

# Colorado Liquor Retail License Application

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

Uploaded to Date  
 Movelt on

<input type="checkbox"/> New License <input checked="" 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, Beer and Wine Code: <a href="http://SBG.Colorado.gov/Liquor">SBG.Colorado.gov/Liquor</a>			
1. Applicant is applying as a/an <input type="checkbox"/> Individual <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Association or Other <input checked="" 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 Stellar Performance Enterprises Inc			FEIN Number 93-4010744
2a. Trade Name of Establishment (DBA) Stellar Liquors		State Sales Tax Number 95995506	Business Telephone 303-917-8582
3. Address of Premises (specify exact location of premises, include suite/unit numbers) 7976 - 7980 S. Depew Street			
City Littleton	County Jefferson	State CO	ZIP Code 80128
4. Mailing Address (Number and Street) 4833 Front St. Unit B287	City or Town Castle Rock	State CO	ZIP Code 80104
5. Email Address stellarliquors@gmail.com			
6. If the premises currently has a liquor or beer license, you <b>must</b> answer the following questions			
Present Trade Name of Establishment (DBA) N/A	Present State License Number	Present Class of License	Present Expiration Date
<b>Section A                      Nonrefundable Application Fees*</b>		<b>Section B (Cont.)                      Liquor License Fees*</b>	
<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	
<b>Section B                      Liquor License Fees*</b>			
<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			
<b>Questions? Visit: <a href="http://SBG.Colorado.gov/Liquor">SBG.Colorado.gov/Liquor</a> for more information</b>			
<b>Do not write in this space - For Department of Revenue use only</b>			
<b>Liability Information</b>			
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](http://SBG.Colorado.gov/Liquor) for more information**

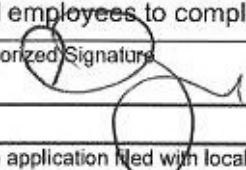
Items submitted, please check all appropriate boxes completed or documents submitted	
<b>I.</b>	<b>Applicant information</b> <input type="checkbox"/> A. Applicant/Licensee identified <input type="checkbox"/> B. State sales tax license number listed or applied for at time of application <input type="checkbox"/> 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
<b>II.</b>	<b>Diagram of the premises</b> <input 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 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
<b>III.</b>	<b>Proof of property possession (One Year Needed)</b> <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)
<b>IV.</b>	<b>Background information (DR 8404-I) and financial documents</b> <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. Master File applicants submit results to the State using code 25YQHT with Identogo. <b>Do not complete fingerprint cards prior to submitting your application.</b> The Vendors are as follows: <b>Identogo</b> – <a href="https://uenroll.identogo.com/">https://uenroll.identogo.com/</a> Phone: 844-539-5539 (toll-free) <b>Colorado Fingerprinting</b> – <a href="http://www.coloradofingerprinting.com">http://www.coloradofingerprinting.com</a> Appointment Scheduling Website: <a href="http://www.coloradofingerprinting.com/cabs/">http://www.coloradofingerprinting.com/cabs/</a> Phone: 720-292-2722 Toll Free: 833-224-2227 <b>Details about the vendors and fingerprinting in Colorado can be found on CBI's website here:</b> <a href="https://cbi.colorado.gov/sections/biometric-identification-and-records-unit/employment-and-background-checks">https://cbi.colorado.gov/sections/biometric-identification-and-records-unit/employment-and-background-checks</a> <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)
<b>V.</b>	<b>Sole proprietor/husband and wife partnership (if applicable)</b> <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
<b>VI.</b>	<b>Corporate applicant information (if applicable)</b> <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)
<b>VII.</b>	<b>Partnership applicant information (if applicable)</b> <input type="checkbox"/> A. Partnership Agreement (general or limited). <input type="checkbox"/> B. Certificate of Good Standing
<b>VIII.</b>	<b>Limited Liability Company applicant information (if applicable)</b> <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)
<b>IX.</b>	<b>Manager registration for Hotel and Restaurant, Tavern, Lodging &amp; Entertainment, and Campus Liquor Complex licenses when included with this application</b> <input type="checkbox"/> A. \$30.00 fee <input type="checkbox"/> B. If owner is managing, no fee required

Name Stellar Performance Enterprises Inc		Type of License Retail Liquor Store (County)		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 checked="" type="checkbox"/>
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? <b>NOTE:</b> 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? <b>NOTE:</b> 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?				<input type="checkbox"/> <input type="checkbox"/> N/A
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 type="checkbox"/> <input checked="" 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, <b>exactly</b> as they appear on the lease:				
Landlord Chay Chua		Tenant Stellar Performance Enterprises Inc		Expires 10/31/2026
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 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 N/A	First Name	Date of Birth	FEIN or SSN	Interest/Percentage
Last Name	First Name	Date of Birth	FEIN or SSN	Interest/Percentage
<b>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.</b>				
17. Optional Premises or Hotel and Restaurant Licenses with Optional Premises:				N/A
Has a local ordinance or resolution authorizing optional premises been adopted?				<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.				N/A



Name Stellar Performance Enterprises Inc	Type of License Retail Liquor Store (County)	Account Number
<b>19. Liquor Licensed Drugstore (LLDS) applicants, answer the following:</b> <span style="float:right">N/A</span> a. Is there a pharmacy, licensed by the Colorado Board of Pharmacy, located within the applicant's LLDS premise? <span style="float:right"><input type="checkbox"/> <input type="checkbox"/></span> <b>If "yes" a copy of license must be attached.</b>		
<b>20. Club Liquor License applicants answer the following: Attach a copy of applicable documentation</b> <span style="float:right">N/A</span> <span style="float:right">Yes No</span> a. Is the applicant organization operated solely for a national, social, fraternal, patriotic, political or athletic purpose and not for pecuniary gain? <span style="float:right"><input type="checkbox"/> <input type="checkbox"/></span> 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? <span style="float:right"><input type="checkbox"/> <input type="checkbox"/></span> 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? <span style="float:right"><input type="checkbox"/> <input type="checkbox"/></span>		
<b>21. Brew-Pub, Distillery Pub or Vintner's Restaurant applicants answer the following:</b> <span style="float:right">N/A</span> a. Has the applicant received or applied for a Federal Permit? (Copy of permit or application must be attached) <span style="float:right"><input type="checkbox"/> <input type="checkbox"/></span>		
<b>22. Campus Liquor Complex applicants answer the following:</b> <span style="float:right">N/A</span> a. Is the applicant an institution of higher education? <span style="float:right"><input type="checkbox"/> <input type="checkbox"/></span> b. Is the applicant a person who contracts with the institution of higher education to provide food services? <span style="float:right"><input type="checkbox"/> <input type="checkbox"/></span> <b>If "yes" please provide a copy of the contract with the institution of higher education to provide food services.</b>		
<b>23. For all on-premises applicants.</b> 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	
<b>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.</b> <span style="float:right">Yes No</span> <span style="float:right"><input type="checkbox"/> <input type="checkbox"/></span>		
<b>25. Related Facility - Campus Liquor Complex applicants answer the following:</b> <span style="float:right"><input type="checkbox"/> <input type="checkbox"/></span> a. Is the related facility located within the boundaries of the Campus Liquor Complex? <span style="float:right">N/A</span> 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	
<b>26. Tax Information.</b> <span style="float:right">Yes No</span> 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? <span style="float:right"><input type="checkbox"/> <input checked="" type="checkbox"/></span> 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.? <span style="float:right"><input type="checkbox"/> <input checked="" type="checkbox"/></span>		
<b>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.</b>		
Name Christopher Zuniga	Home Address, City & State 3091 Craig Ct. Castle Rock, CO 80109	DOB <span style="background-color: black; color: black;">[REDACTED]</span> Position Sole Director, CEO, President %Owned 70%
Name Meagan Lang	Home Address, City & State 3815 Deer Valley Dr. Castle Rock, CO 80109	DOB <span style="background-color: black; color: black;">[REDACTED]</span> Position Vice President, <span style="background-color: black; color: black;">[REDACTED]</span> %Owned 30%
Name	Home Address, City & State	DOB <span style="background-color: black; color: black;">[REDACTED]</span> Position <span style="background-color: black; color: black;">[REDACTED]</span> %Owned <span style="background-color: black; color: black;">[REDACTED]</span>
Name	Home Address, City & State	DOB <span style="background-color: black; color: black;">[REDACTED]</span> Position <span style="background-color: black; color: black;">[REDACTED]</span> %Owned <span style="background-color: black; color: black;">[REDACTED]</span>
Name	Home Address, City & State	DOB <span style="background-color: black; color: black;">[REDACTED]</span> Position <span style="background-color: black; color: black;">[REDACTED]</span> %Owned <span style="background-color: black; color: black;">[REDACTED]</span>



Name Stellar Performance Enterprises Inc		Type of License Retail Liquor Store (County)		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 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>					
<b>Oath Of Applicant</b>					
<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 Christopher Zuniga, CEO		Date 2/29/24	
<b>Report and Approval of Local Licensing Authority (City/County)</b>					
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 No <input type="checkbox"/> <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</p> <p>(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 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 < 10,000?					Yes No <input type="checkbox"/> <input type="checkbox"/>
<p><b>NOTE:</b> 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 No <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. <b>Therefore, this application is approved.</b></p>					
Local Licensing Authority for			Telephone Number		<input type="checkbox"/> Town, City <input type="checkbox"/> County
Signature	Print	Title		Date	
Signature	Print	Title		Date	

