DR 8404 (03/26/24) COLORADO DEPARTMENT OF REVENUE Liquor Enforcement Division				
PO BOX 17087	do Liquor Re	tail License A	pplication	
* Note that the Division will	not accept cash	Paid by Check	Date Uploaded	to Movelt
		Paid Online		
🗌 New License 🛛 New-Co	ncurrent 🗌 Transf	er of Ownership	State Property	Only 🗌 Master file
All answers must be prin	ted in black ink or	typewritten		
Applicant must check the	appropriate box(	es)		
Applicant should obtain a	copy of the Colora	do Liquor and Beer	Code: SBG.C	olorado.gov/Liquor
Applicant is applying as a/an	☐ Individual [ ☑ Corporation [	Limited Liability Co Partnership (includ and Wife Partnersl	les Limited Liabil	ociation or Other ity and Husband
Applicant Name If an LLC, name of L	LC; if partnership, at lea	st 2 partner's names; if c	orporation, name o	f corporation
JR CLARK Ven	ves Inc			
FEIN Number	VCJ Shic		State Sa	les Tax Number
93-4674960			960	97524-0001
Trade Name of Establishment (DB	A)			s Telephone
Crystal Rose			303	-526-7530
Address of Premises (specify exact lo	cation of premises, inclu	de suite/unit numbers)		
636 Lookout 1	nountain	Road		
City	County			State ZIP Code
Golden	Je	Gerson		CO 80401
Mailing Address (Number and Street)		City or Town		State ZIP Code
PO Box 271647		Littley	Lon	CO 80127
Email Address			on	
justin Osrclar	<. Com			
If the premises currently has		ense, you <b>must</b> ans	wer the followi	ng questions. N/A
Present Trade Name of Establishm	ent (DBA)			
Present State License Number	Present Class of	of License	Present Expira	tion Date

Application Fee for New License	\$1,100.00
Application Fee for New License with Concurrent Review	\$1,200.00
Application Fee for Transfer	\$1,100.00
Section B Liquor Licen	se Fees*
Add Optional Premises to H & R	\$100.00 X Total
Add Sidewalk Service Area	\$75.00
Arts License (City)	\$308.75
Arts License (County)	\$308.75
Beer and Wine License (City)	\$351.25
Beer and Wine License (County)	\$436.25
Brew Pub License (City)	
Brew Pub License (County)	\$750.00
Campus Liquor Complex (City)	\$500.00
Campus Liquor Complex (County)	\$500.00
Campus Liquor Complex (State)	\$500.00
Club License (City)	\$308.75
Club License (County)	\$308.75
Distillery Pub License (City)	\$750.00
Distillery Pub License (County)	\$750.00
Hotel and Restaurant License (City)	\$500.00
Hotel and Restaurant License (County)	\$500.00
Hotel and Restaurant License with one optional premises (City)	\$600.00
Hotel and Restaurant License with one optional premises (County	')\$600.00

# Section A Nonrefundable application fees\*

# Section B Liquor License Fees\* (Continued)

Liquor-Licensed Drugstore (City)	\$227.50
Liquor-Licensed Drugstore (County)	\$312.50
Lodging & Entertainment - L&E (City)	\$500.00
Lodging & Entertainment - L&E (County)	\$500.00
Manager Registration - H & R	\$30.00
Manager Registration - Tavern	\$30.00
Manager Registration - Lodging & Entertainment	\$30.00
Manager Registration - Campus Liquor Complex	\$30.00
Optional Premises License (City)	\$500.00
Optional Premises License (County)	\$500.00
Racetrack License (City)	\$500.00
Racetrack License (County)	\$500.00
Resort Complex License (City)	\$500.00
Resort Complex License (County)	\$500.00
Related Facility - Campus Liquor Complex (City)	\$160.00
Related Facility - Campus Liquor Complex (County)	\$160.00
Related Facility - Campus Liquor Complex (State)	\$160.00
Retail Gaming Tavern License (City)	\$500.00
Retail Gaming Tavern License (County)	\$500.00
Retail Liquor Store License - Additional (City)	\$227.50
Retail Liquor Store License - Additional (County)	\$312.50
Retail Liquor Store (City)	\$227.50

## Section B Liquor License Fees\* (Continued)

Retail Liquor Store (County)	\$312.50
Tavern License (City)	\$500.00
Tavern License (County)	\$500.00
Vintners Restaurant License (City)	\$750.00
Vintners Restaurant License (County)	\$750.00

# Questions? Visit: SBG.Colorado.gov/Liquor for more information

# Do not write in this space - For Department of Revenue use only

# Liability Information

License Account Number	Liability Date
License Issued Through (Expiration Date)	Total
	<b>s</b>

# **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:** <u>SBG.Colorado.gov/Liquor</u> for more information

### Items submitted, please check all appropriate boxes completed or documents submitted

### I. Applicant information

- Applicant/Licensee identified
- State sales tax license number listed or applied for at time of application
- License type or other transaction identified
- Return originals to local authority (additional items may be required by the local licensing authority)
- All sections of the application need to be completed
- Master file applicants must include the Application for Master File form DR 8415 and applicable fees to this Retail License Application

### II. Diagram of the premises

- No larger than 81/2" X 11"
- Dimensions included (does not have to be to scale). Exterior areas should show type of control (fences, walls, entry/exit points, etc.)
- Separate diagram for each floor (if multiple levels)
- Return originals to local authority (additional items may be required by the local licensing authority)
- X Kitchen identified if Hotel and Restaurant
- Bold/Outlined Licensed Premises

#### III. Proof of property possession (One Year Needed)

- Deed in name of the applicant (or) (matching Applicant Name provided on page 1) date stamped / filed with County Clerk
- Lease in the name of the applicant (or) (matching Applicant Name provided on page 1)
  - Lease assignment in the name of the applicant with proper consent from the landlord and acceptance by the applicant
  - Other agreement if not deed or lease. (matching Applicant Name provided on page 1)

IV.	Background information (DR 8404-I) and financial documents
	Complete DR 8404-I for each principal (individuals with more than 10% ownership, officers, directors, partners, members)
	<ul> <li>Fingerprints taken and submitted to the appropriate Local Licensing Authority through an approved State Vendor. Master File applicants submit results to the State</li> <li>Do not complete fingerprint cards prior to submitting your application.</li> <li>The Vendors are as follows:</li> <li>IdentoGO</li> <li>Appointment Scheduling Website: https://uenroll.identogo.com/workflows/25YQHT</li> </ul>
	Phone: 844-539-5539 (toll-free) IdentoGO FAQs: <u>https://www.colorado.gov/pacific/cbi/identification-faqs</u> State Liquor Code for IdentoGO: 25YQHT <b>Colorado Fingerprinting</b> Appointment Scheduling Website: <u>http://www.coloradofingerprinting.com/cabs/</u>
	Phone: 720-292-2722 833-224-2227 (toll free) State Liquor Code for Colorado Fingerprinting: C030LIQI
	Purchase agreement, stock transfer agreement, and/or authorization to transfer license
	List of all notes and loans (Copies to also be attached)
V.	Sole proprietor/husband and wife partnership (if applicable)
	Form DR 4679 Lawful Presence Affidavit
	Copy of State issued Driver's License or Colorado Identification Card for each applicant
VI.	Corporate applicant information (if applicable)
	Certificate of Incorporation
	Certificate of Good Standing
	Certificate of Authorization if foreign corporation (out of state applicants only)
VII.	Partnership applicant information (if applicable)
	Partnership Agreement (general or limited).
	Certificate of Good Standing
VIII.	Limited Liability Company applicant information (if applicable)
	Copy of articles of organization
	Certificate of Good Standing
	Copy of Operating Agreement (if applicable)
	Certificate of Authority if foreign LLC (out of state applicants only)
IX.	Manager registration for Hotel and Restaurant, Tavern, Lodging & Entertainment, and Campus Liquor Complex licenses when included with this application
	\$30.00 fee

