DR 8400 (03/31/23)
COLORADO DEPARTMENT OF REVENUE
Liquor Enforcement Division

Submit to Local Licensing Authority

FIESTA GUADALAJARA FRUITA PO BOX 70 Ontario OR 97914-0070

	APPL	ICANT	D: 215448
--	------	-------	-----------

Fees Due	
Renewal Fee	625.00
Storage Permit \$100 X	_ \$
Sidewalk Service Area \$75.00	\$
Additional Optional Premise Hotel & Restaurant \$100 X	\$
Related Facility - Campus Liquor Complex \$160.00 per facility	\$
Amount Due/Paid	\$

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 License Renewal Application

Please verify & update	all information below		Return to ci	ty or count	y licensing	authority by due date
Licensee Name ROME INC				s As Name (DE DALAJARA FRU		
Liquor License # 12-69053-0000	License Type Hotel & Restaurant (city)					
Sales Tax License Number 12690530000		Expiration Dat 06/15/2024	е		Due Date 05/01/2024	
Business Address 103 US HWY 6 & 50 Fruita C	O 81521					Phone Number 9708581228
Mailing Address PO BOX 70 Ontario OR 979	14-0070			durick	drupuses	ewstoffice net
Operating Manager	Date of Birth Home Address 12/18/1963 2829	HAVER L	AWE # E		1 7	Phone Number
	session of the premises at ted or rented? Owned	the street addr ☐ Rented*		Yes 🔲 I		
Are you renewing a stortable in upper right ha	rage permit, additional optiond corner and include all fee	nal premises, es due. Ye	sidewalk serves No	vice area, or r	elated facility?	? If yes, please see the
3a. Are you renewing a tal delivery license privile	keout and/or delivery permit ges)	? (Note: must	hold a qualify	ing license ty	pe and be aut	horized for takeout and/or
3b. If so, which are you re	newing? Delivery	☐ Takeout	☐ Both Take	out and Deliv	ery	
members (LLC), mana	of the last application, has aging members (LLC), or an a tax agency to be delinque	y other perso	n with a 10%	or greater fina	ancial interest	in the applicant, been
members (LLC), mana	of the last application, has aging members (LLC), or an arges imposed pursuant to s	y other perso	n with a 10%	or greater fina	ancial interest	
organizational structur and attach a listing of	of the last application, has the e (addition or deletion of off all liquor businesses in which nembers, or general partner	icers, director ch these new	s, managing r lenders, owne	nembers or geers (other than	eneral partner licensed fina	rs)? If yes, explain in detail
	of the last application, has the institutions) been convicted					

7. Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, part than licensed financial institutions) been denied an alcohol beverage license, had an alcohol beverage license, had an alcohol beverage license denied, suspended or revoked explanation. Yes No	cense suspended or
8. Does the applicant or any of its agents, owners, managers, partners or lenders (other than licensed finance direct or indirect interest in any other Colorado liquor license, including loans to or from any licensee or in licensee? If yes, attach a detailed explanation. Yes No	nterest in a loan to any
Affirmation & Consent I declare under penalty of perjury in the second degree that this application and all attachments are true, corbest of my knowledge.	rrect and complete to the
Type or Print Name of Applicant/Authorized Agent of Business	Title
SALADOR SANCHEZ	INESIDENT
Signature Allestes head	Date 2024, 3, 13
Report & Approval of City or County Licensing Authority The foregoing application has been examined and the premises, business conducted and character of the app we do hereby report that such license, if granted, will comply with the provisions of Title 44, Articles 4 and 3, C. Therefore this application is approved.	plicant are satisfactory, and .R.S., and Liquor Rules.
Local Licensing Authority For The City of Twita	Date
Signature Title UATHEN REFUAN	Attest

Tax Check Authorization, Waiver, and Request to Release Information

/ / / / / / / / / / / / / / / / / / /	ner state or localled below. If I am	(th Il taxing authority to n signing this Waive	r 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 litake for violations of the Liquor Code and Liquor Rules, incl	clerks, and emp with the Applicaties. The Colora 203-2 ("Liquor F censure actions	ployees. The informant/Licensee's liquo ado Liquor Code, s Rules"), require con the state and local	ation and documentation or license application and ection 44-3-101. et seq. appliance with certain tax licensing authorities may
The Waiver is made pursuant to section 39-21-113(4), C.F. concerning the confidentiality of tax information, or any doc taxes. This Waiver shall be valid until the expiration or revoluthorities take final action to approve or deny any applic 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	r return filed in conr se, or until both the renewal of the lice	nection with state or local state and local licensing ense, 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 during the information and documentation obtained using this application or license.	nts or information into a control of the control of	n, release informatines, to act as the Aport of the state and local Code and Liquor Formployees, and their	on and documentation to oplicant's/Licensee's duly licensing authorities, and Rules. Applicant/Licensee legal representatives, to
Name (Individual/Business)			r/Tax Identification Number
Address Address	4	20-19	8773
103 US 50			
City Fav. 7A		State	8/52/
Home Phone Number	Business/Work Ph	none Number	0.02/
	541.8	89.3656	
Printed name of person signing on behalf of the Applicant/Licensee			
Applicant/Licensee's Signature (Signature authorizing the disclosure of con	fidential tax informa	ition)	Date signed
Nauke Muse			2024, 3, 13
Privacy Ac	t Statement		
Providing your Social Security Number is voluntary and no result of refusal to disclose it. § 7 of Privacy Act, 5 USCS §	ight, benefit or p	orivilege provided b	y law will be denied as a

CITY OF FRUITA MEMORANDUM

то:	FRUITA POLICE DEPARTMENT – PAULA RAJEWICH			
FROM:	DEBRA WOODS, DEPUTY CITY CLERK			
DATE:	APRIL 2, 2024			
RE:	HOTEL/RESTAURANT LIQUOR LICENSE RENEWAL			
	Licen	se Information		
Licensee:		Fiesta Guadalajara		
Location	:	103 US Hwy 6 & 50		
Type of I	License:	Hotel/Restaurant		
Expiration Date of Current License:		June 15, 2024		
City Cou	ncil Hearing Date:	April 12, 2024		
DUE DA	TE FOR POLICE REPORT:	April 16, 2024		

TIPS CERTIFICATES ON FILE

Emp	ployee:			
(No	current certificates on file)			
	Report of Fruita Police Department			
A)	A) Have there been any reported violation(s) of the Liquor or Beer Code in the last year?			
B)	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?			
C)	Are there other concerns that need to be brought to the attention of the City Council?			
	se attach documentation to support the above noted violation(s), iments.	nciden	its or	
Sign	ned: Paula Rajewich Date: 04-02-20	24		

Please fax to: (970) 858-0210 Or e-mail: dwoods@fruita.org