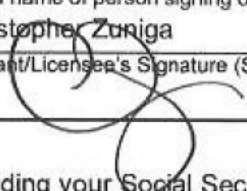
## Tax Check Authorization, Waiver, and Request to Release Information

I, Christopher Zuniga am signing this Tax Check Authorization, Waiver and Request to Release Information (hereinafter "Waiver") on behalf of Stellar Performance Enterprises Inc (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) Stellar Performance Enterprises Inc		Social Security Number/Tax Identification Number 93-4010744	
Address 7976 - 7980 S. Depew Street			
City Littleton		State CO	Zip 80128
Home Phone Number		Business/Work Phone Number 303-917-8582	
Printed name of person signing on behalf of the Applicant/Licensee Christopher Zuniga			
Applicant/Licensee's Signature (Signature authorizing the disclosure of confidential tax information) 			Date signed 7/29/21

### 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).



Fees Due	
Initial Application Fee	\$11.00
Renewal Fee	\$11.00

## Takeout and Delivery Permit Application & Renewal (On-Premises Applicants Only)

<input checked="" type="checkbox"/> Initial Application		<input type="checkbox"/> Renewal	
Corporate Business Name <b>Stellar Performance Enterprises Inc</b>		Trade Name (DBA) <b>Stellar Liquors</b>	
Physical Address of Premises <b>7976 - 7980 S Depew St</b>		Liquor License Number <b>Pending</b>	
City <b>Littleton</b>	County <b>Jefferson</b>	State <b>CO</b>	ZIP Code <b>80128</b>
Mailing Address (if different than Physical Address) <b>4833 Front St.</b>			Suite/Unit Number <b>Unit B287</b>
City <b>Castle Rock</b>		State <b>CO</b>	ZIP Code <b>80104</b>
Business Phone Number <b>303-917-8582</b>		Business Email Address <b>stellarliquors@gmail.com</b>	
1. Are you applying/renewing: <input checked="" type="checkbox"/> Delivery <input type="checkbox"/> Takeout <input type="checkbox"/> Both Takeout and Delivery			
2. You certify that the delivery of alcohol beverages shall only be made to a person TWENTY-ONE (21) years of age or older at the address specified in the order.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. You certify that the delivery must be made by the licensee or the licensee's employee who is at least TWENTY-ONE (21) years of age and is using a vehicle owned or leased by the licensee to make the delivery.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. You certify that the licensee's employee who delivers the alcohol beverages shall note and log at the time of delivery, the name and date of birth of the person the alcohol beverages are delivered to. Under no circumstances shall a person under TWENTY-ONE (21) years of age be permitted to receive a delivery of alcohol beverages.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. You understand that a licensee must derive no more than FIFTY (50) percent of its gross annual revenues from sales of alcohol beverages that the licensee delivers.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you using a third party's ordering software to take orders?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If you answered "Yes" to question number six (6) above, upload all documents concerning the agreement between the ordering service and the licensee. <b>Note - While a third party's ordering software may be used, physical delivery can only be accomplished by the licensee or the licensee's employee using a vehicle owned or leased by the licensee.</b>			
7. Have you verified with your local licensing authority that no local permits are required for takeout and delivery?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you the applicant or an authorized agent of the business?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name of the applicant or an authorized agent of the business <b>Meagan Lang</b>		Title of the applicant or an authorized agent of the business <b>Vice President</b>	
Signature <i>Meagan Lang</i> <small>Meagan Lang (Apr 23, 2024 09:30 MDT)</small>		Date <b>Apr 23, 2024</b>	

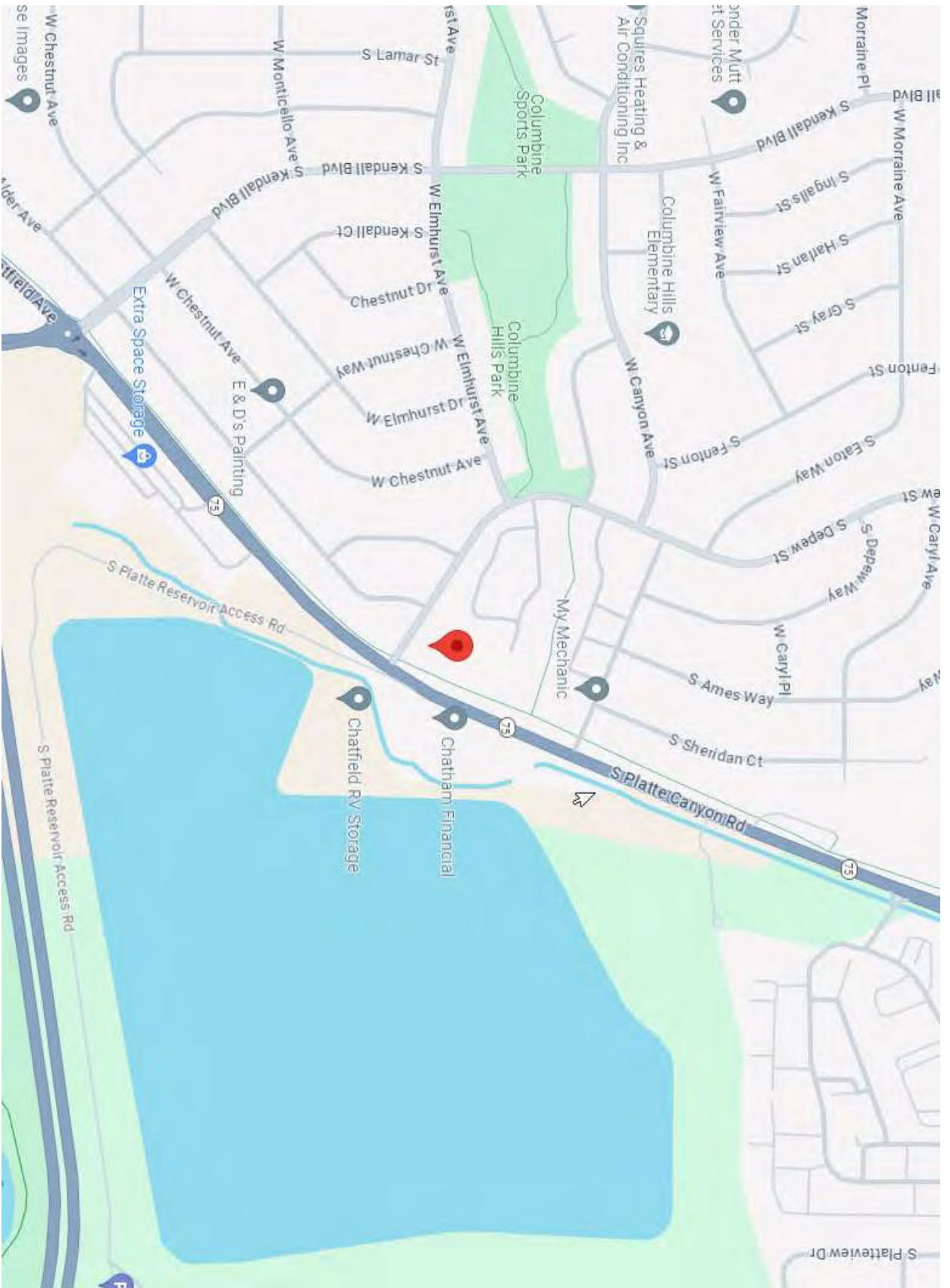
### Payment (Please submit Payment in one of the following ways):

<b>Via mail with your application</b> P.O. Box 17087 Denver, CO 80217-0087	<b>Via email to:</b> DOR_liqlicensing@state.co.us An email will be sent to you with directions on how to make a payment via our online payment portal.
--	--



**JACOB I. LANTZ**  
**NOTARY PUBLIC**  
**STATE OF COLORADO**  
**NOTARY ID 20224037480**  
**MY COMMISSION EXPIRES 09/26/2026**







**M E M O R A N D U M**

**TO:** PLANNING AND ZONING DEPARTMENT – RUSS CLARK  
**FROM:** LIQUOR LICENSING – Lane Blomquist  
**RE:** ZONING VERIFICATION FOR PROPOSED LIQUOR LICENSE  
**DATE:** March 11, 2024

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**APPLICANT:** Stellar Performance Enterprises Inc

**TYPE OF LICENSE APPLIED FOR:** Hotel Restaurant

**ADDRESS OF PROPOSED LOCATION:** 7976-7980 S. Depew Street, Littleton, CO 80128

A copy of the legal description or lease is available through our office if you need it.

Zoning is: Commercial One (C-1), which allows this use.