10

~

X If owner is managing, no fee required

15.7

<ol> <li>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?</li> </ol>	0	Yes	<b>⊗</b> N	lo
2. Has the applicant (including any of the partners if a partnership; members or mar liability company; or officers, stockholders or directors if a corporation) or manage Colorado or any other state):	-			d
a. Been denied an alcohol beverage license?	0	Yes	<b>Ø</b> N	lo
b. Had an alcohol beverage license suspended or revoked?	Ο	Yes	<b>Ø</b> N	lo
c. Had interest in another entity that had an alcohol beverage license suspended or revoked?	0	Yes	(X) N	lo
If you answered yes to a, b or c above, explain in detail on a separate sheet.				
3. 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?	0	Yes	<b>X</b> N	lo
If "yes", explain in detail.				

4. 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?	O Yes	🚫 No

or	

Waiver by local ordinance?	Ο	Yes	O No
----------------------------	---	-----	------

Other

5. 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 (>) 10,0000? NOTE: The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.	O Yes	X No

6. 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 (<) 10,0000? <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.	) Yes	s 🞯 No
For additional Retail Liquor Store only. NA		
a. Was your Retail Liquor Store License issued on or before January 1, 2016?	() Yes	😡 No
<b>b.</b> Are you a Colorado resident?	O Yes	🗴 🚫 No
7. 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 <b>current</b> financial interest in said business including any loans to or from a licensee.	O Yes	5 🗭 No
8. Does the applicant, as listed on line 2 of this application, have legal possession of the premises by ownership, lease or other arrangement?	🐼 Yes	O No
O Ownership 🗴 Lease O Other (Explain in detail)		
a life and list name of landland and to past, and data of a minibian and the	. <b></b>	

**a.** If leased, list name of landlord and tenant, and date of expiration, **exactly** as they appear on the lease:

JR Clark Enterprises LLC JR Clark Venues Inc. 1/1/27	Landlord	Tenant	Expires
SK GUR VENUE THE	JR Clark Enterprises Lh	C JR Clark Venues -	Inc 1/1/27

- b. Is a percentage of alcohol sales included as compensation to the landlord?
   If yes, complete question on page 9.
- **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".

9. Who, besides the owners listed in this application (including persons, firms, partnerships, corporations, limited liability companies) will loan or give money, inventory, furniture or equipment to or for use in this business; or who will receive money from this business? Attach a separate sheet if necessary.

Last Name	First Name	·····
Date of Birth (MM/DD/YY)	FEIN or SSN Number	Interest/Percentage
Last Name	First Name	[
Date of Birth (MM/DD/YY)	FEIN or SSN Number	Interest/Percentage
Last Name	First Name	
Date of Birth (MM/DD/YY)	FEIN or SSN Number	Interest/Percentage

Attach copies of all notes and security instruments and any written agreement or details of any oral agreement, by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment, and any agreement relating to the business which is contingent or conditional in any way by volume, profit, sales, giving of advice or consultation.

10. Optional Premises or Hotel and Restaurant Licenses with Optional Premises: NIA Has a local ordinance or resolution authorizing optional premises been adopted?.... O Yes Q No

Number of additional Optional Premise areas requested. (See license fee chart)

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. H/A

11. Liquor Licensed Drugstore (LLDS) applicants, answer the following: N/A

### If "yes" a copy of license must be attached.

12. Club Liquor License applicants answer the following: Attach	a copy of applicable documentation $N/A$
a. Is the applicant organization operated solely for a natio patriotic, political or athletic purpose and not for pecuni	
b. Is the applicant organization a regularly chartered bra of a national organization which is operated solely for or fraternal organization or society, but not for pecunia	the object of a patriotic
c. How long has the club been incorporated?	
d. Has applicant occupied an establishment for three years that was operated solely for the reasons stated above	
13. Brew-Pub, Distillery Pub or Vintner's Restaurant applicants	s answer the following: $N/A$
a. Has the applicant received or applied for a Federal Pe or application must be attached)	ermit? (Copy of permit
14. Campus Liquor Complex applicants answer the following:	N/A
a. Is the applicant an institution of higher education?	O Yes O No
<b>b.</b> Is the applicant a person who contracts with the institue education to provide food services?	
If "yes" please provide a copy of the contract with to provide food services.	n the institution of higher education
15. For all on-premises applicants.	
a. For all Liquor Licensed Drugstores (LLDS) the Permit Manager Permit Application - DR 8000 and fingerprint	•
	-614

Last Name of Manager	 	First Name of Mana	iger	
Clark		Justin		
	 <i>.</i> .	~ • • • •		

16.	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	•	<b>A</b>
	name, type of license and account number	O Yes	👀 No

Name		
Type of License	Account Number	

17. Related Facility - Campus Liquor Complex app	licants answer the following: $\mathbb{N}$	A	
a. Is the related facility located within the b Liquor Complex?	•	O Yes	() No
If yes, please provide a map of the geograp	hical location within the Campus L	iquor Co	mplex.
If no, this license type is not available for iss Campus Liquor Complex.	sues outside the geographical loca	ation of the	9
b. Designated Manager for Related Facility - (	Campus Liquor Complex		
Last Name of Manager	First Name of Manager		

**18.** Tax Information.

- 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.?...... O Yes ON No

If applicant is a corporation, partnership, association or limited liability company, applicant must list all **Officers, Directors, General Partners, and Managing Members**. In addition, applicant must list any stockholders, partners, or members with **ownership of 10% or more in the applicant. All persons listed below** must also attach form DR 8404-I (Individual History Record), and make an appointment with an approved State Vendor through their website. See application checklist, Section IV, for details.

Name	Date of E	Birth (MM/DD/YY)
Justin Clark		
Street Address		
5865 Bellflower Dr City		
City	State ZIP Code Position Sole	rector %Owned
Littleton	CO 80123 President/C Sole shore Date of E	ED 100
Name	Date of E	3irth (MM/DD/YY)
Street Address		
City	State ZIP Code Position	%Owned
Name	Date of E	Birth (MM/DD/YY)
Street Address		
City	State ZIP Code Position	%Owned
Name	Date of E	Birth (MM/DD/YY)
Street Address		
City	State ZIP Code Position	%Owned
Name	Date of E	Birth (MM/DD/YY)
		and the second
Street Address		· · · · · · · · · · · · · · · · · · ·
City	State ZIP Code Position	%Owned
	and have been been and have a second been as a second been as a second been as a second been as a second been a	

- \*\* If applicant is owned 100% by a parent company, please list the designated principal N/A officer on above.
- \*\* Corporations the President, Vice-President, Secretary and Treasurer must be accounted for above (Include ownership percentage if applicable)
- \*\* If total ownership percentage disclosed here does not total 100%, applicant must check this box: N / A-

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.

