

Colorado Liquor Retail License Application

* **Note that the Division will not accept cash** Paid by Check **Date Uploaded to Movelt**
 Paid Online

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

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

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

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

FEIN Number	State Sales Tax Number
<input style="width: 95%; height: 20px;" type="text" value="99-3016035"/>	<input style="width: 95%; height: 20px;" type="text" value="96314197"/>

Trade Name of Establishment (DBA)	Business Telephone
<input style="width: 95%; height: 20px;" type="text" value="Bottle Bazaar"/>	<input style="width: 95%; height: 20px;" type="text"/>

Address of Premises (specify exact location of premises, include suite/unit numbers)

City	County	State	ZIP Code
<input style="width: 95%; height: 20px;" type="text" value="Littleton"/>	<input style="width: 95%; height: 20px;" type="text" value="Jefferson"/>	<input style="width: 95%; height: 20px;" type="text" value="CO"/>	<input style="width: 95%; height: 20px;" type="text" value="80128"/>

Mailing Address (Number and Street)	City or Town	State	ZIP Code
<input style="width: 95%; height: 20px;" type="text" value="9956 W Remington Pl, Unit A12"/>	<input style="width: 95%; height: 20px;" type="text" value="Littleton"/>	<input style="width: 95%; height: 20px;" type="text" value="CO"/>	<input style="width: 95%; height: 20px;" type="text" value="80128"/>

Email Address

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

Present Trade Name of Establishment (DBA)

Present State License Number	Present Class of License	Present Expiration Date
<input style="width: 95%; height: 20px;" type="text" value="42-98741-0000"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Section A Nonrefundable application fees*

- 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 License 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).....\$750.00
- 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 B Liquor License Fees* (Continued)

<input type="checkbox"/> Liquor–Licensed Drugstore (City).....	\$227.50
<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

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
	\$

Application Documents Checklist and Worksheet

Instructions: This checklist should be utilized to assist applicants with filing all required documents for licensure. **All** documents must be properly signed and correspond with the name of the applicant exactly. **All** documents must be typed or legibly printed. Upon final State approval the license will be mailed to the local licensing authority. Application fees are nonrefundable.

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

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

I. Applicant information

- 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 8½" 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)
- 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)
- Fingerprints taken and submitted to the appropriate Local Licensing Authority through an approved State Vendor. Master File applicants submit results to the State
Do not complete fingerprint cards prior to submitting your application.
The Vendors are as follows:
 - IdentoGO**
Appointment Scheduling Website: <https://uenroll.identogo.com/workflows/25YQHT>
Phone: 844-539-5539 (toll-free)
IdentoGO FAQs: <https://www.colorado.gov/pacific/cbi/identification-faqs>
State Liquor Code for Identogo: 25YQHT
 - Colorado Fingerprinting**
Appointment Scheduling Website: <http://www.coloradofingerprinting.com/cabs/>
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
- If owner is managing, no fee required

1. Is the applicant (including any of the partners if a partnership; members or managers if a limited liability company; or officers, stockholders or directors if a corporation) or managers under the age of twenty-one years?..... Yes No

2. 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?..... Yes No

b. Had an alcohol beverage license suspended or revoked?..... Yes No

c. Had interest in another entity that had an alcohol beverage license suspended or revoked?..... Yes No

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?..... Yes No

If "yes", explain in detail.

N/A

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?..... Yes No

or

Waiver by local ordinance? Yes No

Other

N/A

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 (>) 10,000? **NOTE:** The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS..... Yes 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? **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..... Yes No

For additional Retail Liquor Store only.

a. Was your Retail Liquor Store License issued on or before January 1, 2016?.... Yes N/A No

b. Are you a Colorado resident?..... 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 **current** financial interest in said business including any loans to or from a licensee..... Yes 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 No

Ownership Lease Other (Explain in detail)

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

Landlord	Tenant	Expires
Jefferson Village 03, LLC	Fine Vines LLC	July 31, 2030

b. Is a percentage of alcohol sales included as compensation to the landlord? If yes, complete question on page 9..... Yes No

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	
N/A			
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:
 Has a local ordinance or resolution authorizing optional premises been adopted?... Yes N/A 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.