**Dylan Monke**  
Digitally signed by Dylan Monke  
DN: C=US, E=dmonke@jeffco.us, O=Jefferson  
County, OU=Planning & Zoning, CN=Dylan Monke  
Date: 2024.03.12 08:53:54-0800  
\_\_\_\_\_  
Signature of Planning Official

## 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

<b>Notice:</b> 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". <b>Any deliberate misrepresentation or material omission may jeopardize the license application.</b> (Please attach a separate sheet if necessary to enable you to answer questions completely)				
1. Name of Business Stellar Performance Enterprises Inc dba Stellar Liquors		Home Phone Number 303-917-8582	Cellular Number 303-917-8582	
2. Your Full Name (last, first, middle) Zuniga, Christopher		3. List any other names you have used		
4. Mailing address (if different from residence) 4833 Front St. Castle Rock, CO 80104		Email Address 90mphclub@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	
3091 Craig Ct	Castle Rock, CO 80109	05/2014	Present	
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
The Stellar Group Inc	1580 Carnaby Lane, Castle Rock, CO 80109	CEO	05/2017	Present
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				
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.) <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>				
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.) <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>				

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

Please See attached CBI Criminal Report

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 [REDACTED]	b. Social Security Number [REDACTED]	c. Place of Birth Denver	d. U.S. Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. If Naturalized, state where		f. When	g. Name of District Court
h. Naturalization Certificate Number	i. Date of Certification	j. If an Alien, Give Alien's Registration Card Number	k. Permanent Residence Card Number
l. Height 6'1	m. Weight 260	n. Hair Color Brown	o. Eye Color Brown
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 CO		

#### 14. Financial Information.

a. Total purchase price or investment being made by the applying entity, corporation, partnership, limited liability company, other.  
\$ 50,000.00

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

\* 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)

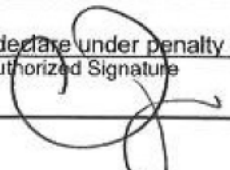
Type: Cash, Services or Equipment	Loans	Account Type	Bank Name	Amount
Cash	N/A	Checking	1st Bank	50,000.00

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 Christopher Zuniga	Title CEO	Date 2/29/24
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**COLORADO**  
**Bureau of Investigation**  
Department of Public Safety

Page 1 of 5

Biometric Identification and Records Unit  
690 Kipling Street, Suite 4000  
Lakewood, CO 80215  
303-239-4208

ZUNIGA, CHRIS  
3091 CRAIG CT  
CASTLE ROCK, CO, 80109

Date: 10/26/2023 08:55:13(MT)

RE: ZUNIGA, CHRISTOPHER DOB: [REDACTED] SOC: [REDACTED]

**The Colorado arrest record for the person noted to follow.**

The Colorado Bureau of Investigation's database contains detailed information of arrest records based upon fingerprints provided by Colorado law enforcement agencies. Arrests, which are not supported by fingerprints, will not be included in this database. On occasion the Colorado criminal history will contain disposition information provided by the Colorado Judicial system. Additionally, warrant information, sealed records (except those allowed per state statute 24-72-703), and juvenile records are not available to the public.

***The results attached are based on a name search which may or may not be the subject of this inquiry. This search does not include a fingerprint comparison, which is the only means of positive identification.*** Since an arrest record may be established after this inquiry, an arrest record is only valid at the time of the current request. To ensure the most current available information in regards to subsequent arrest after an initial inquiry, it is recommended another query be made.

The results attached below are based on the criteria given.

Falsifying or altering this document with the intent to misrepresent the contents of the record is prohibited by law, and may be punishable as a felony when done with intent to injure or defraud any person.

Sincerely,  
Chris Schaefer, Director  
Colorado Bureau of Investigation



\*\*\* ATTN: KTI

COLORADO BUREAU OF INVESTIGATION - IDENTIFICATION UNIT  
690 KIJLING STREET,SUITE #3000, DENVER, COLORADO 80215 (303)239-4208

THIS IDENTIFICATION RECORD IS FOR LAWFUL USE ONLY AND SUMMARIZES  
INFORMATION SENT TO THE COLORADO BUREAU OF INVESTIGATION FROM  
FINGERPRINT CONTRIBUTORS IN THE STATE OF COLORADO.

UNLESS FINGERPRINTS ACCOMPANIED YOUR INQUIRY, THE COLORADO BUREAU OF  
INVESTIGATION CAN NOT GUARANTEE THIS RECORD RELATES TO THE PERSON IN  
WHOM YOU HAVE AN INTEREST.

IF THE DISPOSITION IS NOT SHOWN OR FURTHER EXPLANATION OF AN ARREST  
CHARGE OR DISPOSITION IS DESIRED, THAT INFORMATION MAY BE OBTAINED FROM  
THE AGENCY WHO FURNISHED THE ARREST INFORMATION.

ONLY THE COURT OF JURISDICTION OR THE RESPECTIVE DISTRICT ATTORNEY'S  
OFFICE WHEREIN THE FINAL DISPOSITION OCCURRED CAN PROVIDE AN OFFICIAL  
COPY TO ANY SPECIFIC DISPOSITION.

STATE LAW GOVERNS ACCESS TO SEALED RECORDS.

BECAUSE ADDITIONS AND DELETIONS TO A CRIMINAL HISTORY RECORD MAY BE MADE  
AT ANY GIVEN TIME, A NEW INQUIRY SHOULD BE REQUESTED WHEN NEEDED FOR  
SUBSEQUENT USE.

\*\*\*\*\* IDENTIFICATION \*\*\*\*\*  
NAME(S) USED:

ZUNIGA, CHRISTOPHER

PHYSICAL:

SEX: M RACE: W HGT: 602 WGT: 185  
EYE: BRO HAIR: BRO SKN:

DATE(S) OF BIRTH:

[REDACTED]

PLACE(S) OF BIRTH:

CO

\*\*\*\*\* CRIMINAL HISTORY \*\*\*\*\*  
===== Cycle 1 of 3 =====

----- ARREST -----

DATE ARRESTED	07/19/1992
AGENCY	DENVER POLICE DEPARTMENT
ARREST NUMBER	757999
NAME USED	ZUNIGA, CHRISTOPHER
CHARGE	01
CHARGE LITERAL	RESISTING ARREST
TYPE/LEVEL	MISDEMEANOR
DOCKET	92C376312

----- COURT -----

CHARGE	01
CHARGE LITERAL	CONTEMPT OF COURT VIOLATION OF PROTECTION ORDER
TYPE/LEVEL	MISDEMEANOR
DOCKET	92C376312
COURT DISPOSITION	DISMISSED BY DA
DISPOSITION DATE	09/22/1993
CHARGE	02
CHARGE LITERAL	RESISTING ARREST
TYPE/LEVEL	MISDEMEANOR
DOCKET	92C376312
COURT DISPOSITION	GUILTY

DISPOSITION DATE 09/02/1993  
 SENTENCE 6 MTHS JAIL,150 DAYS JAIL SUSP, 1 YR PROBATION/UPS,  
 \$199.50 FINES/COSTS  
 ===== Cycle 2 of 3 =====

----- ARREST -----  
 DATE ARRESTED 12/17/1993  
 AGENCY ADAMS COUNTY SHERIFF'S OFFICE  
 ARREST NUMBER 9311954  
 NAME USED ZUNIGA, CHRISTOPHER  
 CHARGE 01  
 CHARGE LITERAL TRAFFIC OFFENSE NPOI  
 ----- COURT -----  
 CHARGE 01  
 CHARGE LITERAL TRAFFIC OFFENSE NPOI  
 COURT DISPOSITION GUILTY  
 DISPOSITION DATE 12/17/1993  
 SENTENCE 2 DAYS  
 ===== Cycle 3 of 3 =====

----- ARREST -----  
 DATE ARRESTED 12/10/2008  
 AGENCY DOUGLAS COUNTY SHERIFF OFFICE  
 ARREST NUMBER 08A5587  
 NAME USED ZUNIGA, CHRISTOPHER  
 CHARGE 01  
 CHARGE LITERAL SIMPLE ASSAULT  
 FACTUAL BASIS DOMESTIC VIOLENCE  
 TYPE/LEVEL MISDEMEANOR  
 OFFENSE DATE 12/10/2008  
 DOCKET C0182008M 002870  
 CHARGE 02  
 CHARGE LITERAL DAMAGE PROPERTY MISCHIEF \$500 OR LESS  
 FACTUAL BASIS DOMESTIC VIOLENCE  
 TYPE/LEVEL MISDEMEANOR  
 OFFENSE DATE 12/10/2008  
 DOCKET C0182008M 002870  
 ----- COURT -----  
 CHARGE 01  
 CHARGE LITERAL ASSAULT 3RD DEG-KNOW/RECKLESS CAUSE INJURY  
 FACTUAL BASIS DOMESTIC VIOLENCE  
 TYPE/LEVEL MISDEMEANOR  
 DOCKET C0182008M 002870  
 COURT DISPOSITION DISMISSED BY DA  
 DISPOSITION DATE 08/19/2009  
 CHARGE 02  
 CHARGE LITERAL DAMAGE PROPERTY MISCHIEF-UNDER \$100  
 FACTUAL BASIS DOMESTIC VIOLENCE  
 TYPE/LEVEL MISDEMEANOR  
 DOCKET C0182008M 002870  
 COURT DISPOSITION DISMISSED BY DA  
 DISPOSITION DATE 08/19/2009

\*\* CRIMINAL JUSTICE AGENCIES MAY NOT HAVE PROVIDED ALL ARRESTS, \*\*  
 \*\* CHARGES OR DISPOSITIONS TO THE CBI. THIS RECORD SHOWS ALL \*\*  
 \*\* ARRESTS, CHARGES & DISPOSITIONS THAT WERE PROVIDED, UNLESS \*\*  
 \*\* ACCESS TO THEM HAS BEEN LIMITED BY COURT ORDER. \*\*  
 \*FALSIFYING OR ALTERING THIS RECORD WITH THE INTENT TO MISREPRESENT\*  
 \*THE CONTENTS OF THE RECORD IS PROHIBITED BY LAW, AND MAY BE \*  
 \*PUNISHABLE AS A FELONY WHEN DONE WITH THE INTENT TO INJURE OR \*  
 \*DEFRAUD ANY PERSON. \*

----- END OF RECORD MEETING DISSEMINATION CRITERIA -----  
 ----- 10/26/2023 08:54MT -----



## **COLORADO CRIMINAL HISTORY INFORMATION SHEET**

### **1. WHO IS CRIMINAL JUSTICE/LAW ENFORCEMENT?**

"Criminal justice agency" means any court with criminal jurisdiction and any agency of the state or of any county, city and county, town, boards of institutions of higher education, school district, special district, judicial district, or law enforcement authority which performs any activity directly relating to the detection or investigation of crime; the apprehension, pretrial release, posttrial release, prosecution, correctional supervision, rehabilitation, evaluation, or treatment of accused persons or criminal offenders; or criminal identification activities or the collection, storage, or dissemination of arrest and criminal records information.