### **Oath Of Applicant**

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Colorado Liquor or Beer and Wine Code which affect my license.

Printed Name	Titk	e
Justin Clark		President
Authorized Signature		Date (MM/DD/YY)
antri fich		6-25-24
Report and Approv	al of Local Licensing Authority	(City/County)
Date application filed with local authority	Date of local authority hearing (for new license applicants; cannot be less than 30 days from date of application)	
For Transfer Applications Only - Is the	e license being transferred valid?	O Yes O No
The Local Licensing Authority Hereby History Record) or a DR 8000 (Manag	· · ·	to file DR 8404-I (Individual
Fingerprinted		
Subject to background investigat	on, including NCIC/CCIC check for outst	anding warrants
That the local authority has conducted to ensure that the applicant is in comp class of license (Check One)	• •	· · ·
O Date of inspection or anticipated	date	

O Will conduct inspection upon approval of state licensing authority

☐ Is the Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 1,500 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of > 10,0000?	) Yes	O No
☐ Is the Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS)		

is the Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS)		
within 3,000 feet of another retail liquor license for off-premises sales		
in a jurisdiction with a population of < 10,0000?	O Yes	O No

**NOTE:** The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.

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?	O Yes	O No

The foregoing application has been examined; and the premises, business to be conducted, and character of the applicant are satisfactory. We do report that such license, if granted, will meet the reasonable requirements of the neighborhood and the desires of the adult inhabitants, and will comply with the provisions of Title 44, Article 4 or 3, C.R.S., and Liquor Rules. **Therefore, this application is approved.** 

Local Licensing Authority for	Telephone Number	_ O Town, City
		County
Printed Name	Title	
Signature	Date (MM/DD/YY)	
Printed Name	Title	
Signature	Date (MM/DD/YY)	

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

UStin

am signing this Tax Check Authorization, Waiver and Request to Release Information (hereinafter

"Waiver") on behalf of

(the "Applicant/Licensee")

Venues Inc R ark

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)
JR Clark Venues Inc
Social Security Number/Tax Identification Number       Home Phone Number       Business/Work Phone Number         93-4674960       303-526-7530
Street Address
636 Lookout Mountain Road
City State ZIP Code
Golden Co 80401
Printed name of person signing on behalf of the Applicant/Licensee
Justin Clark
Applicant/Licensee's Signature (Signature authorizing the disclosure of confidential tax information) Date Signed
6-25-24

# 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).



### PUBLIC DANCE HALL APPLICATION

FEE: \$25.00

The undersigned respectfully make application for a license to operate a Public Dance Hall, Booth or Pavilion in unincorporated Jefferson County, Colorado, for the year 2024 under the terms provided by law, and represents as follows:

The names and addresses of the (Applicants) (Members of Partnership) (Officers and Directors) are as follows:

5865 BELLFLOWER DR. LITTLERN, CO. Solz7 Name JUSTIN CLARK The name, address and full description of the dance area is as follows: NAME OF APPLICANT: JR CLARK VENUES INC. DOING BUSINESS AS: CRYSTAL ROSE ADDRESS: 636 LOOKOUT MTN. RD. GOLDEN, Co. 80401 DESCRIPTION OF DANCE AREA: (Include approximate dimensions and location) DANCE AREA - 20' × 30' LOCATION - INSIDE BUILDING NIE. SIDE. Signature



## SCHOOL AFFIDAVIT

(I) (WE) the undersigned do solemnly swear that to the best of (MY) (OUR) knowledge and belief there are no public or parochial schools, or principal campus of any college, university or seminary within 500 feet of the proposed liquor application at:

636 Lookout Mountain. Golden 80401 address of place to be licensed)

said distance being computed by direct measurement from nearest property line of the land used for school purposes to the nearest portion of the building in which liquor is to be sold, using a route of direct pedestrian access, measured as a person would walk safely and properly, without trespassing, with right angles at crossings and with the observance of traffic regulations and lights.

STATE OF COLORADO ) )SS COUNTY OF JEFFERSON

<u>Dustin</u> <u>Clark</u> being by me first duly sworn, deposes and says: that they are the above-named person; that they know the contents thereof, and that all matters and things therein set forth are true of their own knowledge and they agree to conform to all rules and regulations promulgated by the State Licensing Authority in connection therewith.

day of

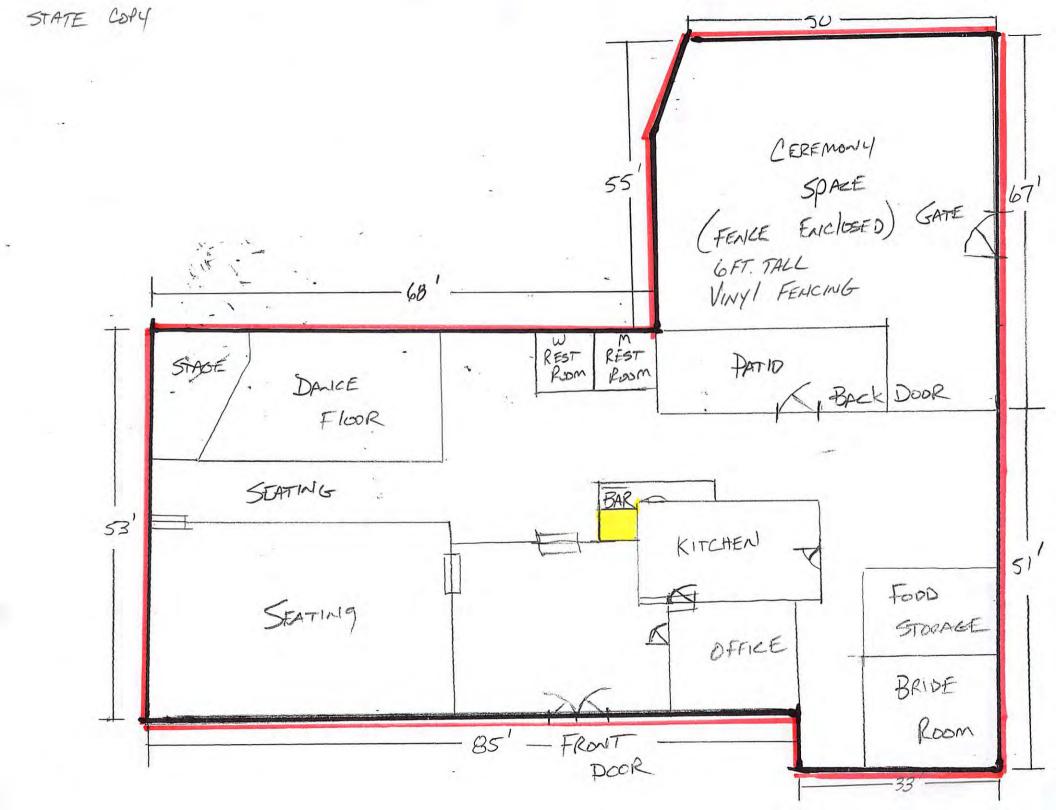
SIGNATURE OF APPLICANT

Subscribed and sworn to before me this 25

My Commission Expires:

Notary Public

SUSAN DICKOVER NOTARY PUBLIC STATE OF COLORADO NOTARY ID 19894008479 My Commission Expires: January 11, 2028



# Google Maps 636 Lookout Mountain Rd



Imagery ©2024 Airbus, Clear Creek County Gov't., Maxar Technologies, U.S. Geological Survey, Map data ©2024 Google 50 ft



### Dylan Monke

To: Katie LaLiberte; Elizabeth Cliburn; Mindi Ramig; Russell Clark

Start reply with:

Thank you! || Thank you very much!