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

a. Is there a pharmacy, licensed by the Colorado Board of Pharmacy, located within the applicant's LLDS premise?..... Yes No

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

12. Club Liquor License applicants answer the following: **Attach a copy of applicable documentation**

a. Is the applicant organization operated solely for a national, social, fraternal, patriotic, political or athletic purpose and not for pecuniary gain?..... Yes No

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?..... Yes No

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?..... Yes No

13. Brew-Pub, Distillery Pub or Vintner's Restaurant applicants answer the following:

a. Has the applicant received or applied for a Federal Permit? (Copy of permit or application must be attached)..... Yes No

14. Campus Liquor Complex applicants answer the following:

a. Is the applicant an institution of higher education?..... Yes No

b. Is the applicant a person who contracts with the institution of higher education to provide food services?..... Yes No

If "yes" please provide a copy of the contract with the institution of higher education to provide food services.

15. For all on-premises applicants.

a. For all Liquor Licensed Drugstores (LLDS) the Permitted Manager must also submit an Manager Permit Application - DR 8000 and fingerprints.

Last Name of Manager	First Name of Manager
N/A - Off-premises license	

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 name, type of license and account number..... Yes No

Name
N/A

Type of License	Account Number

17. Related Facility - Campus Liquor Complex applicants answer the following:

- a. Is the related facility located within the boundaries of the Campus Liquor Complex?..... Yes No

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

First Name of Manager

18. Tax Information.

- 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?..... Yes No

- 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.?..... Yes 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 Birth (MM/DD/YY)
Alem Zaid Ghebremedhin	██████████

Street Address

2480 S Oswego St

City	State	ZIP Code	Position	%Owned
Aurora	CO	80014	Owner	100%

Name	Date of Birth (MM/DD/YY)

Street Address

City	State	ZIP Code	Position	%Owned

Name	Date of Birth (MM/DD/YY)

Street Address

City	State	ZIP Code	Position	%Owned

Name	Date of Birth (MM/DD/YY)

Street Address

City	State	ZIP Code	Position	%Owned

Name	Date of Birth (MM/DD/YY)

Street Address

City	State	ZIP Code	Position	%Owned

** If applicant is owned 100% by a parent company, please list the designated principal officer on above.


** Corporations - the President, Vice-President, Secretary and Treasurer must be accounted for above (Include ownership percentage if applicable)

** If total ownership percentage disclosed here does not total 100%, applicant must check this box:

Applicant affirms that no individual other than those 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	Title
Alem Zaid Ghebremedhin	Owner
Authorized Signature	Date (MM/DD/YY)
	July 1st, 2024

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

Date application filed with local authority	Date of local authority hearing (for new license applicants; cannot be less than 30 days from date of application)

For Transfer Applications Only - Is the license being transferred valid? Yes No

The Local Licensing Authority Hereby Affirms that each person required to file DR 8404-1 (Individual History Record) or a DR 8000 (Manager Permit) has been:

- Fingerprinted
- Subject to background investigation, including NCIC/CCIC check for outstanding warrants

That the local authority has conducted, or intends to conduct, an inspection of the proposed premises to ensure that the applicant is in compliance with and aware of, liquor code provisions affecting their class of license

(Check One)

- Date of inspection or anticipated date
- 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 > 10,000? Yes No

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

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? Yes 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 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

I, Alem Zaid Ghebremedhin

am signing this Tax Check Authorization, Waiver and Request to Release Information (hereinafter “Waiver”) on behalf of

(the “Applicant/Licensee”)

Fine Vines LLC

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 its 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)

