DR 8400 (03/10/22)
COLORADO DEPARTMENT OF REVENUE
Liquor Enforcement Division

## **Submit to Local Licensing Authority**

IMONDI WAKE ZONE LLC 1583 CIPOLLA ROAD Fruita CO 81521

Fees Due				
Renewal Fee		550.00		
Storage Permit	\$100 X	\$		
Sidewalk Service A	\$			
Additional Optional Premise Hotel & Restaurant \$100 X		\$		
Related Facility - Campus Liquor Complex \$160.00 per facility		\$		
Amount Due/Pald		\$ 550		

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

## Retail Liquor or Fermented Malt Beverage License Renewal Application

Please verify & update	all informat	ion below		Return to c	ity or county	y licensing	authority by due date
Licensee Name IMONDI WAKE ZONE LLC				Doing Business As Name (DBA) IMONDI WAKE ZONE LLC			
Liquor License # 03-13167	License Type Optional Prem	ises (city)		-!-			
Sales Tax License Number 35055010			Expiration Da 03/17/2023	ite		Due Date 01/31/2023	
Business Address 1583 CIPOLLA ROAD Fruita	CO 81521		•				Phone Number 9706390327
Mailing Address 1583 CIPOLLA ROAD Fruita	CO 81521		,		Email Time wer	Waice Zon	E D GMAIL. COM
Operating Manager	Date of Birth	Home Address	S				Phone Number
VECTOR IMONIE	7/10/85	691 GRA	were Da	FRUETA C	Co 8/57/		970-24-4710
Are the premises own  2. Are you renewing a sto table in upper right ha	rage permit, a	dditional optic		s, sidewalk ser	ed, expiration of vice area, or r		? If yes, please see the
3a. Are you renewing a ta delivery license privile 3b. If so, which are you re	ges) [] Ye	s 🛛 No	t? (Note: mus		ying license ty		thorized for takeout and/or
found in final order of	aging member	rs (LLC), or ar	ny other pers	on with a 10%	or greater fina	ancial interes	directors, stockholders, t in the applicant, been , or interest related to a
4b. Since the date of filing members (LLC), man pay any fees or surch	aging membe	rs (LLC), or a	ny other pers	on with a 10%	or greater fin	ancial interes	directors, stockholders, t in the applicant failed to
	re (addition or all liquor busi	deletion of of nesses in whi	ficers, directo ch these nev	ors, managing v lenders, own	members or g ers (other t <u>ha</u>	eneral partne n licensed fin	, loans, owners, etc.) or ers)? If yes, explain in detail ancial institutions), officers,
Since the date of filing     than licensed financia							

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7. Since the date of filing of the last application, he than licensed financial institutions) been denie revoked, or had interest in any entity that had explanation.  Yes No	ed an alcohol beverage license, had an alc	ohol beverage license suspended or
8. Does the applicant or any of its agents, owners direct or indirect interest in any other Colorad licensee? If yes, attach a detailed explanation	o liquor license, including loans to or from a	
Affirmation & Consent I declare under penalty of perjury in the second d best of my knowledge.	legree that this application and all attachme	ents are true, correct and complete to the
Type or Print Name of Applicant/Authorized Agent of B	usiness	Title
VICTOR IMONOS		PRESTDENT
Signature		Date
Report & Approval of City or County Lice The foregoing application has been examined and we do hereby report that such license, if granted, Therefore this application is approved.	d the premises, business conducted and cha	
Local Licensing Authority For	vita	Date
Signature	Title	Attest
	JOELKINGA	D NAYAR