Great, thank you so much!

This property is zoned Commercial One (C-1) which allows this use. Planning & Zoning has no objection to this request.

Thanks,

#### Dylan Monke

Jefferson County Planning and Zoning Permitting Supervisor 303-271-8718

dmonke@jeffco.us planning.jeffco.us

Help us shape the future of Jefferson County by visiting the Together Jeffco website! Click the image below to visit our website: <u>https://togetherjeffco.com</u>





16

# 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)

separate sheet if necessary to chable				Home Phone Number		ellular Nu	mber	
1. Name of Business				3-3-526-75	30 3	03-7	48-37	35
2. Your Full Name (last, first, middle)				3. List any other names y	ou have used			
2. Your Full Name (last, first, middle)	UN Pa	REDT	-	N/A				
4. Mailing address (if different from resider	MAN NO	DLKI		Email Address				
	1 5 5 6 6 7	<i>/ </i>	<b>//////</b> //////////////////////////////	justin@	irclar	L.Co	m	
5. List current residence address. Inc	LE IUN	vious ad	dresses v	vithin the last five year	rs. (Attach se	eparate	sheet if nece	essary)
5. List current residence address. Inc. Street and Number				City, State, Z	ip		From	То
and the second							01.0	
S865 BELL FLOL	NER E	<u> </u>	LIT	TLETON, CO	<u>, 801</u>	77	9/13	PRESENT
Previous				N/A			N/A	N/A
6. List all employment within the last	Euro venera I	noludo a	ny self-en	noovment, (Attach ser	parate sheet	if neces	sary)	
6. List all employment within the last	Tive years.		ot Numb	per, City, State, Zip)	Position	Held	From	То
Name of Employer or Business				(0 80127			2/2	
JR CLARK ENTERPRIS	ECONR	ZAN 2	71647	LETTLETON.	PRES /C	EO	3/13	PRÉSENT
JR CLARK ENTERINE				)				
						age indu	istry	
7. List the name(s) of relatives worki	ing in or hold	ling a fina	ancial inte	rest in the Colorado a		aye muc	Name of Lice	ensee
Name of Relative	Relation	nship to	You	Position He	ald		Valle of Lice	
		1.5					NIA	
N/A	N/	4						
	. 14	/៱					N/A	
N/A	/\_/	<u> </u>						
	N	/A		N/A			NIA	
		1.					N/A	
N/A	N	<u>/A</u>	Calarada		se or loaned	l monev		
N/A 8. Have you ever applied for, held, o	or had an inte			s answer in detail.)			י 🗋 י	res MNo
8. Have you ever applied for, heid, of furniture, fixtures, equipment or in	nventory to a	iny licens	seer (it ye					
N/A								
					· Lating and			
9. Have you ever received a violation	on notice, su	spensior	n, or revoc	ation for a liquor law v	violation, or n	in detai	ה בי	res 🗹 No
<ol> <li>Have you ever received a violation applied for or been denied a liquing</li> </ol>	or or beer lic	cense an	ywhere in	the United States? (II	yes, expiain	Indeta		
N/R								

8404-1 (03/20/19)						<u></u>			
0. Have you ever bee	n convicted o	of a crime or recei	ved a suspen	ided sente	ence, d	eferred sente	nce, or forfeited explain in detail.)	🗌 Yes	No No
bail for any offense	in criminai o	I millitary court or	uo you nave	any onarg	ice her				
N/A									
1. Are you currently u	nder probatio	on (supervised or u	unsupervised	), parole,	or com	pleting the re	quirements of a	🗌 Yes	No
deferred sentence?	(if yes, expi								
N/A						· 1-1-	1		No
2. Have you ever had	any professi	ional license susp	ended, revok al and Fin	ed, or dei	nied? (I Infor	t yes, explain		☐ Yes	UZ NO
Jnless otherwise provi	ided by law t	Personal he personal inform	nation require	anciai ed in ques	stion #1	3 will be treat	ed as confidential.	The perso	nal
nformation required in	question #13	3 is solely for iden	tification purp	DOSES.					
Ba. Date of Birth b. So	ocial Security	Number	c. Place of Bit	th	TX		d. U.S. Citizer	Yes	No
If Naturalized, state who	ere			<u>//30_</u>	g. Nar	ne of District Co	ourt		
N/A			N/A	Ohio Alionk	Periot	N/A	per k. Permanent Res	idence Ca	d Number
Naturalization Certificat	te Number	i. Date of Certification	$\sim$ 1. If an Atlen, $\sim$	7					
N/A Height m. Weight n. I	Hair Color	o. Eye Color p	. Gender	q. Do you			License/ID? If so, give	number an	d state.
`-B`` 155 B	RWN	BLUE	<u>M</u>	Yes	L No	#	State	0.	
4. Financial Information	on.					<i></i>			w other
a. Total purchase	price or inve	stment being mad	le by the appl	lying entit	y, corp	pration, partne	ership, limited liabilit	y compar	iy, ouiei.
\$	<b>4</b>		ant made h	the nere	on liete	d on question	#2, in this business	s including	g any
b. List the total an	nount of the   ash. services	or equipment, op	erating capita	al, stock p	urchas	es or fees pai	d.\$A		
* If cornorate	investment (	only please skip	to and comp	lete sect	ion (d)	I	·		
** Section b sh	ould reflect	the total of secti	ons c and e					. <u> </u>	
. Provide details of the	e personal in	vestment describe	ed in 14b. You	u must ac	count f	or all of the so	ources of this invest	ment.	
(Attach a separate s	sheet if neede	ed)							ount
Type: Cash, Service	es or Equipn	nent A	Account Type		+	Bank	Name		
dr/A									
·····									
	<u></u>								
. Provide details of th			bed in 14 (a)	You mus	L accou	nt for all of th	e sources of this inv	estment.	(Attach a
separate sheet if ne	e corporate i eded)	investment desch		Tou mao					
Type: Cash, Service		nent Loans	Accou	int Type		Bank	Name	Am	ount
N/A	)								
<u> </u>									
<u></u>									
	Heat and -								
e. Loan Information (A Name of			Address			Term	Security	Am	ount
	Leilder								
N/	H								
					+				
			Oath of		ant				
I declare under penal	ty-of periury-	hat this applicatio	n and all atta	chments	are true	e, correct, and	complete to the be	<u>st of my k</u>	<u>(nowledge.</u> Date
Authorized-Signature	//		nn oignaiure				SIDENT TLEC		2/29/24
<u> </u>	7	fa li	TUSTIN	LAR	<u>n</u>	11/2	seveni 1 2 C	<u>د ا</u>	
	1								

.•

-

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

For Clerk's Use: Application Received:

Application To Sheriff:

Application To Clerk to Board:

