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

Submit to Local Licensing Authority

HOT TOMATO PIZZERIA 713 EAST HARRISON AVENUE Fruita CO 81521

Fees Due	
Renewal Fee	401,25
Storage Permit \$100 X	\$
Sidewalk Service Area \$75.00	\$
Additional Optional Premise Hotel & Restaurant \$100 X	s
Related Facility - Campus Liquor Complex \$160.00 per facility	\$
Amount Due/Paid	\$40125

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

Licensee Name HOT TOMATO PIZZERIA LLC			Doing Busine HOT TOMAT			A)			
Liquor Lice 03-14424	nse #	License Type Beer & Wine (c	city)						
Sales Tax L 94614288	icense Number			Expiration Date 02/24/2023	te			Due Date 01/10/2023	
Business A 124 NORTI	ddress H MULBERRY ST	REET Fruita CC	81521	1					Phone Number 9708581117
Mailing Add	iress HARRISON AVEN	UE Fruita CO 8	31521			Email Q1	n kna	1004 Q	gmail. com
Operating N	Manager KNAPP	Date of Birth	Home Addres	E Harr	ison A	re, F	ruita	,60 8152	9mail. Lom Phone Number 812.344.0617
1. Do you	u have legal pos e premises own			the street add	ress above?	X Ye	s 🗌 N		
2. Are you	<u> </u>	age permit, ac	ditional optic	onal premises		rvice an	ea, or re	lated facility	? If yes, please see the
	ou renewing a tal			t? (Note: mus	hold a qualif	ying lic	ense typ	e and be aut	thorized for takeout and/or
3b. If so, v	which are you re	newing?	Delivery	☐ Takeout	☐ Both Tak	eout an	nd Delive	ery	
memb	ers (LLC), mana in final order of a	nging members a tax agency to	s (LLC), or a	ny other perso	n with a 10%	or grea	ater fina	ncial interest	directors, stockholders, t in the applicant, been , or interest related to a
memb		iging member	s (LLC), or a	ny other perso	on with a 10%	or grea	ater fina	ncial interest	directors, stockholders, t in the applicant failed to
organ and a	izational structur	e (addition or all liquor busin	deletion of of lesses in whi	ficers, director ch these new	rs, managing lenders, own	membe ers (oth	ers or ge ner t <u>ha</u> n	neral partner licensed fina	loans, owners, etc.) or rs)? If yes, explain in detain ancial institutions), officers
	ne date of filing of censed financial								eartners or lenders (other Yes 📈 No

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7. Since the date of filing of the last application, has the a than licensed financial institutions) been denied an alcohervoked, or had interest in any entity that had an alcohexplanation. Yes No	cohol beverage license, had a	n alcohol beverage license suspended or
8. Does the applicant or any of its agents, owners, managedirect or indirect interest in any other Colorado liquor licensee? If yes, attach a detailed explanation.	license, including loans to or	
Affirmation & Consent I declare under penalty of perjury in the second degree the best of my knowledge. Type or Print Name of Applicant/Authorized Agent of Business	nat this application and all atta	chments are true, correct and complete to the
Aaron Knapp		Dwner
Signature 2		Date 12/8/22
Report & Approval of City or County Licensing of The foregoing application has been examined and the presence do hereby report that such license, if granted, will compare the compared of the	mises, business conducted an	
Local Licensing Authority For The City of Fruits		Date
Signature	Title TOFLY INC	Attest Attest

Tax Check Authorization, Waiver, and Request to Release Information

Information (hereinafter "Waiver") on behalf of or 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.	Mato Pizzo ner state or loca led below. If I an	I taxing authority to n signing this Waive	ne "Applicant/Lice release informati r for someone oth	ensee") on and er 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 license for violations of the Liquor Code and Liquor Rules, included	clerks, and emp with the Applicaties. The Colorations 203-2 ("Liquor Focusions censure actions	oloyees. The informant/Licensee's liquo ado Liquor Code, s Rules"), require cor the state and local	ation and docume or license application ection 44-3-101. Inpliance with cert licensing authorition	entation on and et seq. ain tax es may
The Waiver is made pursuant to section 39-21-113(4), C.F. concerning the confidentiality of tax information, or any doct taxes. This Waiver shall be valid until the expiration or revocauthorities 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 con- se, or until both the renewal of the lic	nection with state of state and local lice ense, whichever i	or local censing is later.
By signing below, Applicant/Licensee requests that the Cole taxing 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 orized employe in the solely to allow with the Liquor ly authorized er	n, release informati es, to act as the Ap the state and local Code and Liquor F nployees, and their	on and documents oplicant's/Licensee licensing authoritic dules. Applicant/Licensee legal representati	ation to e's duly es, and censee ives, to
Name (Individual/Business) Hot Tomato Pizzeria LLC		Social Security Numbe	7/Tax Identification Nur 85-396499	nber 6
Address 713 E Harrison Ave				
truita mon mon		State	Zip &1521	
Home Phone Number 970 - 858 - 1117	Business/Work Ph	one Number 14-0617		
Printed name of person signing on behalf of the Applicant/Licensee	010 3	11 0617		
Applicant/Licensee's Signature (Signature authorizing the disclosure of conf	fidential tax informal	ion)	Date signed	
Private Ant	t Statement		10/0/00	
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).				

CITY OF FRUITA MEMORANDUM

DAT	ГЕ:	DECEMBER 8, 2022	, burthandrea				
TO:	1	FRUITA POLICE DEPART	MENT				
FRO	OM:	DEBRA WOODS, DEPUTY CITY CLERK					
RE:		BEER AND WINE LIQUOR LICENSE RENEWAL					
Lice	Licensee: Hot Tomato Café and Pizzeria						
Loc	Location: 124 N. Mulberry						
Type of License: Beer and Wine							
Expiration Date of Current License: February 24, 2023							
City Council Hearing Date: December 20, 2022							
DUI	DUE DATE FOR POLICE REPORT: December 16, 2022						
		Tips ce	ertificates on File				
Emp	ploye	e:		Expiration	Date:		
a tw	o-you	sixteen (16) certificates for staff in Colorado Responsible Alcohol 2022. The certificates are valid for	Vendor Training on	April 18, 20	25		
		Report of Fro	uita Police Department				
A) Have there been any reported violation(s) of the Liquor or Beer Code in the last year?					Yes	No	
B)	Have there been any incidents reported to the Police Dept in the last year that would pertain to the liquor license and the establishment's control of alcoholic beverages and their patrons?					No	
C)	C) Are there other concerns that need to be brought to the attention of the City Council?				Yes	Ng	
Plea	se att	ach documentation to support the	e above noted violation(s)	, incidents or	comme	nts.	
Sign	ned	Parle Rajeure	A	Da	ite 📿	9-2	

Fax: 858-0210 e-mail: dwoods@fruita.org