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

WHITE HORSE INN LLC 2750 8TH AVENUE Garden City CO 80631

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	w. Return to city or co	unty licensing autho	ority by du	ue date.
Note that the Division will not accept case	sh.	Paid by check 「	Jploaded	to Movelt on Date
Licensee Name RON-LEE-VON LLC	ь	Paid Online		
Doing Business As Name (DBA) WHITE HORSE INN LLC				
Liquor License Number	License Ty	/pe		- 1
· ·	Tavern			
Sales Tax License Number E	xpiration Date		Due Date	· ·
4	01/09/2025		11/25/2	024
Business Address				
Street Address			Ph	one Number
2750 8TH AVENUE			9	703565386
City, State, ZIP Code				
Garden City CO 80631-8414				
Mailing Address				
Street Address				
2750 8TH AVENUE				
City, State, ZIP Code				
Garden City CO 80631				
Email				
Operating Manager			Date of E	Birth
Mulanzie - Crego			11/	15/1996

	me Address					
Stre	eet Address	P	hone Number			
City	111 - 111	State	ZIP Code			
L	breeley	(0	80631			
1.	Do you have legal possession of the premises at the	street address?	⊘ Yes	O No		
	Are the premises owned or rented? Owned	*If rented, expiratio	n date of lease			
	○ Rented*					
1.	Are you renewing a storage permit, additional option service area, or related facility?		O Yes	 No		
	If yes, please see the table in the upper right hand co	orner and include	all fees due.			
2.	Are you renewing a takeout and/or delivery permit?	***************************************	O 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 re	enew the permit.				
	If so, which are you renewing? O Delivery	Takeout O Both	h Takeout and Delivery	/		
3.	Since the date of filing of the last application, has the a manager, partners, officer, directors, stockholders, men members (LLC), or any other person with a 10% orgre the applicant, been found in final order of a tax agency payment of any state or local taxes, penalties, or interest.	nbers (LLC), mana ater financial intere to be delinquent in	aging est in the	⊘ No		
	Since the date of filing of the last application, has the manager, partners, officer, directors, stockholders, m members (LLC), or any other person with a 10% or gr	embers (LLC), ma eater financial inte	anaging erest in			
	the applicant failed to pay any fees or surcharges imp			⊘ No		
4.	Since the date of filing of the last application, has there b	een any change in	financial			
	interest (new notes, loans, owners, etc.) or organizational deletion of officers, directors, managing members or ger	al structure (addition	n or	⊘ No		
	If yes, explain in detail and attach a listing of all liquor owners (other than licensed financial institutions), of general partners are materially interested.	businesses in whi ficers, directors, n	ich these new lend nanaging member	ers, s, or		

Name (Individual/Business)					
Bon-lee-Din al Dr	BA White H	icise Epn			
Social Security Number/Tax Identification Number	Home Phone Number	Business/Work Phone Number			
		940-356-5386			
Street Address					
3750 8m ADR					
City		State ZIP Code			
Carden City		180000 019			
Printed name of person signing on behalf of the Applicant/Licensee					
Ronicalação					
Applicant/Licensee's Signature (Signature authorizing to	the disclosure of confidential to	ax information) Date Signed			
Lace		10-7-24			

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).

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DR 8495 (02/16/24)
COLORADO DEPARTMENT OF REVENUE
Liquor Enforcement Division
PO BOX 17087
Denver CO 80217-0087
(303) 205-2300

Tax Check Authorization, Waiver, and Request to Release Information

1.	Rogica Laca	
13	The state of the s	

am signing this Tax Check Authorization, Waiver and Request to Release Information (hereinafter

"Waiver") on behalf of

(the "Applicant/Licensee")



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 is 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.

1.	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? If yes, attach a detailed explanation.	○ Yes	⊘ No
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? If yes, attach a detailed explanation.	○ Yes	⊗ No
Δff	irmation & Consent		
tru	eclare under penalty of perjury in the second degree that this application and all atte, correct and complete to the best of my knowledge. Description of Applicant/Authorized Agent of Business	achments	s are
Title	Ronica Lara		
1	Juner		
Sig	nature Hara	Date (MM	(AA)
Re	port & Approval of City or County Licensing Authority		
the	e foregoing application has been examined and the premises, business conducted applicant are satisfactory, and we do hereby report that such license, if granted, was issued to be such that such license, if granted, was in the same of		
Th	erefore this application is approved.		
Loc	al Licensing Authority For		
Title	The Town Of Garden City	A 44 = = 4	
Title		Attest	
Sia	Mayor nature	Date (MM	/DD/YY)
			2024