Business Name:JR Clark Venues IncDBA:Crystal RoseAddress:636 Lookout Mtn. Road Golden, CO 80401Phone / Email:303-526-7530 / Justin@jrclark.com

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

Applicant Name (last, first)	DOB	Records Checks	Financial Back- ground	Prints / Photo	Other
CLARK, JUSTIN		y	y	Y	
Master File, No Additional Manager	Documents Required	Additional	Applicants on	separate form	*Designated
signed to: J. BACA	Investiga	tor Remarks: _	NO	CONCER	ens_

No information to preclude application	See Memo Attached
Investigator Signature:	Date:24
Supervisor Initials/Date:	
Remarks:	
Recommended	Not Recommended
Sheriff's Signature	Date: <u>6/11/24</u>
Remarks:	

### FINGERPRINT APPLICATION Sheriff's Office 200 Jefferson County Parkway Golden, CO

### \$38.50 Fee for Fingerprints

Please contact the Jefferson County Sheriff's Office Records Department at <u>https://bookeo.com/jcso-records</u> to set up an appointment. Check must be made out to Colorado Bureau Investigations via certified check, cashier's check, or money order (No Personal Checks).

Monday through Friday from 8:00 a.m. to 4:30 p.m.

NAME Clark		J.R.	DATE 3-20-24
ADDRESS 5865 Belly	First	Middle ArtHuton CITY STAT	F CO71P 80123
HOME PHONE <u>303 - 74</u>			
AGE <u>H</u> DATE OF BIRT SEX M HEIGHT <u>5,</u> 8	H_ <b></b>	_PLACE OF BIRTH	ET Paso TX
SEX M HEIGHT 5 8	_" WEIGHT_/55	HAIREYES_	glue RACE white
LIQUOR OUTLET			
APPLICANT'S SIGNATURE			
- F	OR SHERIFF'S DEF	PARTMENT ONLY-	*****
MUG NO	FPC	FBI NO	

The Clerk to the Board/Liquor Licensing Office has received the completed Liquor Licensing application packet from the applicant above and is cleared to begin the fingerprinting process for the background investigation.

1

20/2024



Clerk/Licensing Specialist Signature

Date



#### AUTHORITY TO RELEASE INFORMATION

NAME (LAST) Clark	(FIRST) JUSTIN	/ (MIDD	LE) J.R.
GENDER Male RACE White	DATE OF BIRTH		
PLACE OF BIRTH (CITY) EL PASO (S	STATE) TX	(COUNTRY)	VSA

I, \_\_\_\_\_\_\_\_, do hereby authorize a review of and full disclosure of records, or any part thereof, by and to any duly authorized agent of the Jefferson County Sheriff's Office, whether the said records are of public, private or confidential nature.= The intent of this authorization is to give my consent for full and complete disclosure of the records of financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings account, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings), public utility companies; employment and pre-employment records, including background reports, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Jefferson County Sheriff's Office to consider in determining my suitability for liquor licensing purposes. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein. I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for liquor licensing by the Jefferson County Sheriff's Office and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY: Subscribed and sworn before me this day of <u>March</u> 20_24	Signature 5865 Bell Flower Dr
My Commission Expires: 1/11/26 Notary Public Alsan Difform (Seal)	City Littleton_State CD Zip 80123
SUSAN DICKOVER NOTARY PUBLIC STATE OF COLORADO NOTARY ID 19894006479 My Commission Expires: January 11, 2026	

<sup>200</sup> JEFFERSON DOLINEY PARKINAY, GOLDEN, COLDPADO 8049 - 2691 - 300 271 00 - FAX 303-271-5301 - Winw jeffoo Usisherif



### LIQUOR LICENSING OFFICE

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

# Jefferson County Individual History Questionnaire NEW/TRANSFER LIQUOR LICENSE APPLICATION

TYPE: HOTEL + RESTAURANT

APPLICANT: JR CLARK VENUES INC.

DBA: CRYSTAL ROSE

ADDRESS: 636 LOOKOUT MTNI. RD. GOLDEN, CO. 80401

### HEARING DATE:

1.1

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

Yes No 🗡

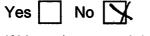
If Yes, please explain:

 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.?



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?



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	X

If Yes, please explain:

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



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.

Please see attached

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 plan on taking Courses and amin process

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

Please see attacked

٠

6. Please describe background....

`

I did work at several restaurant businesses prior to graduating college. I also worked at the Adams Mark setting up for events.

8. I graduated from the School of Mines with several degrees (please see attached resume). I am the sole owner/President of JR Clark Construction Inc d/b/a JR Clark Enterprises, a BIM modeling, engineering, construction/landscaping company. I currently hold a security clearance at DIA.

I also am the sole owner/manager of JR Clark Enterprises LLC, my real estate investment company. I was the landlord for the Crystal Rose, which I recently purchased.

July 20, 2024



## RESULTS OF THE LIQUOR LICENSE SURVEY REGARDING: Crystal Rose

636 Lookout Mountain Road Golden, CO 80401

Applicant: JR Clark Venues, Inc.

Purpose: Application for a NEW Hotel and Restaurant Liquor License (County)

**ISSUE:** A petition was circulated to determine if the needs of the neighborhood and desires of the inhabitants were or were not being presently met by existing similar alcoholic beverage outlets. Those in favor of <u>Crystal Rose</u> being granted a <u>NEW Hotel and Restaurant Liquor License</u> indicated by checking the "YES" column of the signature sheet, those opposed checked the "NO" column. The results were as follows:

IN FAVOR O "YE		OPPOSED TO		TOTAL SIGNATURES
90%	69	10%	8	77

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

### SURVEY STATISTICS

	FAVOR "YES"		OPPOSE	TOTAL		
Business Survey Results	100%	2		0	2	
Residential Survey Results	89%	67	11%	8	75	

	BUSINESS	RESIDENTIAL	TOTAL
No Response	1	158	159
Declined to Participate	0	25	25
Not Qualified to Sign	1	7	8
Disqualified	0	0	0
"No" Signatures	0	8	8
"Yes" Signatures	2	67	69
TOTAL CONTACTS & ATTEMPTS	4	265	269

Crystal Rose - JEFFCO

# SURVEY STATISTICS (Continued)

>Number of Businesses and Residents Contacted:	269	Attempts -	159	No Response =	110
>Business Survey Participation Rate:	2	Signatures/	2	Qualified Contacts =	100%
>Residential Survey Participation Rate:	75	Signatures/	100	Qualified Contacts =	75%
>Percentage of Residents Home During Survey:	107	Contacts/	265	Attempts =	40%

	NOT QUALIFIED CONTACTS	FOR DECLINING TO PARTICIPATE NOT QUALIFIED CON	
5	Non-Resident	10	Too Busy
2	Under 21	8	Not Interested
1	Öwner / Manager Unavailable	7	Do Not Sign Any Petitions / Surveys
8	Total	25	Total
	REASON FOR OPPOSITION SIGNATURES		
8	No Reason		
8	Total		

# PETITION METHODOLOGY

Survey Dates and Times:

Residential:	Sunday	July 14, 2024	9:30 am - 5:30 pm
Business/Residential:	Monday	July 15, 2024	8:00 am - 4:30 pm