### **2. DEFINE LAWFUL USE OF THE RECORDS.**

Records shall not be used by any person for the purpose of soliciting business for pecuniary gain. The official custodian shall deny any person access to records of official actions and criminal justice records unless such person signs a statement which affirms that such records shall not be used for the direct solicitation of business for pecuniary gain.

### **3. WHO ARE FINGERPRINT CARD CONTRIBUTORS?**

Fingerprint card contributors are "Criminal Justice Agencies," as defined above (#1).

### **4. WHAT IS A DISPOSITION?**

"Disposition" means a decision not to file criminal charges after arrest; the conclusion of criminal proceedings, including conviction, acquittal, or acquittal by reason of insanity; the dismissal, abandonment, or indefinite postponement of criminal proceedings; formal diversion from prosecution; sentencing, correctional supervision, and release from correctional supervision, including terms and conditions thereof; outcome of appellate review of criminal proceedings; or executive clemency.

### **5. WHERE CAN I GET A DISPOSITION IF IT IS NOT POSTED TO MY CBI RECORD?**

You can get copies of your dispositions from [www.cocourts.com](http://www.cocourts.com) for a nominal fee. These records are also available from the courts in which you appeared. If your case never went to court, you may be able to get the records from the arresting agency itself (the police department or sheriff's office) or the district attorney's office in the jurisdiction where you were arrested.

### **6. WHAT JUVENILE RECORDS ARE RELEASED TO THE PUBLIC?**

The records of law enforcement officers concerning juveniles, including identifying information, shall be identified as juvenile records and shall not be inspected by or disclosed to the public. The only Juvenile records released to the public are those juveniles that have been charged as adults. DUI and minor traffic violations are also releasable if the juvenile is over 16 years old when the offenses occur. Juvenile registered sex offender records will also be released.

### **7. WHAT IS A SEALED RECORD AND HOW CAN I GET MY RECORD SEALED?**

A sealed record is available only to law enforcement, not to the general public. Any person in interest (party to the case) may petition the District Court to seal records by filing a civil action in the county in which any arrest and/or criminal records are filed. A separate civil case must be filed for each court case record you want sealed, unless both a county court case (F Case) and a district court case (CR case) were established as a result of the same offense. You can obtain information on sealing your record from the State Judicial website, [www.courts.state.co.us](http://www.courts.state.co.us), or from the courts in which you appeared.

**8.WHO DO I CONTACT IF I HAVE A DISPUTE WITH MY RECORD?**

Any person in interest who is provided access to any criminal justice records shall have the right to challenge the accuracy and completeness of records to which he has been given access, insofar as they pertain to him, and to request that said records be corrected. You can do a record challenge at CBI (for information on this procedure go to the website, [www.cbi.state.co.us/id](http://www.cbi.state.co.us/id) or call (303) 239-4208. You can also take your dispute directly to the arresting agency.

**9.WHAT ARE COURT FILING ON DOCKET ENTRIES?**

These entries on the CBI record are displayed electronically on the Colorado criminal history by the State Judicial Department. They are currently posted from district court cases and they are based on the court case number, the arrest number, the last name of the individual, and the arresting agency.

**10. WHAT IS DOC INCARCERATION SENTENCE?**

DOC Incarceration Sentence is not a new arrest entry on the criminal history. When a person is convicted of a crime and they are sentenced to the Department of Corrections, an entry is made into the criminal history showing the charge the person was convicted of and how long the jail sentence was.

**11. WHAT SEX OFFENDER INFORMATION WILL BE RELEASED WITH THE RECORD?**

For additional sex offender information please access the Colorado Sex Offender website, [www.sor.state.co.us](http://www.sor.state.co.us). The results of the CBI record check will show if the person being checked on is currently a registered sex offender. Sex offender charges do not necessarily require a person to register as a sex offender.

**12. DOES CBI RELEASE WARRANT INFORMATION? WHAT IS A FUGITIVE OF OTHER JURISDICTION ENTRY?**

CBI does not release warrant information to the public. If you know what agency the warrant is out of, you will need to contact that agency for the information. That agency may or may not be able to release the warrant information; depending on their policy regarding the release of such information. The website, [www.cocourts.com](http://www.cocourts.com), may also provide some warrant information. A Fugitive of Other Jurisdiction charge means that the person in question had a warrant out of one law enforcement agency and was arrested by another agency for that warrant. The person does not necessarily have an active warrant out for their arrest.

## 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 <b>Stellar Performance Enterprises Inc dba Stellar Liquors</b>		Home Phone Number <b>303-503-7363</b>	Cellular Number <b>303-503-7363</b>	
2. Your Full Name (last, first, middle) <b>Lang, Meagan Marie</b>		3. List any other names you have used <b>Meagan Michael-Ryan, Meagan Marie Haack</b>		
4. Mailing address (if different from residence) <b>3815 Deer Valley Dr., Castle Rock, CO 80104</b>		Email Address <b>meagan@modernmaveninc.com</b>		
5. List current residence address. Include any previous addresses within the last five years. (Attach separate sheet if necessary)				
<b>Street and Number</b>	<b>City, State, Zip</b>	<b>From</b>	<b>To</b>	
<b>3815 Deer Valley Dr</b>	<b>Castle Rock, CO 80104</b>	<b>2/2021</b>	<b>Present</b>	
<b>3410 Willowrun Court</b>	<b>Castle Rock, CO 80109</b>	<b>3/2002</b>	<b>2/2021</b>	
6. List all employment within the last five years. Include any self-employment. (Attach separate sheet if necessary)				
<b>Name of Employer or Business</b>	<b>Address (Street, Number, City, State, Zip)</b>	<b>Position Held</b>	<b>From</b>	<b>To</b>
	Please see attached			
7. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry.				
<b>Name of Relative</b>	<b>Relationship to You</b>	<b>Position Held</b>	<b>Name of Licensee</b>	
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.) <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>				
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.) <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>				



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
		Joliet, IL	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. If Naturalized, state where		f. When	g. Name of District Court
h. Naturalization Certificate Number		i. Date of Certification	j. If an Alien, Give Alien's Registration Card Number
			k. Permanent Residence Card Number
l. Height	m. Weight	n. Hair Color	o. Eye Color
5'5"	185	Brown	Blue
p. Gender		q. Do you have a current Driver's License/ID? If so, give number and state.	
Female		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <span style="background-color: black; color: black;">[REDACTED]</span> State CO	

#### 14. Financial Information.

a. Total purchase price or investment being made by the applying entity, corporation, partnership, limited liability company, other. \$ 0.00

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
N/A				

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
	Meagan Lang	VP, Sec & Treasurer	2/28/21

## Attachment to DR 8404 – I for Meagan Marie Lang

6. List all employment within the last five years. Include any self-employment. (Attach separate sheet if necessary)

Name of Employer	Business Address (Street, Number, City, State, Zip)	Position Held	From	To
Modern Maven, Inc.	3815 Deer Valley Dr. Castle Rock, CO 80104	President	8/2023	Present
The Stellar Group, Inc.	1580 Carnaby Ln. Castle Rock, CO 80109	Supervisor	8/2023	Present
Proterra Properties	1864 Woodmoor Dr. Ste 100, Monument, CO 80132	Controller	5/2023	7/2023
La Plata Communities, Inc.	9540 Federal Dr, Ste 200, Co Springs, CO 80921	Controller	5/2016	5/2023



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

For Clerk's Use:  
Application  
Received:  
3/4/2024  
Application To  
Sheriff:  
3/11/2024  
Application To  
Clerk to Board:

**Business Name:** STELLAR PERFORMANCE ENTERPRISES INC.  
**DBA:** STELLAR LIQUORS  
**Address:** 7976-7980 S. DEPEW ST, LITTLETON, CO 80128  
**Phone / Email:** (303)917-8582; STELLARLIQUORS@GMAIL.COM

<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 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 type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation

Applicant Name (last, first)	DOB	Records Checks	Financial Back- ground	Prints / Photo	Other
LANG, MEGAN	[REDACTED]	Y	Y	Y	
ZUNIGA, CHRISTOPHER	[REDACTED]	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](mailto:clerktotheboard@jeffco.us)

## Jefferson County Individual History Questionnaire

### NEW/TRANSFER LIQUOR LICENSE APPLICATION

**TYPE:** Retail Liquor Store

**APPLICANT:** Christopher Zuniga

**DBA:** Stellar Performance Enterprises, Inc., dba Stellar Liquors

**ADDRESS:** 7976 - 7980 S. Depew St., 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:

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:

Please see attached CBI Criminal Report of Christopher Zuniga

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.