Fine Vines LLC

Social Security Number/Tax Identification Number

99-3016035

Home Phone Number

N/A

Business/Work Phone Number

720 329 8946

Street Address

9956 W Remington Pl, Unit A12

City

Littleton

State

CO

ZIP Code

80128

Printed name of person signing on behalf of the Applicant/Licensee

Alem Zaid Ghebremedhin

Applicant/Licensee's Signature (Signature authorizing the disclosure of confidential tax information)

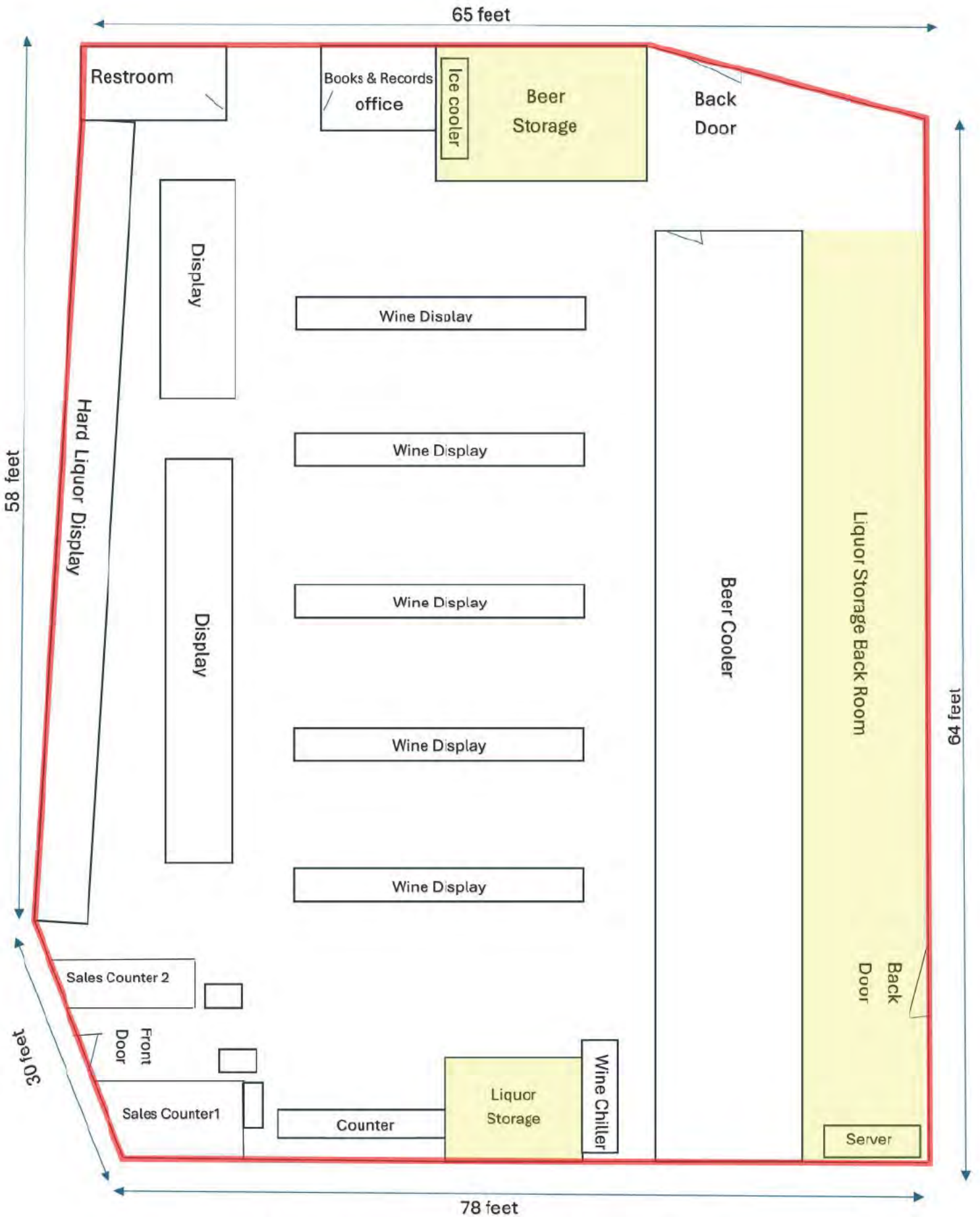


Date Signed

July 1st, 2024

Privacy Act Statement

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



Store Diagram - Fine Vines LLC DBA Bottle Bazaar

Area Map of Store Vicinity

Fine Vines LLC DBA Bottle Bazaar
9956 W Remington Pl, Unit A12,
Littleton CO 80128



Wholesaler Affidavit of Compliance

Section 44-3-303(1)(d), C.R.S.

Wholesaler Licensee Name (If an LLC; partnership; corporation or name of corporation)

Western Distributing Company

Trade Name of Establishment / Doing Business As (DBA)

Western Distributing Company

License Number

01-07954-0001

Phone Number

303-388-5755

Email Address

orders@westerndistco.com

Physical Address

4955 Bannock St.

City

Denver

State

CO

ZIP Code

80216

Transferor Retailer Licensee Name

Roliant Inc.

Trade Name of Establishment / Doing Business As (D B A)

Old Vine Liquors

License Number

42-98741-0000

Phone Number

303-973-0114

Physical Address

9956 W. Remington Pl. Unit A12

City

Littleton

State

CO

ZIP Code

80128

The above wholesaler affirms that all alcohol beverages delivered to the above transferor retailer are:

- Paid in Full (only for the purposes of complying with section 44-3-303(1)(d), C.R.S.)