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

I, VICTOR I am signing this	s Tax Check Au	thorization, Wa	iver and Request to Release		
Information (hereinafter "Waiver") on behalf of to permit the Colorado Department of Revenue and any oth documentation that may otherwise be confidential, as provid myself, including on behalf of a business entity, I certify that Applicant/Licensee.	er state or local ed below. If I am	l taxing authori signing this W	aiver for someone other than		
The Executive Director of the Colorado Department of Recolorado Liquor Enforcement Division as his or her agents, obtained pursuant to this Waiver may be used in connection ongoing licensure by the state and local licensing authorit ("Liquor Code"), and the Colorado Liquor Rules, 1 CCR 2 obligations, and set forth the investigative, disciplinary and littake for violations of the Liquor Code and Liquor Rules, inclinations.	clerks, and emp with the Applicaties. The Colora 203-2 ("Liquor Focensure actions	loyees. The inf ant/Licensee's do Liquor Cod Rules"), require the state and lo	ormation and documentation liquor license application and le, section 44-3-101. et seq. compliance with certain tax ocal licensing authorities may		
The Waiver is made pursuant to section 39-21-113(4), C.F. concerning the confidentiality of tax information, or any doctaxes. This Waiver shall be valid until the expiration or revolutional take final action to approve or deny any applicant/Licensee agrees to execute a new waiver for each of any license, if requested.	ument, report or cation of a licen cation(s) for the	return filed in se, or until both renewal of the	connection with state or local n the state and local licensing e license, whichever is later.		
By signing below, Applicant/Licensee requests that the Coltaxing authority or agency in the possession of tax document the Colorado Liquor Enforcement Division, and is duly authorized representative under section 39-21-113(4), C.R.S their duly authorized employees, to investigate compliance authorizes the state and local licensing authorities, their duly use the information and documentation obtained using this application or license.	nts or information norized employe S., solely to allow with the Liquor lly authorized er	n, release infor es, to act as th vithe state and l Code and Liqu mployees, and	mation and documentation to le Applicant's/Licensee's duly ocal licensing authorities, and lor Rules. Applicant/Licensee their legal representatives, to		
Name (Individual/Business) Social Security No			umber/Tax Identification Number		
TMONDE WAKE ZONE LLC		82-095	82-0952814		
1583 CIPOLCA RD		State	Zip		
FRUITA Home Phone Number		(0	81521		
970 - 261 - 4710 Printed name of person signing on behalf of the Applicant/Licensee	970-639	- 0327			
•					
Applicant/Licensee's Signature (Signature authorizing the disclosure of con	nfidential tax informa	ition)	Date signed		
Privacy Ac	ct Statement	orivilege provid	ed by law will be denied as a		

result of refusal to disclose it. § 7 of Privacy Act, 5 USCS § 552a (note).

## CITY OF FRUITA MEMORANDUM

TO:	FRUITA POLICE DEPARTMENT – CHIEF KROUSE/PAULA RAJEWICH					
FROM:	DEBRA WOODS, DEPUTY CITY CLERK					
DATE:	JANUARY 23, 2023					
RE:	LIQUOR LICENSE RENEWAL					
Produce diame apose, 1999, 1987 to the con-	Licen	se Information				
Licensee		Imondi Wake Zone				
Location	:	1583 Cipolia Road				
Type of License:		Optional Premises - Malt Vinous and Spirituous Liquors				
Expiration Date of Current License:		March 17, 2023				
City Council Hearing Date:		February 7, 2023				
DUE DA	TE FOR POLICE REPORT:	February 3, 2023				

	Tips certificates on File		the said from many differences	
Em	ployee: D	Date:		
Vict	tor Imondi	me 7, 2022	yya minya mpa i mana a .	an eren eren eren austre
Kod	li Imondi	ine 7, 2022	Silventenderfirk effizieren	myokami indhanga
Joe	Powell	ine 7, 2022	APPENDANTALISM AMERICA	
Ellic	otte Schroeder Ju	ıne 7, 2022		
Mic	haela Fessler Ju	ine 7, 2022	· · · · · · · · · · · · · · · · · · ·	-
	Report of Fruita Police Department		н — <del>Очени речин насель</del> (очени резо	- ';
A)	Have there been any reported violation(s) of the Liquot or Beer C the last year?	ode in	Yes	0
В)	Have there been any incidents reported to the Police Dept in the I that would pertain to the liquor license and the establishment's coalcoholic beverages and their patrons?	ast year ontrol of	Yes	Ø
C)	Are there other concerns that need to be brought to the attention of Council?	of the City	Yes	(1)
	ase attach documentation to support the above noted violation(saments.	s), incident	s or	***************************************
Sign	nature Da	ite	- 1	
and the second	Paula Raseinch	1-25	-2	3