No background in the liquor or restaurant business. My background is entrepreneurial. I spent 25 years in the financial planning and marketing industry. 23 of those years owning and running them. Currently I own and run a express car wash business in Castle Rock, CO. This business is approaching its fourth year.

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.)

No. However, I plan on attending multiple trainings.

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.

No background in the liquor or restaurant business. My background is entrepreneurial. I spent 25 years in the financial planning and marketing industry. 23 of those years owning and running them. Currently I own and run a express car wash business in Castle Rock, CO. This business is approaching its fourth year.

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.)

No. However, I plan on attending multiple trainings.



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

I have an extensive background owning and running businesses which were responsible for handling and maintaining private and personal data and information. I also maintained two professional licenses; Life Insurance and Health Insurance for 23 years. Both licenses required continuing education and have never had one complaint filed against them. I also carried accredited designations as well. I run all of my businesses with responsibility, integrity, and accountability. I maintain a high level of ethics and have taught courses in the financial industry on that subject as well.



**JEFFERSON**

COUNTY COLORADO

CLERK & RECORDER

LIQUOR LICENSING OFFICE

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

## **Jefferson County Individual History Questionnaire**

### **NEW/TRANSFER LIQUOR LICENSE APPLICATION**

**TYPE:** Retail Liquor Store

**APPLICANT:** Meagan Lang

**DBA:** Stellar Performance Enterprises, Inc., dba Stellar Liquors

**ADDRESS:** 7976 - 7980 S. Depew St., 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:

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:

Please see attached CBI Criminal Report of Christopher Zuniga

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 do not have any real experience in a liquor or restaurant business. My background is accounting where I have a Bachelor's of Science, and I have been a Controller for the past 9 years. Now, I currently own my own fractional CFO business. I have helped multiple small business owners for over 15 years and this would include accounting for products and inventory.

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.)

I have not had any formal training, but in this industry I feel it's important to have any applicable training necessary and education to ensure the business success and compliance

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

Chris and I are two accomplished entrepreneurs. We have and bring a dynamic blend of expertise across every facet of business operations. With a collective wealth of hands-on experience spanning marketing, finance, operations, and customer service, we possess a remarkable skill set necessary for the successful management of a liquor establishment. I have astute financial acumen, honed through the years of strategic planning and budget management which compliments Chris' exceptional knack for cultivating strong customer relationships and ensuring operational efficiency. Together, we are such a great team equipped to navigate the challenges of the liquor industry. We have a proven track record of entrepreneurial success, coupled with our understanding of following regulatory compliance and commitment to continue with learning all areas around selling alcohol. We make exemplary candidates for approval of a liquor license.





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 BY

Stellar Performance Enterprises, LLC

DBA

Stellar Liquors

7976-7980 S. Depew St.

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, May 2<sup>nd</sup>, 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 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 - PLANNED DEVELOPMENT (P-D), COMMERCIAL ONE (C-1), RESIDENTIAL ONE (R-1), AND RESIDENTIAL ONE-A (R-1A).
- SOUTH - PLANNED DEVELOPMENT (P-D), RESIDENTIAL ONE (R1), RESIDENTIAL TWO (R2), AND COMMERCIAL ONE (C-1)
- EAST - PLANNED DEVELOPMENT (P-D), INDUSTRIAL THREE (I-3)
- WEST - PLANNED DEVELOPMENT (P-D), RESIDENTIAL ONE (R-1), RESIDENTIAL ONE-A (R-1A)

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 - PLANNED DEVELOPMENT, COMMERCIAL, RESIDENTIAL
- SOUTH - PLANNED DEVELOPMENT, COMMERCIAL, RESIDENTIAL
- EAST - PLANNED DEVELOPMENT, INDUSTRIAL
- WEST - PLANNED DEVELOPMENT, RESIDENTIAL

4. Distance in all directions to the nearest outlet:

NORTH-	7-ELEVEN STORE 38667A	1.2 MILES
	WU'S GARDEN	1.3 MILES
	ROBERT'S ITALIAN RESTAURANT	1.3 MILES
	SAWA SUSHI	1.3 MILES
	CIRCLE K	.8 MILES
SOUTH-	HOGBACK BBQ & GRILL	36 FEET
EAST-	NONE	
WEST-	COLUMBINE DISCOUNT WINE & SPIRITS	1 MILE
	COLUMBINE BAR AND RESTAURANT	1 MILE



SAME COMPLEX – HOGBACK BBQ & GRILL

5. AGE: 58 YEARS OLD      BUILDING: GOOD
6. Health Department Approval: REQUIRED
7. Distance in all direction to nearest schools:

NORTH-	KEN CARYL MIDDLE SCHOOL	1.1 MILES
SOUTH-	NONE	
EAST-	NONE	
WEST-	COLUMBINE HILLS ELEMENTARY SCHOOL	.4 MILE
8. Parking: ADEQUATE
9. Proximity to incorporated areas: 0.05 MILES TO CITY OF LITTLETON LIMITS
10. Traffic congestion problems: NONE ANTICIPATED
11. Road Improvements: NONE ANTICIPATED
12. Location Checked 7976-7980 S. DEPEW ST., LITTLETON, CO 80128 . One posting sign checked on April 23<sup>rd</sup>, 2024 Was properly posted, easily visible to the public and appeared correct.
13. Legal notice of public hearing was published in the CANYON COURIER April 11<sup>th</sup>, 2024 and appeared correct.



Alcohol Petitioning Services  
P.O. Box 998  
Johnstown, CO 80534  
(303) 710-3424

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April 23, 2024

TO: Jefferson County Liquor Authority  
100 Jefferson County Parkway  
Suite 2530  
Golden, CO 80419

REF: Neighborhood Survey – New Liquor License

### **Survey Overview**

Survey of the Reasonable Requirements and Desires of the Neighborhood for the following:

Retail Liquor Store Liquor License (County)

Applicant:

Stellar Performance Enterprises, Inc.  
dba Stellar Liquors

Applicant's Licensed Premises Location:

7980 S. Depew St.  
Littleton, CO 80128



### **Survey Methodology**

The circulators were over 21 years old.

Each circulator wore Alcohol Petitioning Services (APS) apparel and had a name tag identifying their name and the company. Each circulator also had a clipboard with the following:

1. A map of the designated area describing the boundaries of the defined neighborhood.
2. The petition to the Local Licensing Authority of Jefferson County that included a section where people contacted could indicate their support (in favor) or opposition for the liquor license.
3. A tally sheet to record the results of those who did not sign.

People were shown the petition form, asked to read the form, and verbally told of the license type being applied for and the site location/address.

Each person who signed the petition indicated they were either an owner/manager of a business or resident located within designated area and were 21 years or older.

Each signature was freely and voluntarily given without any influence of the circulator.

### **Survey Circulators and Dates**

Circulators conducted the survey on the following dates:

2 Circulators – Tuesday, April 9, 2024

2 Circulators – Thursday, April 11, 2024

\* Note – Over 1/3 of the designated neighborhood was vacant land. The petitioners went to all businesses located in the defined neighborhood, which was limited.

## **Survey Statistics**

### **Summary of Signatures Obtained**

Businesses.....	9
Residences.....	<u>77</u>
<b>Total</b>	<b>86</b>

### **Details of Signatures Obtained**

	Businesses	Residents	Total
Signatures in Favor - “Yes”	9	70	<b>79</b>
Signatures in Opposition – “No”	0	7	<b>7</b>
<b>Total</b>	<b>9</b>	<b>77</b>	<b>86</b>

### **Statistical Analysis**

In Favor..... 91.9%  
In Opposition..... 8.1%

### **Details of Opposition**

There were seven (7) signatures in opposition to the issuance of the liquor license, all from residents. Below are the reasons stated on the petition:

- Don’t need more liquor stores (2)
- Because AA is next door (1)
- Liquor is a well known social problem (1)
- Not in my neighborhood (1)
- It will bring individuals of dubious matters and crime (1)
- None provided (1)

### Details of Contact Attempts

	Total	Ratio of Total Contacts
Signatures Obtained	86	23.8%
Not at Home	219	60.7%
Not Willing To Sign	45	12.5%
Business Closed/Vacant	3	0.8%
Owner/Manager Not Available	8	2.2%
<b>Total</b>	<b>361</b>	<b>100.0%</b>

### Reason for Contacts Not Willing To Sign

No Opinion	22
Not Interested	12
Too Busy	11
<b>Total</b>	<b>45</b>

### Summary of Ratio of Signatures to Contact Attempts

	Signatures	Attempts	Percent
Business	9	22	40.9%
Residents	77	339	22.7%
<b>Total</b>	<b>86</b>	<b>361</b>	<b>23.8% (overall)</b>

- An average of 23.8% of attempts to contact people obtained a signature for the petition.