Note: If Paid in full is selected, the wholesaler may no longer extend credit to the transferee or transferor until the local and state licensing authorities have approved the transfer of the liquor license.

Not Paid in Full

Wholesaler

Western Distributing Company

Printed Name

Sterling Guadagni

Title

VP Operations

Signature

Sterling Guadagni

Date (MM/DD/YY)

9/27/24

Wholesaler Affidavit of Compliance

Section 44-3-303(1)(d), C.R.S.

Wholesaler Licensee Name (If an LLC; partnership; corporation or name of corporation)

COORS Distributing, LLC

Trade Name of Establishment / Doing Business As (DBA)

COORS Distributing Company

License Number

03102040

Phone Number

303 433-6541

Email Address

Physical Address

5400 Pecos St

City

Denver

State

CO

ZIP Code

80221

Transferor Retailer Licensee Name

ROLIANT INC

Trade Name of Establishment / Doing Business As (D B A)

Old Vine Liquors

License Number

42-98741-0000

Phone Number

303-973-0114

Physical Address

9956 W Remington Pl, Unit A12

City

Littleton

State

CO

ZIP Code

80128

The above wholesaler affirms that all alcohol beverages delivered to the above transferor retailer are:

Paid in Full (only for the purposes of complying with section 44-3-303(1)(d), C.R.S.)
Note: If Paid in full is selected, the wholesaler may no longer extend credit to the transferee or transferor until the local and state licensing authorities have approved the transfer of the liquor license.

Not Paid in Full

Wholesaler

COORS Distributing

Printed Name

Valerie Duran

Title

Credit Clerk

Signature

Valerie Duran

Date (MM/DD/YY)

9/26/24

Wholesaler Affidavit of Compliance

Section 44-3-303(1)(d), C.R.S.

