESCHOOL
- ELEMENTARY SCHOOL
- K-8 SCHOOL
- MIDDLE SCHOOL
- JR / SR HIGH SCHOOL
- HIGH SCHOOL



JEFFERSON
COUNTY COLORADO
Business Innovation & Technology - GIS

Information and Map prepared by Jefferson County Business, Innovation & Technology Division - GIS Section
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This information is provided for planning purposes only.
Date Produced: March 2024

~ AFFIDAVIT OF CIRCULATION ~

I, Kimberley M Bobo, being of legal age (21 years or older),
do hereby state that I was the circulator of said petition and further state that

- I personally witnessed each signature appearing on said petition
- each signature thereon is the signature of the person whose name it purports to be
- the address given opposite that person's signature is the true address of the person signing
- every person who signed represented himself or herself.
- the petition signer read or had the opportunity to read the statement appearing on the signature sheet and understood the nature of the petition.

I also hereby swear and affirm that no promises, threats, or inducements were employed whatsoever in connection with the presentation of this petition, and that every signature appearing hereon was completely free and voluntarily given.

Kimberley M Bobo
Signature of Circulator

State of Colorado)
County of Jefferson) ss.

Subscribed and sworn to before me this 17th day of April, 2024



[Signature]
Notary Public

My Commission expires: DECEMBER 5 2027