### Actual People Contacts (Not including Business Closed/Vacant, Owner or Manager Not Available and Not at Home)

	Signatures	Contacts	Percent
Business	9	11	81.8%
Residents	77	120	64.2%
<b>Total</b>	<b>86</b>	<b>131</b>	<b>65.6% (overall)</b>

- An average of 65.6% of the people contacted who were eligible to sign the petition provided a signature for the petition.

### Disqualified Signatures

There were no disqualified signatures.

### Statistical Analysis For Needs and Desires

There were seven (7) signatures in opposition to the liquor license (reasons provided above). In order to show a “Needs and Desires” of the neighborhood, the reason should include whether or not the existing number of licenses for the same type of license is sufficient for the designated neighborhood. Two (2) of the reasons could possibly qualify under “needs and desires” definition (Don’t need more liquor stores).

If you only consider reasons that would reasonably fit the definition of “needs and desires,” you have the following:

### Details of Signatures with Qualified Needs and Desires

	Businesses	Residents	Total
Signatures in Favor - “Yes”	9	70	<b>79</b>
Signatures in Opposition – “No”	0	2	<b>2</b>
<b>Total</b>	<b>9</b>	<b>72</b>	<b>81</b>

### Statistical Analysis

In Favor..... 97.5%

In Opposition..... 2.5%

## **Final Analysis**

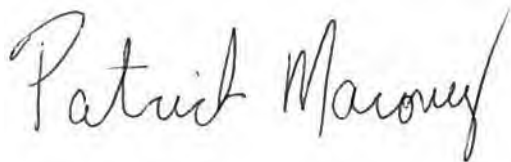
Therefore, the final analysis for the survey of the Reasonable Requirements and Desires of the Neighborhood for Stellar Performance Enterprises, Inc., dba Stellar Liquors is that **between 91.9% and 97.5%** of the people who signed the petition are in favor of the issuance of the new liquor license.

## **Report Attachments**

Included in this report are the following:

1. A copy of the map provided by Jefferson County Clerk for the designated area.
2. A copy of the map indicating the area where circulators petitioned.
3. A copy of the petitions where signatures were obtained in support or opposition of the Retail Liquor Store Liquor License (County).
4. Affidavits of Circulators for signatures obtained.

Report Prepared and Submitted by:



---

Patrick Maroney  
President  
PS Logistics, LLC  
dba Alcohol Petitioning Services



**Stellar Liquors**  
**7980 S. Dewey St.**  
**Littleton, CO 80128**

**Section 1**





**Stellar Liquors**  
7980 S. Dewey St.  
Littleton, CO 80128

## Section 2







**Stellar Liquors  
7980 S. Dewey St.  
Littleton, CO 80128**

**Section 4**





# JEFFERSON COUNTY, CO LIQUOR LICENSE APPLICATION



- TWO & DEWEY ST
- EXISTING LIQUOR LICENSES
- ART GALLERY PERMIT
- ARTS
- BREAKFAST
- BEER/WINE
- BREW PUB
- CLUB
- DRUG STORE
- FERMENTED MALT BEVERAGE AND WINE RETAILER
- HOTEL/RESTAURANT
- HOTEL/RESTAURANT W/OUT PREM
- LOADING & 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  
Jefferson County offers this service for informational purposes only and assumes no liability whatsoever associated with the use or misuse of this data. This data is provided "as is". Jefferson County disclaims all representations and warranties expressed or implied, including without limitation all representations and warranties as to the completeness, accuracy, currency, availability, and fitness for a particular purpose of any data and any and all warranties of title related thereto.  
The information is provided for planning purposes only.  
Date Produced: March 2024



## Affidavit of Circulator

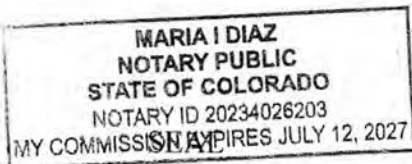
I, Laura S. Lunn, do hereby certify that I was the circulator of the attached petitions and further, that I personally witnessed each signature appearing on the petitions. To the best of my knowledge, each signature thereon is the signature of the person whose name it purports to be, each address given opposite each name is the true address of the person that signed, that each person who signed the petition represented him/her self to be at least 21 years of age, and that each person who signed the petition had the opportunity to read, or have read to him/her, the petition in its entirety and understood its meaning. I also 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 given freely and voluntarily.

Circulator's Name: \_\_\_\_\_

Circulator's Address: 2032 Overland Dr. Johnston, CO 80534

State of Colorado     )  
                                      )     ss.  
County of Jefferson)

Subscribed and sworn to the before me this 12 day of April, 2024.



Maria I Diaz  
Notary Public

My Commission Expires: July 12, 2027



**PUBLIC HEARING BEFORE THE LIQUOR AUTHORITY:**  
**DATE & TIME: May 2, 2024**

**APPLICANT:** Stellar Performance Enterprises, Inc., dba Stellar Liquors  
**APPLICATION TYPE:** Retail Liquor Store (County)  
**LOCATION:** 7976-7980 S. Depew Street

I, the undersigned, am aware that an application for a new liquor license has been filed with the Jefferson County Liquor Licensing Office. I certify that I am at least 21 years of age and am either a resident or business owner/manager within the defined neighborhood. I have indicated below, with my signature, my opinion about the approval/denial of the referenced application.

Please print and sign your name: First Name, Middle Initial, Last Name.

DATE	PRINT NAME	BUSINESS NAME	AGE	MARK ONE "X"		REASON:	B
	SIGNATURE	STREET ADDRESS		FAVOR	OPPOSE		
1 4-9-24	Kevin J. Erskine <i>[Signature]</i>	5128 Hirsdale Cir. Littleton Colo, 80129	69	X		REASON: (CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
2 4/9/24	JAMES SAYNER <i>[Signature]</i>	5118 W. Hirsdale Cir LITTLETON, CO 80128	68	X		REASON: (CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
3 4/9/24	Kenneth Dixon <i>[Signature]</i>	5118 W. Hirsdale Cir	77		X	REASON: Do not need more liquor stores in neighborhood (CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
4 4/9/24	Heather Shields <i>[Signature]</i>	5045 W Hirsdale Cir	46		X	REASON: Do not need more liquor stores (CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
5 4/9/24	Bud Conn <i>[Signature]</i>	5153 W. Geddes Cir	81	X		REASON: r (CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
6 4/9/24	Renée Sealy-Clump <i>[Signature]</i>	5133 W. Geddes Cir	58	X		REASON: (CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
7 4/9/24	Brian Fehrk <i>[Signature]</i>	5127 W Geddes Cir	37	X		REASON: (CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
8 4-9-24	STEVEN BROWN <i>[Signature]</i>	5770 W Geddes	79	X		REASON: (CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	

Initials: UN Date of Petition 4/9/24





**PUBLIC HEARING BEFORE THE LIQUOR AUTHORITY:**

**DATE & TIME:** May 2, 2024

**APPLICANT:** Stellar Performance Enterprises, Inc., dba Stellar Liquors

**APPLICATION TYPE:** Retail Liquor Store (County)

**LOCATION:** 7976-7980 S. Depew Street

I, the undersigned, am aware that an application for a new liquor license has been filed with the Jefferson County Liquor Licensing Office. I certify that I am at least 21 years of age and am either a resident or business owner/manager within the defined neighborhood. I have indicated below, with my signature, my opinion about the approval/denial of the referenced application.

Please print and sign your name: First Name, Middle Initial, Last Name.

DATE	PRINT NAME	BUSINESS NAME	AGE	MARK ONE "X"		REASON:	B
	SIGNATURE	STREET ADDRESS		FAVOR	OPPOSE		
1 4/9/24	<i>[Signature]</i> SUSAN MOURNING	5192 W Fremont Ave Str 80128	74	X		REASON: (CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
2 4/9/24	<i>[Signature]</i> LINDEL MOURNING	5192 W Fremont Ave Little 80128	76	X		REASON: (CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
3 4/9/24	<i>[Signature]</i> Maureen Laughton	5534 W. Alder Ave Littleton, CO 80128	40		X	REASON: Because AA is next door!! (CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
4 4/9/24	<i>[Signature]</i> Raymond Conder	5554 W. Alder Ave Littleton CO 80128	91		X	REASON: Liquor is a well known social problem! (CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
5 4/9/24	<i>[Signature]</i> GARY MURPHY	5754 W Alder Ave Littleton CO 80128	74		X	REASON: Not in my neighborhood (CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
6 4/9	<i>[Signature]</i> Kirsten Rodriguez	5764 W Alder Littleton CO	48	X		REASON: (CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
7 4/9	<i>[Signature]</i> Monica Davis	5784 W Alder Ave Littleton CO	60		X	REASON: (CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
8 4/9	<i>[Signature]</i> Rena Donald	5874 W Alder Ave Littleton, CO 80128	57	X		REASON: (CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	

Initials: *SL* Date of Petition 4/9/24



**PUBLIC HEARING BEFORE THE LIQUOR AUTHORITY:**

**DATE & TIME: May 2, 2024**

**APPLICANT:** Stellar Performance Enterprises, Inc., dba Stellar Liquors

**APPLICATION TYPE:** Retail Liquor Store (County)

**LOCATION:** 7976-7980 S. Depew Street

I, the undersigned, am aware that an application for a new liquor license has been filed with the Jefferson County Liquor Licensing Office. I certify that I am at least 21 years of age and am either a resident or business owner/manager within the defined neighborhood. I have indicated below, with my signature, my opinion about the approval/denial of the referenced application.