Wholesaler Licensee Name (If an LLC; partnership; corporation or name of corporation)

EAGLE ROCK DISTRIBUTING

Trade Name of Establishment / Doing Business As (DBA)

EAGLE ROCK DISTRIBUTING OF COLORADO

License Number

03-14136

Phone Number

770-498-5500

Email Address

accountsreceivable@eaglerocks.com

Physical Address

15080 Terrazzo Drive

City

Monument

State

CO

ZIP Code

80921

Transferor Retailer Licensee Name

ROLIANT INC

Trade Name of Establishment / Doing Business As (D B A)

OLD VINE LIQUORS

License Number

42-98741-0000

Phone Number

303-973-0114

Physical Address

9956 W. REMINGTON PL, UNIT A12

City

LITTLETON

State

CO

ZIP Code

80128

The above wholesaler affirms that all alcohol beverages delivered to the above transferor retailer are:

- Paid in Full (only for the purposes of complying with section 44-3-303(1)(d), C.R.S.)
Note: If Paid in full is selected, the wholesaler may no longer extend credit to the transferee or transferor until the local and state licensing authorities have approved the transfer of the liquor license.

Not Paid in Full

Wholesaler

Eagle Rock Distributing of Colorado

Printed Name

Christine Wiley

Title

Accounts Receivable

Signature

Christine Wiley

Date (MM/DD/YY)

09/26/24


DR 8004 (02/16/24)
 COLORADO DEPARTMENT OF REVENUE
 Liquor Enforcement Division
 PO BOX 17087
 Denver CO 80217-0087
 (303) 205-2300

Wholesaler Affidavit of Compliance Section 44-3-303(1)(d), C.R.S.

Wholesaler Licensee Name (If an LLC; partnership; corporation or name of corporation) Republic National Distributing Company		License Number 28499270004	
Trade Name of Establishment/Doing Business As (DBA) Republic National Distributing Company		Phone Number 303-734-2400	
Physical Address 8000 Southpark Terrace	City Littleton	State CO	ZIP 80120
Email Address RACHEL.TANHAM@RNDC-USA.COM			
Transferor Retailer Licensee Name Roliant Inc		License Number 42-98741-0000	
Trade Name of Establishment/Doing Business As (DBA) Old Vine Liquors		Phone Number (303)973-0114	
Physical Address 9956 W Remington PL Unit A12	City Littleton	State CO	ZIP 80128
<p>The above wholesaler affirms that all alcohol beverages delivered to the above transferor retailer are:</p> <p><input checked="" type="checkbox"/> Paid in Full (only for the purposes of complying with section 44-3-303(1)(d), C.R.S.)</p> <p style="padding-left: 20px;">Note: If Paid in full is selected, the wholesaler may no longer extend credit to the transferee or transferor until the local and state licensing authorities have approved the transfer of the liquor license.</p> <p><input type="checkbox"/> Not Paid in Full</p>			
Wholesaler: Republic National Distributing Company			
Signature 	Print Rachel Tanham	Title Supervisor	Date 9-30-24

Wholesaler Affidavit of Compliance

Section 44-3-303(1)(d), C.R.S.

Wholesaler Licensee Name (If an LLC; partnership; corporation or name of corporation)			License Number	
Trade Name of Establishment/Doing Business As (DBA)			Phone Number ()	
Physical Address	City	State	ZIP	
Email Address				
Transferor Retailer Licensee Name			License Number	
Trade Name of Establishment/Doing Business As (DBA)			Phone Number ()	
Physical Address	City	State	ZIP	
<p>The above wholesaler affirms that all alcohol beverages delivered to the above transferor retailer are:</p> <p><input type="checkbox"/> Paid in Full (only for the purposes of complying with section 44-3-303(1)(d), C.R.S.)</p> <p style="padding-left: 20px;">Note: If Paid in full is selected, the wholesaler may no longer extend credit to the transferee or transferor until the local and state licensing authorities have approved the transfer of the liquor license.</p> <p><input type="checkbox"/> Not Paid in Full</p>				
Wholesaler:				
Signature 	Print	Title	Date	

M E M O R A N D U M

TO: PLANNING AND ZONING DEPARTMENT – RUSS CLARK
FROM: LIQUOR LICENSING –
RE: ZONING VERIFICATION FOR PROPOSED LIQUOR LICENSE

DATE: 9/19/24

APPLICANT: **FINE VINES LLC**

TYPE OF LICENSE APPLIED FOR:
Retail Liquor Store

ADDRESS OF PROPOSED LOCATION: **9956 W Remington Pl, Unit A12
LITTLETON CO 80128**

A copy of the legal description or lease is available through our office if you need it.
Planned Development (PD) which allows this use.