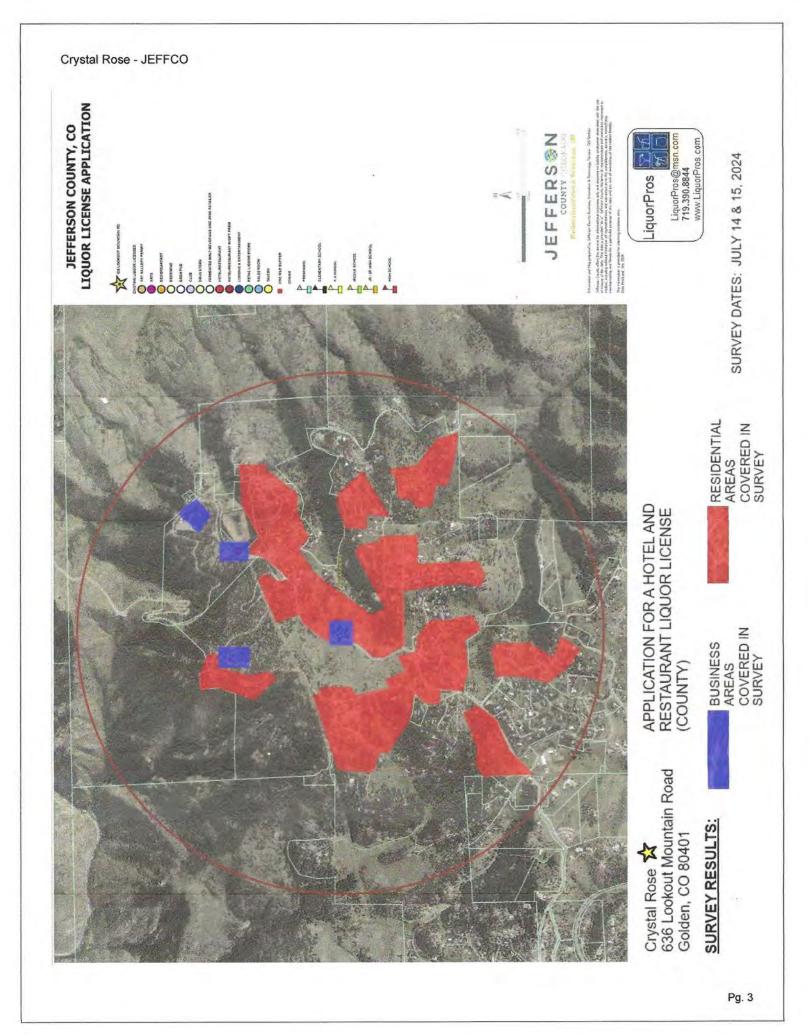
- <u>Survey Areas</u>: Circulators started in areas closest to the proposed licensed site and obtained samples throughout the boundary area. Please see the attached map.
- <u>Circulators of the Survey</u>: There were two circulators who performed a drive and drop process for this survey. Prior to the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

Report prepared and respectfully submitted by,

Eva L. Garretson Liquor Licensing Professionals, LLC

Need & Desires Surveys / Petitions Colorado Responsible Vendor Trainer 5515 Saddle Rock Place Colorado Springs, CO 80918 719.390.8844 LiquorPros@msn.com

Pg. 2



### BUSINESS PETITION TO THE JEFFERSON COUNTY LIQUOR LICENSING AUTHORITY

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

Applicant:	JR Clark Venues, Inc.
d/b/a:	Crystal Rose
Address:	636 Lookout Mountain Road, Golden, CO 80401
Application for a	NEW HOTEL AND RESTAURANT Liquor License

A Public Hearing on this matter will be held before the Jefferson County Liquor Licensing Authority, on Thursday, August 1<sup>st</sup>, 2024, at 9:00 am at the Jefferson County Courts Administration

100 Jefferson County Parkway, Hearing Room 1, Golden, Colorado

\*\* VIRTUAL GO TO: www.jeffco.us/events

### **INSTRUCTIONS – QUALIFICATIONS FOR SIGNING THIS PETITION**

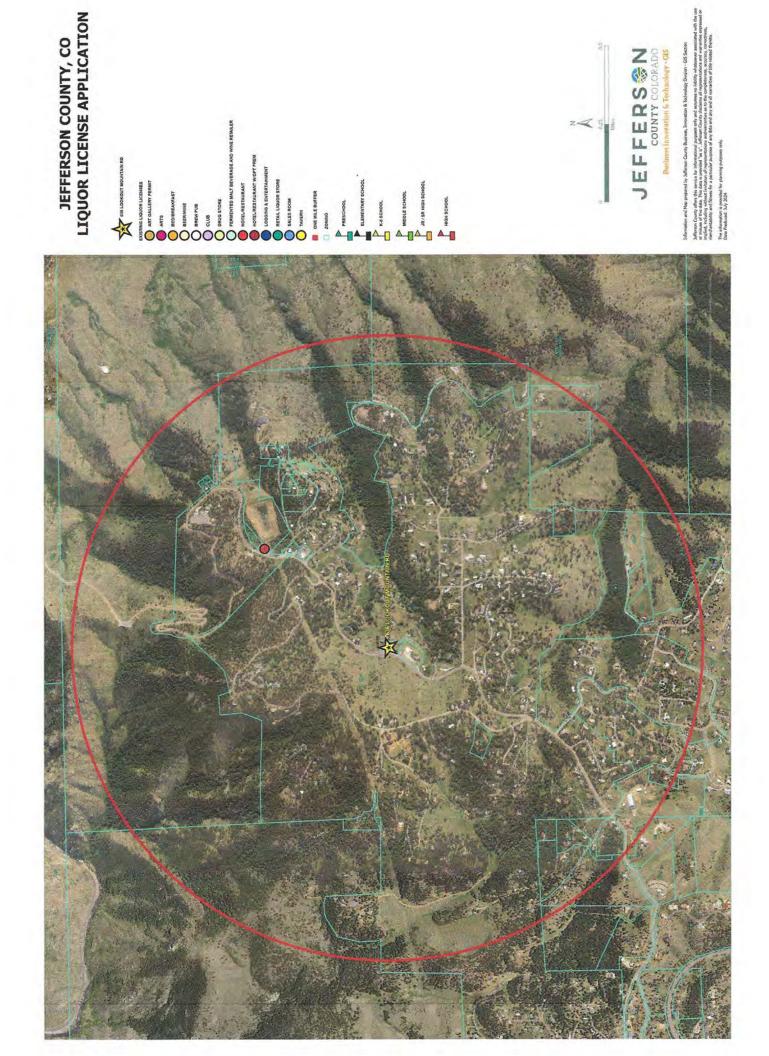
- You are at least 21 years of age.
- You must be a resident or business owner or manager within the designated area. (Please see attached map).
- You have not signed another petition concerning the same application.
- You have read or had the opportunity to read the petition in its entirety and understand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

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

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

Today's	Printed Name	Business Name		Favor	Oppose	Reason	
Date w/Year	Signature	Business Address	Age	YES	NO X	Circle Owner or Manager	
7/15	Megon Kreste	-90005520012	40	X			
2024	MChreath	Goldn, WBOton				Owner Manager	
7/15	Donglas Broulds	Buffalo B. 113 Pahykatep.	37	V			
2024	our and	987 Lookout min Rd.	5/	V		Owner Manage	
-	1					Owner Manage	
						Owner Manage	
					-		
						Owner Manage	

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





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

NEW Hotel/Restaurant Liquor License BY

JR Clark Venues Inc

DBA

**Crystal Rose** 

636 Lookout Mountain Rd

Golden, CO 80401

### 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 in 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, August 1, 2024**, at the hour of **9:00 A.M.** 

### FINDINGS

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

### **1 MILE RADIUS**

The property in question is zoned Planned Development Amended and would permit the use of a New Hotel/Restaurant Liquor License if granted.