**Please print and sign your name: First Name, Middle Initial, Last Name.**

DATE	PRINT NAME	BUSINESS NAME	AGE	MARK ONE "X"		REASON:	B
	SIGNATURE	STREET ADDRESS		FAVOR	OPPOSE		
1 4/9/24	Don Obenchain <i>[Signature]</i>	5751 W Chestnut Ave, 80128	44	X		REASON: (CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
2 4/9/24	Theresa Walley <i>[Signature]</i>	5673 W Chestnut Ave LTN, CO 80128	65	X		REASON: (CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
3 4/9/24	Daniel L. Wood <i>[Signature]</i>	5665 W Chestnut	74	X		REASON: (CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
4						REASON: (CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
5						REASON: (CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
6						REASON: (CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
7						REASON: (CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
8						REASON: (CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	

Initials: HL Date of Petition 4/9/24





**PUBLIC HEARING BEFORE THE LIQUOR AUTHORITY:**  
**DATE & TIME: May 2, 2024**

**APPLICANT:** Stellar Performance Enterprises, Inc., dba Stellar Liquors  
**APPLICATION TYPE:** Retail Liquor Store (County)  
**LOCATION:** 7976-7980 S. Depew Street

I, the undersigned, am aware that an application for a new liquor license has been filed with the Jefferson County Liquor Licensing Office. I certify that I am at least 21 years of age and am either a resident or business owner/manager within the defined neighborhood. I have indicated below, with my signature, my opinion about the approval/denial of the referenced application.

Please print and sign your name: First Name, Middle Initial, Last Name.

DATE	PRINT NAME	BUSINESS NAME	AGE	MARK ONE "X"		REASON:	B
	SIGNATURE	STREET ADDRESS		FAVOR	OPPOSE		
1 4/11	Shelby Blanchard <i>[Signature]</i>	Dunkin - 4760 W. Mineral Ave, Suite 10 Littleton, CO, 80128	22	X		(CIRCLE ONE) RESIDENT BUSINESS (OWNER   <u>MANAGER</u> )	✓
2 4/11	Scott Lobben <i>[Signature]</i>	Rite B Salon 4760 W Mineral Suite 40 Littleton, CO 80128	41	X		(CIRCLE ONE) RESIDENT BUSINESS ( <u>OWNER</u>   MANAGER)	✓
3 4/11	<i>[Signature]</i> NICKOL KRANF	Outback Littleton 4500 Mineral Ave	21	X		(CIRCLE ONE) RESIDENT BUSINESS (OWNER   <u>MANAGER</u> )	✓
4 4/11	<i>[Signature]</i> LEMON TERNER	7501 S. TRAKTARION RD Littleton, CO 80128 ROCKET FUEL	35	X		(CIRCLE ONE) RESIDENT BUSINESS (OWNER   <u>MANAGER</u> )	✓
5 4/11	MARK TARNABORG <i>[Signature]</i>	The Grooming Gallery 7580 S. Pierce St Littleton, CO 80128	43	X		(CIRCLE ONE) RESIDENT BUSINESS ( <u>OWNER</u>   MANAGER)	✓
6 4/11	DIEGO HERWANDEZ <i>[Signature]</i>	DLN FARMERS MARKET 7580 S. PIERCE ST UNIT 2 LITTLETON CO 80128	55	X		(CIRCLE ONE) RESIDENT BUSINESS ( <u>OWNER</u>   MANAGER)	✓
7 4/11	Sharyl Morris <i>[Signature]</i>	Full Circle Beauty 7580 S. Pierce St #3 Littleton CO 80128	38	X		(CIRCLE ONE) RESIDENT BUSINESS ( <u>OWNER</u>   MANAGER)	✓
8 4/11	Michele L Hansen <i>[Signature]</i>	Rileys Nat. Supply 7580 S. Pierce St. Littleton, CO 80128	62	X		(CIRCLE ONE) RESIDENT BUSINESS (OWNER   <u>MANAGER</u> )	✓

Initials: LS Date of Petition 4/11/24





**PUBLIC HEARING BEFORE THE LIQUOR AUTHORITY:**

**DATE & TIME: May 2, 2024**

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**APPLICANT:** Stellar Performance Enterprises, Inc., dba Stellar Liquors

**APPLICATION TYPE:** Retail Liquor Store (County)

**LOCATION:** 7976-7980 S. Depew Street

**Please print and sign your name: First Name, Middle Initial, Last Name.**

DATE	PRINT NAME	BUSINESS NAME	AGE	MARK ONE "X"		REASON:	B
	SIGNATURE	STREET ADDRESS		FAVOR	OPPOSE		
1 4/11/24	Suzanne Vaughn <i>[Signature]</i>	ALL The Kage 7972 W. Depew St. Littleton, CO 80127	57	X		(CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	✓
2 4/11	Kari Arends <i>[Signature]</i>	7930 S. Depew St #D Littleton CO	59	X		(CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
3 4/11	Joe Pinkerton <i>[Signature]</i>	7922 S Depew St #D Littleton, CO	65	X		(CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
4 4/11	Zach Fees <i>[Signature]</i>	7922 S. Depew Unit C	27	X		(CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
5 4/11	Zell Mason <i>[Signature]</i>	7942 S. Depew St 4 Littleton, CO	65	X		(CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
6 4/11	Bryan Small <i>[Signature]</i>	7944 S Depew 5th A	31	X		(CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
7 4/11	Misha Halbert <i>[Signature]</i>	7948 S. Depew C.	29	X		(CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
8 4/11	JOHN BRASAE MLE <i>[Signature]</i>	7902 S Depew #A	77	X		(CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	

Initials: JS Date of Petition 4/11/24



**PUBLIC HEARING BEFORE THE LIQUOR AUTHORITY:**

**DATE & TIME: May 2, 2024**


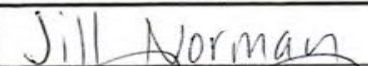
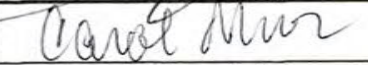
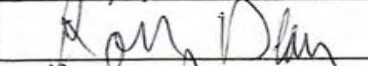
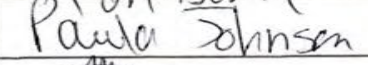
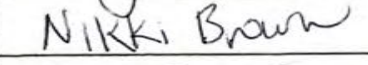
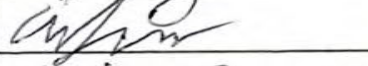
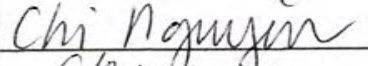
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**APPLICANT:** Stellar Performance Enterprises, Inc., dba Stellar Liquors

**APPLICATION TYPE:** Retail Liquor Store (County)

**LOCATION:** 7976-7980 S. Depew Street

**Please print and sign your name: First Name, Middle Initial, Last Name.**

DATE	PRINT NAME	BUSINESS NAME	AGE	MARK ONE "X"		REASON:	B
	SIGNATURE	STREET ADDRESS		FAVOR	OPPOSE		
1 4/11	 Julia Shater	7735 S. Sheridan Ct	45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
2 4/11	 Jill Norman	7695 S Sheridan Ct	43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
3 4/11	 Carol Minor	7685 S. Sheridan Ct	46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
4 4/11	 Ron Dean	7645 S Sheridan Ct	77	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
5 4/11	 Paula Johnson	4511 W Samson Ave	46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
6 4/11	 Nikki Brown	7524 S. Plattner Dr	46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
7 4/11	 Andrew Zamurs	7663 S. Overlook Way	40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
8 4/11	 Chi Nguyen	7633 S. Overlook Way	64	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	

Initials: JS Date of Petition 4/11/24





**PUBLIC HEARING BEFORE THE LIQUOR AUTHORITY:**

**DATE & TIME:** May 2, 2024

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**APPLICANT:** Stellar Performance Enterprises, Inc., dba Stellar Liquors

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**Please print and sign your name: First Name, Middle Initial, Last Name.**

DATE	PRINT NAME	BUSINESS NAME	AGE	MARK ONE "X"		REASON:	B
	SIGNATURE	STREET ADDRESS		FAVOR	OPPOSE		
1 4/11/24	Angela Kinnan <i>Angela Kinnan</i>	1613 S Overlook Way	48	X		(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
2 4/11/24	Barbara Frensen <i>Barbara Frensen</i>	4397 W. Hinsdale Ave	70	X		(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
3 4/11/24	BRIDGEY STEPHEN <i>Bridgey Stephen</i>	4433 W. Hinsdale Ave	60	X		(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
4 4/11	Carol Osse <i>CAROL OSSE</i>	7659 S. Eastern Way	21	X		(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
5 4/11	Merissa Lovell <i>Merissa Lovell</i>	5946 W. Moraine Ave	35	X		(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
6 4/11	JENNIFER LINDSEY <i>JENNIFER LINDSEY</i>	7672 S. GRAY ST	27	X		(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
7						(CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
8						(CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	

Initials: *ML* Date of Petition 4/11/24

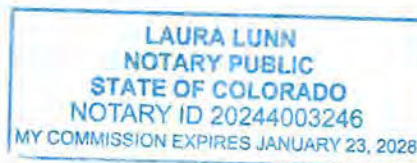
## Affidavit of Circulator

I, JAMES LUNN, do hereby certify that I was the circulator of the attached petitions and further, that I personally witnessed each signature appearing on the petitions. To the best of my knowledge, each signature thereon is the signature of the person whose name it purports to be, each address given opposite each name is the true address of the person that signed, that each person who signed the petition represented him/her self to be at least 21 years of age, and that each person who signed the petition had the opportunity to read, or have read to him/her, the petition in its entirety and understood its meaning. I also 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 given freely and voluntarily.