Zoning is: _____

Dylan Monke

Digitally signed by Dylan Monke
DN: c=US, E=dmonke@jeffco.us, O=Jefferson
County, OU=Planning & Zoning, CN=Dylan Monke
Date: 2024.09.19 13:26:31-0600

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

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)

Name of Business

Fine Vines LLC

Home Phone Number

Cellular Number

720 329 8346

Your Full Name (last, first, middle)

Ghebremedhin, Alem, Zaid

List any other names you have used

N/A

Mailing address (if different from residence)

9956 W Remington Pl, Unit A12, Littleton CO 80128

Email Address

hermona0612@gmail.com

1. List current residence address. Include any previous addresses within the last five years. (Attach separate sheet if necessary)

Current Street and Number

2480 S Oswego St

Current City, State, ZIP

From:

11/30/2021

To:

Current

Previous Street and Number

1193 S Alton St Unit B

Previous City, State, ZIP

Denver, CO 80247

From:

06/21/2016

To:

06/29/2021

Individual History Record (Continued)

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

Name of Employer or Business

Employment leave

Address (Street, Number, City, State, ZIP)

2480 S Oswego St, Aurora, CO 80014

Position Held

N/A

From:

09/02/2023

To:

Current

Name of Employer or Business

Conoco

Address (Street, Number, City, State, ZIP)

11889 E Colfav Ave, Aurora, CO 80010

Position Held

Manager

From:

05/01/2021

To:

09/01/2023

Name of Employer or Business

AMHS LLC

Address (Street, Number, City, State, ZIP)

1193 S Alton St #B, Denver, CO 80247

Position Held

Owner - Self Employed

From:

05/01/2017

To:

05/01/2021

3. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry.

Name of Relative

N/A

Relationship to You:

Position Held

Name of Licensee

Name of Relative

Relationship to You:

Position Held

Name of Licensee

Individual History Record (Continued)

Name of Relative

Relationship to You:

Position Held

Name of Licensee

Name of Relative

Relationship to You:

Position Held

Name of Licensee

4. 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? Yes No

(If yes, answer in detail.)

5. 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?..... Yes No

(If yes, answer in detail.)

6. 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?..... Yes No

(If yes, answer in detail.)

7. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence?..... Yes No

(If yes, answer in detail.)

Individual History Record (Continued)

8. Have you ever had any professional license suspended, revoked, or denied?..... Yes No

(If yes, answer in detail.)

N/A

Personal and Financial Information

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

Date of Birth	Social Security Number	Place of Birth		
0		Eritrea		
U.S. Citizen <input checked="" type="radio"/> Yes <input type="radio"/> No	If Naturalized, state where	When		
	Colorado	03/28/2011		
Name of District Court	Naturalization Certificate Number	Date of Certification		
United States Citizenship and Immigration Services		03/28/2011		
If an Alien, Give Alien's Registration Card Number	Permanent Residence Card Number			
N/A	N/A			
Height	Weight	Hair Color	Eye Color	Gender
5'8"	155 lbs	Black	Brown	Male

Do you have a current Driver's License/ID? If so, give number and state. Yes No

Driver's License Number	Driver's License State
	Colorado

Financial Information

9. Total purchase price or investment being made by the applying entity, corporation, partnership, limited liability company, other.....

\$100,000 business purchase price + \$300,000 inventory =

10. List the total amount of the **personal** investment, made by the person listed on page 1 in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases or fees paid.....

