



**TOWN OF GRAND LAKE
TOWN BOARD
July 25, 2022**

NEW FERMENTED MALT BEVERAGE LIQUOR LICENSE- PUBLIC HEARING

Applicant: Firefly Wood Fired Cuisine LLC d/b/a Firefly Pizzeria
Initiated by: Mark Consiglio
Action Proposed: Conduct a Public Hearing to Consider the Application for a New Hotel & Restaurant, Fermented Malt Beverage Liquor License.
Presented By: Alayna Carrell, Town Clerk

Introduction: Firefly Wood Fired Cuisine LLC d/b/a Firefly Pizzeria, has applied for a new Hotel & Restaurant, Fermented Malt Beverage Liquor License. The applicant's business is located at 828 Grand Avenue, #3, Grand Lake, CO 80447. The application has been reviewed by Town Attorney Krob and is in order.

Neighborhood Boundaries: The town limits of Grand Lake are the neighborhood boundaries.

Financial Details: The respective license fees have been paid.

Background Check: The application was turned over to the Grand County Sheriff's Office, they found no adverse information that would affect the issuance of the license.

Upon fingerprint results received from the Colorado Bureau of Investigation, there was a criminal history that dated back to 1996, 2003, and 2006, that the applicant did disclose. Per Town Attorney Dan Krob, anything ten years or older should be considered "history".

Legal Requirements:

Posting: Notice of Hearing was posted, July 14, 2022, at: 828 Grand Avenue, #3
Publication: Notice of Hearing was published in the Middle Park Times on July 14, 2022, and July 21, 2022.

Attachments: Application, Permit Application and Report of Changes, Individual History Records, Diagram, Articles of Organization, Certificate of Good Standing, Statement of Foreign Entity Authority,

Town of Grand Lake
1026 Park Avenue
P.O. Box 99
Grand Lake, CO 80447



Memorandum of Understanding Lease/Option, Grand County Sheriff Office Memo, Photo of Posting:
Notice of Hearing, Middle Park Times Legal Notice Publishing

Staff Recommendation

Staff recommends the Town Board approve a new Hotel & Restaurant, Fermented Malt Beverage Liquor License Application for Firefly Wood Fired Cuisine LLC d/b/a Firefly Pizzeria.

Town of Grand Lake
1026 Park Avenue
P.O. Box 99
Grand Lake, CO 80447

Colorado Fermented Malt Beverage License Application

<input checked="" type="checkbox"/> New License <input type="checkbox"/> New-Concurrent <input type="checkbox"/> Transfer of Ownership			
• All answers must be printed in black ink or typewritten • Applicant must check the appropriate box(es) • Local license fee \$ _____ • Applicant should obtain a copy of the Colorado Liquor and Beer Code: SBG.Colorado.gov/Liquor			
1. Applicant is applying as a/an <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Corporation <input type="checkbox"/> Individual </div> <div> <input type="checkbox"/> Partnership (includes Limited Liability and Husband and Wife Partnerships) <input checked="" type="checkbox"/> Limited Liability Company </div> <div> <input type="checkbox"/> Association or Other </div> </div>			
2. Applicant(s) If an LLC, name of LLC; if partnership, at least 2 partners' names; if corporation, name of corporation			FEIN
2a. Trade Name of Establishment (DBA) Firefly Woodfired Cuisine LLC			State Sales Tax No. 95217586-0000
2a. Trade Name of Establishment (DBA) Firefly Pizzeria			Business Telephone 970-531-6734
3. Address of Premises (specify exact location of premises) 828 Grand Ave. # 3			
City Grand Lake	County Grand	State CO.	ZIP Code 80447
4. Mailing Address (Number and Street) PO Box 1140	City or Town Grand Lake	State CO.	ZIP Code 80447
5. Email Address			
6. If the premises currently has a liquor or beer license, you MUST answer the following questions			
Present Trade Name of Establishment (DBA)	Present State License No.	Present Class of License	Present Expiration Date
Section A Nonrefundable Application Fees		Section B Fermented Malt Beverage Beer License Fees	
<input checked="" type="checkbox"/> Application Fee for New License \$1,100.00 <input type="checkbox"/> Application Fee for New License - w/Concurrent Review \$1,200.00 <input type="checkbox"/> Application Fee for Transfer \$1,100.00		<input type="checkbox"/> Retail Fermented Malt Beverage On-Premises (City) \$96.25 <input type="checkbox"/> Retail Fermented Malt Beverage On-Premises (County) \$117.50 <input type="checkbox"/> Retail Fermented Malt Beverage Off-Premises (City) \$96.25 <input type="checkbox"/> Retail Fermented Malt Beverage Off-Premises (County) \$117.50 <input type="checkbox"/> Retail Fermented Malt Beverage On/Off-Premises (City) \$96.25 <input type="checkbox"/> Retail Fermented Malt Beverage On/Off-Premises (County) \$117.50 <input type="checkbox"/> Master File Location Fee \$25.00 x _____ To _____ <input type="checkbox"/> Master File Background \$250.00 x _____ Total _____	
Questions? Visit SBG.Colorado.gov/Liquor for more information Do Not Write In This Space - For Department Of Revenue Use Only			
Liability Information			
License Account Number	Liability Date:	License Issued Through: (Expiration Date)	Total \$