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

```
Page 2 of 3
```



- NORTH MOUNTAIN RESIDENTIAL DISTRICT ONE (MR-1), AGRICULTURAL TWO (A-2), COMMERCIAL ONE (C-1), CORRIDOR DISTRICT (C-D)
- SOUTH PLANNED DEVELOPMENT (P-D), AGRICULTURAL TWO (A-2), SUBURBAN RESIDENTIAL DISTRICT TWO (SR-2), SUBURBAN RESIDENTIAL DISTRICT FIVE (SR-5), MOUNTAIN RESIDENTIAL DISTRICT ONE (MR-1), COMMERCIAL ONE (C-1)
- EAST PLANNED DEVELOPMENT (P-D), AGRICULTURAL ONE, (A-1), AGRICULTURAL TWO (A-2)
- WEST PLANNED DEVELOPMENT (P-D), AGRICULTURAL TWO (A-2), MOUNTAIN RESIDENTIAL DISTRICT ONE (MR-1)
- 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 - COMMERCIAL, RESIDENTIAL, AND AGRICULT	IORTH -	COMMERCIAL,	RESIDENTIAL.	, AND AGRICULTUR
---	---------	-------------	--------------	------------------

- SOUTH PLANNED DEVELOPMENT, AGRICULTURAL, RESIDENTIAL, AND COMMERCIAL
- EAST PLANNED DEVELOPMENT AND AGRICULTURAL
- WEST PLANNED DEVELOPMENT, AGRICULTURAL, AND RESIDENTIAL

.6 MILE

4. Distance in all directions to the nearest outlet:

NORTH-	NONE
SOUTH-	ROBIN'S NEST
EAST-	NONE
WEST-	NONE
SAME CON	IPLEX - NONE

Page 3 of 3



- 5. AGE: 45 YEARS OLD BUILDING: FAIR
- 6. Health Department Approval: REQUIRED
- 7. Distance in all direction to nearest schools:

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

- 8. Parking: ADEQUATE
- 9. Proximity to incorporated areas: .91 MILES TO GOLDEN CITY LIMITS
- 10. Traffic congestion problems: NONE ANTICIPATED
- 11. Road Improvements: NONE ANTICIPATED
- Location Checked 636 Lookout Mountain Rd, Golden, CO 80401. One posting sign checked on July 23, 2024 Was properly posted, easily visible to the public and appeared correct.
- 13. Legal notice of public hearing was published in the CANYON COURIER on July 11, 2024 and appeared correct.

## ~ AFFIDAVIT OF CIRCULATION ~

I, <u>Kinbully MBobo</u>, being of legal age (21 years or older), do hereby state that I was the circulator of said petition and further state that

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

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

Signature of Circulator

State of Colorado SS. County of ELASO day of Subscribed and sworn to before me this / EVA GARF SON NOTARY STATE OF COLORADO NOTARY ID 20024024959 MY COMMISSION EXPIRES DECEMBER 05, 2027 Notary Public My Commission expires: December 5:2027

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

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

Applicant:	JR Clark Venues, Inc.	
d/b/a:	Crystal Rose	
Address:	636 Lookout Mountain Road, Golden, CO 80401	
Application for a	NEW HOTEL AND RESTAURANT Liquor License	

A Public Hearing on this matter will be held before the Jefferson County Liquor Licensing Authority, on Thursday, August 1<sup>st</sup>, 2024, at 9:00 am at the Jefferson County Courts Administration 100 Jefferson County Parkway, Hearing Room 1, Golden, Colorado \*\* VIRTUAL GO TO: www.jeffco.us/events

#### INSTRUCTIONS – QUALIFICATIONS FOR SIGNING THIS PETITION

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

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

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

Today's Date w/Year	Printed Name Signature	Street Address	Age	Favor YES X	Oppose NO X	Reason	
7/14/24	Ryper Themas	871 Phriou an Dasine	42	×			
7/14/20	Ken Snith	870 Pakorono Drive	67	+			
7/14/2	Russell Veszey	20949 Cedar Lake RN	70	×		-	
7/4/2	Contas Perenn.	21049 Cedur. Loukez Rd	50	X			
-7/14/	Jun Fey Sim Fax	Stel Janorama	91	Х			

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

Today's Date	Printed Name	Street Address		Favor	Oppose	
w/Year	Signature	1	Age	YES	NO X	Reason
7/14/24	AMY URAN	851 PANSRAMA DP	58	×		/
7/14/24	Accon Briden	743 Aspenro Golden	41		x	Ĺ
7/14/24	Micheye Higks	820 PANOTZAMA	55	X		
7/4/24	AJA Duninen	Golden, CO. 80401	42	×		
1/14/24	Jennifer Aller	1094 Colopal	41	/		
7/14/29	1.4	1045 COLONNO R.d.	Si	V		
1/14/24	MARK STIEHL	22105 SWIFT Fox TRL COUDEN, CO SUYOJ	65	/	- 1	
1/14/27	Callie Searley	1054 Colorov Rd Golda, Co 80421	40	1		
7/14/1.	San Senrisy	Golden (G R	4	1		
7.14.	TEussell FOLGER	746 hoskort ofter Rel. 802/01	46	~		
7/14	KBurgen KaylaBusm	US2 Aspen Rd	43	1		
7/14 2024	MARK HOLTANI Multitue	672 ASPEN RD	45	$\checkmark$		
nort	DAVE ROBINCON	673 ASPEN RD	76	~		

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

Today's Date	ign your name only; First Na Printed Name Signature	Street Address	Age	Favor YES	Oppose NO	Reason	
WYear Hill	Pat Rigge	723 Aspan Rd	.76	x	x X		
24	postice eight						-
1.26	freshlands	732 Osper Ro	32	~			_
14/24	Kalla Dung	486 Lookoututh	KL 54		$\checkmark$		
14/24	Christophy Kurder	23072 Grand view Are	56	X			
19/24	Scott Hodgson Solt My	Z1939 Grand view Ave	43		×		
/14/24	Sarah Hodgson	21939 Grandview Ave.	38		Ø		
11/24	Burg Butel By Chult	21919 Gradue A	OZ	X			
14/2	Anne Heines	424 Visla Are	74	X			
1.4/2	Janet Nunn tuge M	21531 Main Av e	67	X			
1-14-2	Jun Duny	21532 Abin AVE	70	×			
24	Roger Nidsel	21511 MAINAR	54	X			
14/24	Renee Nickel	2511 Main Are	56	X			
7/14/24	LAWCE ME Hog	21521 MainiAue	62		X		