NOTE: If corporate investment only, please skip to and complete question 12

NOTE: Question 10 should reflect the total of questions 11 and 13

Personal and Financial Information (Continued)

11. Provide details of the personal investment described in question 10. You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment	Account Type
Cash	Savings
Bank Name	Amount
Wells Fargo	\$100,000
Type: Cash, Services or Equipment	Account Type
Bank Name	Amount
Type: Cash, Services or Equipment	Account Type
Bank Name	Amount
Type: Cash, Services or Equipment	Account Type
Bank Name	Amount

12. Provide details of the corporate investment described in question 9. 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
N/A		
Bank Name	Amount	
Type: Cash, Services or Equipment	Loans	Account Type
Bank Name	Amount	
Type: Cash, Services or Equipment	Loans	Account Type
Bank Name	Amount	

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


Name of Lender	Address
Roliant Inc - Seller Promissory Note	9956 W Remington Pl A12, Littleton, Colorado 80128
Term	Security
8 years	First Position
	Amount
	\$300,000

Personal and Financial Information (Continued)

Name of Lender		Address
<input type="text"/>		<input type="text"/>
Term	Security	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Lender		Address
<input type="text"/>		<input type="text"/>
Term	Security	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Lender		Address
<input type="text"/>		<input type="text"/>
Term	Security	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>

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
Alem Zaid Ghebremedhin
Title
Owner
Date (MM/DD/YY)
07/01/2024



AUTHORITY TO RELEASE INFORMATION

NAME (LAST) Ghebremedhin (FIRST) Alem (MIDDLE) Zaid
GENDER Male RACE Black DATE OF BIRTH [REDACTED]
PLACE OF BIRTH (CITY) _____ (STATE) _____ (COUNTRY) Eritrea

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

1st day of July, 2024

Signature

Street Address

2480 S Osage St

City Aurora

State CO

Zip 80014

My Commission Expires 05/16/2027

Notary Public Melissa Fawn Hooks
(Seal)



JEFF SHRAIDER, SHERIFF

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: FINE VINES LLC
 DBA: BOTTLE BAZAAR
 Address: 9956 W Remington Pl, Unit A12 LITTLETON CO 80128
 Phone / Email: hermona0612@gmail.com

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

Applicant Name (last, first)	DOB	Records Checks	Financial Back-ground	Prints / Photo	Other
Alem Zaid Ghebremedhin		Y	Y	Y	
<input type="checkbox"/> <input type="checkbox"/> Master File, No Additional Documents Required <input type="checkbox"/> Additional Applicants on separate form *Designated Manager					

Assigned to: J. BACA Investigator Remarks: NO CONCERN

No information to preclude application
 See Memo Attached
 Investigator Signature: [Signature] Date: 10-7-24

Supervisor Initials/Date: _____
 Remarks: _____

Recommended
 Not Recommended
 Sheriff's Signature: [Signature] Date: 10/7/24

Remarks: _____



JEFFERSON

COUNTY COLORADO

CLERK & RECORDER

LIQUOR LICENSING OFFICE

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

Jefferson County Individual History Questionnaire

NEW/TRANSFER LIQUOR LICENSE APPLICATION

TYPE: Liquor Store (county)

APPLICANT: Fine Vines LLC

DBA: Bottle Bazaar

ADDRESS:

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:

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 bring extensive experience in business management and customer service. As a former business owner and gas station manager, I excel in operations, inventory control, and team leadership. My hands-on approach ensures compliance and a positive customer experience. I am committed to maintaining high standards of service and safety in the community.

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 training, however, I plan on me and my staff being TIPS certified as soon as we are able to.

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

I respectfully request your consideration for my liquor license application. I believe my experience in business management and customer service, combined with my commitment to compliance and community safety, positions me as a responsible and capable licensee. I am dedicated to upholding the highest standards of service and contributing positively to the development of Jefferson County.

Temp Permit Application

A TEMPORARY PERMIT WILL NOT BE GRANTED UNTIL A **COMPLETE** TRANSFER OF OWNERSHIP PACKAGE IS SUBMITTED TO THE CLERK TO THE BOARD'S OFFICE.

