

DR 8400 (02/16/24)  
COLORADO DEPARTMENT OF REVENUE  
Liquor Enforcement Division  
PO BOX 17087  
Denver CO 80217-0087  
(303) 205-2300

Submit to Local Licensing Authority

**EMPIRE STATE PIZZA**  
**2700 S 8TH AVE**  
**Garden City CO 80631-**  
**8414**

Fees Due	
Annual Renewal Application Fee	\$
Renewal Fee	750.00
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 city or county licensing authority by due date.

Note that the Division will not accept cash.

☐

Paid by check

Uploaded to MoveIt on Date

☐

Paid Online

Licensee Name

A.F. RAY'S BARCADE LLC

Doing Business As Name (DBA)

EMPIRE STATE PIZZA

Liquor License Number

13-80637-0000

License Type

Hotel & Restaurant (city)

Sales Tax License Number

13806370000

Expiration Date

12/20/2024

Due Date

11/05/2024

### Business Address

Street Address

2700 S 8TH AVE

Phone Number

9703531706

City, State, ZIP Code

Garden City CO 80631-8414

### Mailing Address

Street Address

2700 S 8TH AVE

City, State, ZIP Code

Garden City CO 80631-8414

Email

kencraft23@gmail.com

Operating Manager

Ken Craft

Date of Birth

03/01/1975

**Home Address**

Street Address

Phone Number

City

State

ZIP Code

Greely

CO

80631

1. Do you have legal possession of the premises at the street address?..... ☒ Yes ☐ No

Are the premises owned or rented?

Owned

\*If rented, expiration date of lease

☒ Rented\*

12-31-2028

1. Are you renewing a storage permit, additional optional premises, sidewalk service area, or related facility?..... ☐ Yes ☒ No

If yes, please see the table in the upper right hand corner and include all fees due.

2. Are you renewing a takeout and/or delivery permit?..... ☒ Yes ☐ No

(Note: must hold a qualifying license type and be authorized for takeout and/or delivery license privileges)

If selecting 'Yes', an additional \$11.00 is required to renew the permit.

If so, which are you renewing?..... ☐ Delivery ☐ Takeout ☒ Both Takeout and Delivery

3. Since the date of filing of the last application, 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

Since the date of filing of the last application, 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

4. Since the date of filing of the last application, has there been any change in financial interest (new notes, loans, owners, etc.) or organizational structure (addition or deletion of officers, directors, managing members or general partners)?..... ☐ Yes ☒ No

If yes, explain in detail and attach a listing of all liquor businesses in which these new lenders, owners (other than licensed financial institutions), officers, directors, managing members, or general partners are materially interested.

Name (Individual/Business)

A.F. RAY'S BARCADE LLC DBA EMPER STATE PIZZ

Social Security Number/Tax Identification Number

26-3923726

Home Phone Number

Business/Work Phone Number

910-353-1706

Street Address

2700 8<sup>TH</sup> AVE

City

GARDEN CITY

State ZIP Code

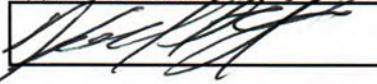
CO

80631

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

KENNETH D. CRAFT

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



10-29-2024

**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).

1. Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been convicted of a crime? ..... ☐ Yes ☒ No
- If yes, attach a detailed explanation.

2. Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been denied an alcohol beverage license, had an alcohol beverage license suspended or revoked, or had interest in any entity that had an alcohol beverage license denied, suspended or revoked? ..... ☐ Yes ☒ No
- If yes, attach a detailed explanation.

3. Does the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) have a direct or indirect interest in any other Colorado liquor license, including loans to or from any licensee or interest in a loan to any licensee? ..... ☐ Yes ☒ No
- If yes, attach a detailed explanation.

### Affirmation & Consent

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.

Type or Print Name of Applicant/Authorized Agent of Business

KENNETH D. CRAFT

Title

OWNER / MANAGING PARTNER

Signature

[Signature]

Date (MM/DD/YY)

10-29-2024

### Report & Approval of City or County Licensing Authority

The foregoing application has been examined and the premises, business conducted and character of the applicant are satisfactory, and we do hereby report that such license, if granted, will comply with the provisions of Title 44, Articles 4 and 3, C.R.S., and Liquor Rules.

Therefore this application is approved.

Local Licensing Authority For

The Town of Garden City

Title

Mayor

Signature

[Signature]

Attest

[Signature]

Date (MM/DD/YY)

11/19/24