Circulator's Name: James Lunn

Circulator's Address: 9877 Hwy 392, WINDSOR, CO 80550

State of Colorado     )  
                                  )     ss.  
County of Jefferson)



Subscribed and sworn to the before me this 9th day of April, 2024

[Signature]  
Notary Public

SEAL

My Commission Expires: Jan. 23, 2028





**PUBLIC HEARING BEFORE THE LIQUOR AUTHORITY:**  
**DATE & TIME: May 2, 2024**

**APPLICANT:** Stellar Performance Enterprises, Inc., dba Stellar Liquors  
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DATE	PRINT NAME	BUSINESS NAME	AGE	MARK ONE "X"		REASON:	B
	SIGNATURE	STREET ADDRESS		FAVOR	OPPOSE		
1 4/9/24	Scott Wetterlin <i>Scott Wetterlin</i>	5127 W. Hinsdale Circle	70	X		(CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
2 4/9/24	Sue Wetterlin <i>Scott Wetterlin</i>	5127 W Hinsdale Circle Littleton, CO 80128	67	X		(CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
3 4/9/24	Linda Ford <i>Linda Ford</i>	5015 W Hinsdale Circle Littleton	73	X		(CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
4 4/9/24	MARY KEITH LUK <i>M. Keith</i>	5025 W HINSDALE CIR LITTLETON	63	X		(CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
5 4/9/24	Sheldon Padilla <i>Sheldon</i>	5035 W Hinsdale CIR L. H. Holman	51	X		(CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
6 4/9/24	Tammy Davis <i>Tammy Davis</i>	5108 W Geddes L.H.	63	X		(CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
7 4/9/24	<del>Page 1 of 3</del> <i>Page 1 of 3</i>	5061 W GEDDES CIR	69	X		(CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
8 4/9/24	Lynn McGuire <i>Lynn McGuire</i>	5061 W. Geddes CIR	64	X		(CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	

Initials: *JK* Date of Petition 4/9/24





**PUBLIC HEARING BEFORE THE LIQUOR AUTHORITY:**

**DATE & TIME: May 2, 2024**

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	SIGNATURE	STREET ADDRESS		FAVOR	OPPOSE		
1 4/9	ERNEST L. SANDQUIST <i>Ernest L. Sandquist</i>	5021 W. FREMONT DR.	88	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
2 4/9	KELLY GRAVES <i>Kelly Graves</i>	5101 W. Fremont Dr.	61	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
3 4/9	Michele Lohura <i>Michele Lohura</i>	5141 W. Fremont Dr.	51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
4 4/9	Sheri Fuller <i>Sheri Fuller</i>	5623 W Alder	40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
5 4/9	Delmar Amora <i>Delmar Amora</i>	5653 W. Alder	70	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
6 4/9	Jessica Bist <i>Jessica Bist</i>	5773 W Alder	40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
7 4/9	Susan Toth <i>Susan Toth</i>	5183 W Alder	39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
8 4/9	Timothy Sen Love <i>Timothy Sen Love</i>	5853 W Alder	56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	

Initials: *JS* Date of Petition: *4/9/24*



**PUBLIC HEARING BEFORE THE LIQUOR AUTHORITY:**

**DATE & TIME:** May 2, 2024

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DATE	PRINT NAME	BUSINESS NAME	AGE	MARK ONE "X"		REASON:	B
	SIGNATURE	STREET ADDRESS		FAVOR	OPPOSE		
1 4/9/24	Darrel Horan <i>Darrel Horan</i>	5894 W Auderwe LITTLETON CO 80128	73	✓		REASON: (CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
2 4/9	Boege Horan <i>B. Horan</i>	5894 W. Alderwe LITTLETON CO 80128		✓		REASON: (CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
3 4/9	Iris M. Alvarez <i>Iris M Alvarez</i>	5752 W. Chestnut Ave, Littleton, CO 80128	77		X	REASON: <i>It will bring individuals &amp; crime</i> (CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
4 4/9	JOE DIONISIO <i>Joe Dionisio</i>	5682 W. Chestnut Ave	73	✓		REASON: (CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
5 4/9	Cam Walters <i>Cam Walters</i>	5674 W Chestnut	36	/		REASON: (CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
6 4/9	ABRA PERESS-TEETER <i>AP</i>	5668 W CHESTNUT AVE	29	✓		REASON: (CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
7						REASON: (CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	
8						REASON: (CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	

Initials: *gc* Date of Petition 4/9/24



## Affidavit of Circulator

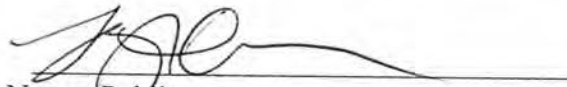
I, Elizabeth Maroney, do hereby certify that I was the circulator of the attached petitions and further, that I personally witnessed each signature appearing on the petitions. To the best of my knowledge, each signature thereon is the signature of the person whose name it purports to be, each address given opposite each name is the true address of the person that signed, that each person who signed the petition represented him/her self to be at least 21 years of age, and that each person who signed the petition had the opportunity to read, or have read to him/her, the petition in its entirety and understood its meaning. I also 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 given freely and voluntarily.

Circulator's Name: Elizabeth Maroney 

Circulator's Address: 8707 E. Florida Ave, #114 Denver, CO 80247

State of Colorado     )  
                                      )     ss.  
County of Jefferson)

Subscribed and sworn to before me this 11<sup>th</sup> day of April, 2024

  
Notary Public



My Commission Expires: Jan. 23, 2028



**PUBLIC HEARING BEFORE THE LIQUOR AUTHORITY:**

**DATE & TIME:** May 2, 2024

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	SIGNATURE	STREET ADDRESS		FAVOR	OPPOSE		
1 4/11/24	Jennie Tucker <i>Jennie Tucker</i>	7555 S. Sheridan Ct. 80128	34	X		(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
2 4/11/24	Brett Pamphrey <i>Brett Pamphrey</i>	7535 S Platteview Dr Littleton, CO 80128	60	X		(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
3 4/11/24	Phil Stewart <i>Phil Stewart</i>	17605 S Platteview Dr Littleton CO	82	X		(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
4 4/11/24	Andrew L. Boyer <i>Andrew L. Boyer</i>	7615 S Platteview Dr	74	X		(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
5 04/11/24	Daniel Kullas <i>Daniel Kullas</i>	7625 S. Platteview St Littleton 80128	77	X		(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
6 4/11/24	Ken Thornton <i>Ken Thornton</i>	7645 S Platteview Dr Littleton CO 80128	66	X		(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
7 4/11/24	Weeyen Lim <i>Weeyen Lim</i>	7655 S Platteview Littleton CO 80128	31	X		(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
8 4/11/24	J. Aylott <i>J. Aylott</i>	7652 S Overlook Way Littleton 80128	54	X		(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	

Initials: EM Date of Petition 4/11/24





**PUBLIC HEARING BEFORE THE LIQUOR AUTHORITY:**

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DATE	PRINT NAME	BUSINESS NAME	AGE	MARK ONE "X"		REASON:	B
	SIGNATURE	STREET ADDRESS		FAVOR	OPPOSE		
1 4/11	Pam Koenig <i>Pam Koenig</i>	7646 S. Eaton Way Littleton	63	X		(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
2 4/11	Jen Anderson <i>Jennifer Anderson</i>	7636 S. Eaton Way Littleton	43	X		(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
3 4/11	JAMES B. M. Daniel <i>James B. M. Daniel</i>	7626 S EATON WAY LITTLETON	75	X		(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
4 4/11	Alexandra Delia <i>Alexandra Delia</i>	5825 W MORRAINE Ave	22	X		(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
5 4/11	Katherine Grimes <i>Kath Grimes</i>	5865 W. Morrairie Ave	57	X		(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
6 4/11	Gwen Riner <i>Gwen Riner</i>	7623 S. GRAY ST	67	X		(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
7 4/11	Kevin Cook <i>Kevin Cook</i>	7653 S. GRAY ST.	43	X		(CIRCLE ONE) <u>RESIDENT</u> BUSINESS (OWNER   MANAGER)	
8						(CIRCLE ONE) RESIDENT BUSINESS (OWNER   MANAGER)	

Initials: EM Date of Petition 4/11/24