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

Today's Date	Printed Name Signature	Street Address	Age	Favor YES	Oppose NO	Reason	
/Year		2000 0 11 01	-	X	X		-
14/24	Laura Thompson Brato	388 Bellvue Rd Golden, CO 80401	57	/			
11/1	RICHARD WESTGAR	211176 1 and 1 and	fre	V			
124	Miles Hones	350 Startit					
14/21	Mitelian	wey	71	1			
15/	Inicic SILAR	234 Eachow RD.	1000	/			
24			50	V	-		
7/5/	COLNMA MALEIKA Kin' MMM	- 425 COLOROW	50	V			
15/2	Johnsfer Abdure	an AZZ Cobrow		X			
listy	MAC N. Davel muchchould	470 Woodlithe 4A	18	K			
1/15/	BBMcDowell BBMcDow	470 Woodlan	£ 15	/			
Kal	Andre Suissa	- 461 Wordland	33	~			1
15/20	Alyssandra Cenza	4 G Colinelsyr	) 34 d				
7/15/	JAY TENCHE Scusen	- 591 LINDSEY	73	-	V		
" _(5-	Diqua Vicker	\$ 531 hindsey	Keles	$\checkmark$			1
215	Courtenay Den	- 220 the Panavama	40	X			

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

L

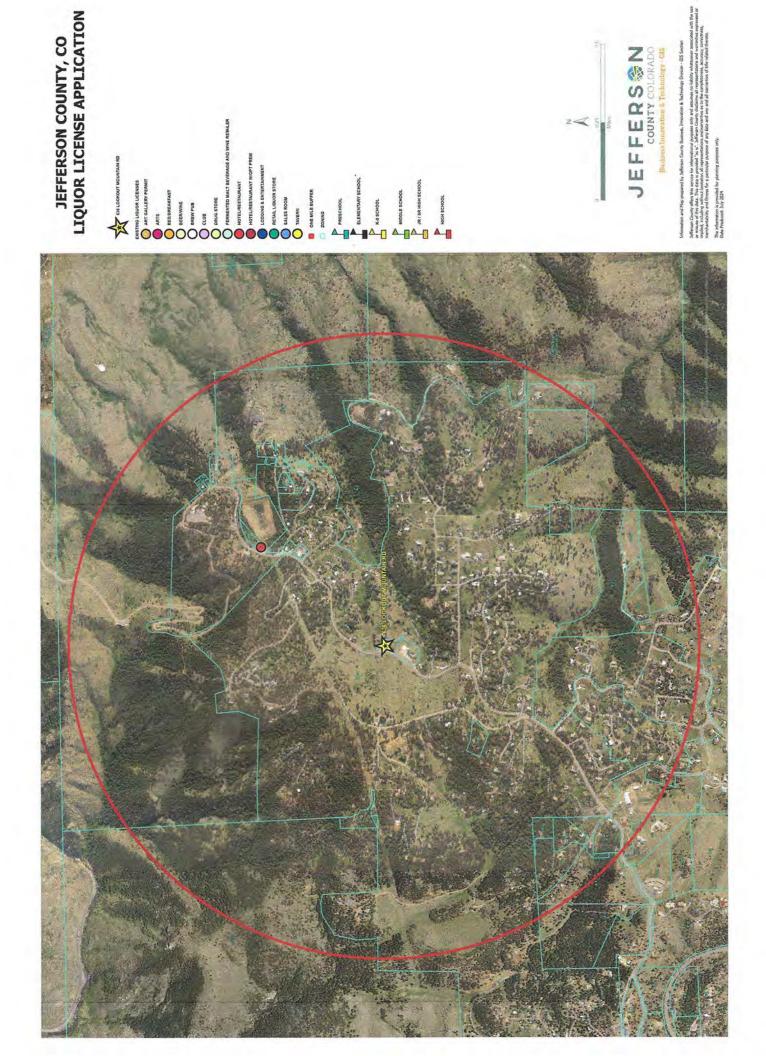
Please sign your name only; First Name, Mide	dle Initial, Last Name.
--	-------------------------

Today's Date w/Year	Printed Name Signature	Street Address	Age	Favor YES X	Oppose NO X	Reason
7/15/2	RONALD THOMIN RMD of Throat	21846 PANORAMA DR	75	~		
7/15/	Denvis Lawshren	22124 Grest Moor Rd	52	1		
1/15/	Melissa Kelley	22124 Crestmoor	54	V		
715	Almakule 8	22184 Crestmoor Road	ovel ZI	$\checkmark$		
15	Aladine Wilson	22074 CINSTINICU- Rd	51	V		
/15/zy	Aman da Winterburg	21528 Mountsfield	52	-	4	
7.15	Christin Martin	2155ynuntsfre 10	37	$\checkmark$		
15/	Pohrt Cook	21557100756	10	0X		
115 24	Ashlen County	2(532 Main AUR.	43		X	
15/24	Allison Costenaro	21577 Yountsfield Dr.	50	X		
15/24	Margaret Levin	21598 Mountsfield 62.	74	4		
115	ShellayCharder S Cheme	21667 Mourtsfield UR	ちゝ	~		
53	TANKAY CHANDA	Ne 21667 Monstefile Dr	23	~		

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

Today's Date w/Year	Printed Name Signature	Street Address	Age	Favor YES X	Oppose NO X	Reason
This 2024	Joseph My E	21/23 SKY MEADER W LN	84	×		
7/ 15/ 24	KIM WYMAN Kim Wyman	ZIIZ3 SKY MEADOW LANE	63	V		
7/15/	Here legatt	21073 SkyMadan	49			
7/5	Scott Smithe	323 Particed Ave 323 Darkvie DAV	58	×		
7/13	Beally Snoh Porte		58	-7		
7:15.	FESONE FRENK	315 PARIXXIEW	601	- X		
1/25	MATT CAMILI	309 PARLUTEN AVE	65	X		
7/15/	David Hetcher	249 Pakilicos Ava	55	X		
1197	Soll Perk	Ki SLOOKOOT MA	73	×		
24	CAROLES fing	39 5. Loo Kat Mt	85	X		
117	DENINIS POLAT	E 49 5- CODENT MOVERT AN ROY	77	×		
115/	DEBORTA POCHE	M 49 & LOKOW	‡ 78	X		
7/15/	Hergan Reterlin	494 sbookast	27	×		

Today's Date w/Year	Printed Name Signature	Street Address	Age	Favor YES X	Oppose NO X	Reason
7/15	DONNA MERRIAM	21 HESS AVE. GOLDEN, OD SOLDEN, OD	23,	×		
5.24	t Ted Merrian	Golden Co Soyy		X		Need it
15/24	Mary P. Blain	- Bolden Co	73	X		
1/15/24	Laura Doan Um M	123 Paraclish Rd.	40	λ		
7/15/24	Dw Dul Payzo DON DAL POZZO	187 LAMB LN	77	×		-



## ~ AFFIDAVIT OF CIRCULATION ~

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

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

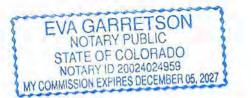
I also hereby swear and affirm that no promises, threats, or inducements were employed whatsoever in connection with the presentation of this petition, and that every signature appearing hereon was completely free and voluntarily given.

Signature of Circulator

State of Colorado ) SS. County of Jefferson

Subscribed and sworn to before me this

day of



Notary Public

My Commission expires: December 5 2027