This permit, if granted, will be valid for **ONE HUNDRED TWENTY (120) DAYS** or until the application to transfer ownership has been granted or denied, whichever comes first. If the license has not been granted within the 120 days, and good cause is demonstrated, the Local Licensing Authority in its discretion, may extend the Permit for an additional period not to exceed sixty (60) days. **IF THE LICENSE HAS NOT BEEN GRANTED WITHIN 120 DAYS, IT IS YOUR RESPONSIBILITY TO APPLY FOR THE EXTENSION.**

APPLICANT:

(Individual, Partnership, Corporation, Limited Liability Company)

Fine Vines LLC

TRADE NAME OF ESTABLISHMENT (DBA):

Bottle Bazaar

ADDRESS:

9956 W Remington Pl, Unit A12

CITY, STATE, ZIP

Littleton CO 80128

TYPE OF LICENSE

Liquor Store (county)

CURRENT LICENSEE:

(Individual, Partnership, Corporation, Limited Liability Company)

ROLIANT INC

CURRENT TRADE NAME (DBA):

Old Vine Liquors

STATE LICENSE #:

42-98741-0000

COUNTY LICENSE #:

19-1980



(Applicant/Signature)

Owner

(Title)

July 1st, 2024
(Date)

Affidavit of Transfer, and Statement of
Compliance

THE LICENSEE WILL RENEW THE UNDERLYING LICENSE IF IT IS DUE TO EXPIRE DURING THE TEMPORARY PERMIT PERIOD. FAILURE TO MAINTAIN A CURRENT UNDERLYING LICENSE IN FULL FORCE AND EFFECT WILL CAUSE THE LICENSEE TO UNDERGO A NEW LICENSE APPLICATION PROCEDURE IF THE TRANSFER FAILS TO GO THROUGH.

The Licensee hereby authorizes the transfer of its Colorado Retail Liquor License to the Applicant, its agent, or a company, corporation, partnership, or other business entity to be formed by the Applicant.

SELLER / LICENSEE:

ROLIANT INC DBA Old Vine Liquors
TRADE NAME (DBA)

Josip Mann
SIGNATURE

Josip Mann
PRINT NAME

State of Colorado)
)SS
County of Jefferson)

The foregoing instrument was
acknowledged before me this 9 day of
SEP 2024

April 26, 2027
My Commission Expires

Brian K Friend
Notary Public

BUYER / APPLICANT:

Old Vine LC DBA Bottle Bazaar
TRADE NAME (DBA)

Alem Z. Gebremedhin
SIGNATURE

Alem Z. Gebremedhin
PRINT NAME

State of Colorado)
)SS
County of Jefferson)

The foregoing instrument was acknowledged
before me this 1st day of JULY
2024

05/16/2027
My Commission Expires

Melissa Fawn Hooks
Notary Public



TO BE FILLED OUT BY CURRENT LICENSEE

TO KEEP THE UNDERLYING LICENSE CURRENT, THE LICENSEE SHOULD APPLY FOR A RENEWAL IF THE UNDERLYING LICENSE IS DUE TO EXPIRE DURING THE TEMPORARY PERMIT PERIOD. FAILURE TO MAINTAIN A CURRENT UNDERLYING LICENSE IN FULL FORCE AND EFFECT WILL CAUSE THE ORIGINAL LICENSEE TO UNDERGO A NEW LICENSE APPLICATION PROCEDURE IF THE TRANSFER FAILS TO GO THROUGH.

I, Jaspal S Mann, currently own Old Vine Liquors,

State License Number 42-98741-0000, County License Number 19-1980

I understand that upon issuance of this Temporary Permit, I agree to allow my license to be transferred.

Jaspal S Mann 9-9-24
Signature of Current Licensee Date

State of Colorado)
)SS:
County of Jefferson)

The foregoing instrument was acknowledged before me this 9 day of September, 2024.

My Commission Expires:
April 24, 2027

Notary Public
Brian K Friend