Application Documents Checklist and Worksheet

Instructions: This check list should be utilized to assist applicants with filing all required documents for licensure. **All** documents must be properly signed and correspond with the name of the applicant exactly. **All** documents must be typed or legibly printed. Upon final State approval the license will be mailed to the local licensing authority. Application fees are nonrefundable.

Questions? Visit: SBG.Colorado.gov/Liquor for more information.

Items Submitted, Please Check all Appropriate Boxes Completed or Documents Submitted

I. Applicant Information

- ☒ A. Applicant/Licensee identified
- ☒ B. State sales tax license number listed or applied for at time of application
- ☐ C. License type or other transaction identified
- ☐ D. Submit originals to local authority
- ☐ E. Additional information required by the local licensing authority

II. Diagram of the Premises

- ☒ A. No larger than 8 1/2" X 11"
- ☐ B. Dimensions included (does not have to be to scale). Exterior areas should show control (fences, walls, etc.)
- ☐ C. Separate diagram for each floor (if multiple levels)
- ☐ D. Bold/Outlined licensed premises

III. Proof of Property Possession (One Year Needed)

- ☐ A. Deed in name of the applicant ONLY (or) (matching question #2) date stamped/filed with County Clerk
- ☐ B. Lease in the name of the applicant ONLY (matching question #2)
- ☒ C. Lease Assignment in the name of the applicant (ONLY) with proper consent from the Landlord and acceptance by the applicant
- ☐ D. Other agreement if not deed or lease

IV. Background Information (DR 8404-I) and Financial Documents

- ☐ A. Individual History Record(s) (Form DR 8404-I) Complete DR 8404-I for each principal (individuals with more than 10% ownership, officers, directors, partners, members)
- ☒ B. Fingerprints taken and submitted to the appropriate Local Licensing Authority through an approved state vendor. Master File applicants submit results to the State.

Do not complete fingerprint cards prior to submitting your application.

The Vendors are as follows:

IdentoGO – <https://uenroll.identogo.com/>

Phone: (844) 539-5539 (toll-free)

Colorado Fingerprinting – <http://www.coloradofingerprinting.com>

Appointment Scheduling Website: <http://www.coloradofingerprinting.com/cabs/>

Phone: (720) 292-2722

Toll Free: (833) 224-2227

Details about the vendors and fingerprinting in Colorado can be found on CBI's website here:

<https://cbi.colorado.gov/sections/biometric-identification-and-records-unit/employment-and-background-checks>

- ☐ C. Purchase agreement, stock transfer agreement, and/or authorization to transfer license
- ☐ D. List of all notes and loans.

V. Sole Proprietor/Husband and Wife Partnership (if applicable)

- ☐ A. Form DR 4679
- ☐ B. Copy of State Issued Driver's License or Identification Card for each Applicant

VI. Corporate Applicant Information (If Applicable)

- ☐ A. Certificate of Incorporation
- ☐ B. Certificate of Good Standing
- ☐ C. Certificate of Authorization if foreign corporation (out of state applicants only)

VII. Partnership Applicant Information (If Applicable)

- ☐ A. Partnership Agreement (general or limited).
- ☐ B. Certificate of Good Standing

VIII. Limited Liability Company Applicant Information (If Applicable)

- ☐ A. Copy of Articles of Organization
- ☐ B. Certificate of Good Standing
- ☐ C. Copy of Operating Agreement (if applicable)
- ☐ D. Certificate of Authorization if foreign LLC (out of state applicants only)

7. Is the applicant (including any of the partners if a partnership; members or managers if a limited liability company; or officers, stockholders or directors if a corporation) or managers under the age of twenty-one years?	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>			
8. Has the applicant (including any of the partners if a partnership; members or managers if a limited liability company; or officers, stockholders or directors if a corporation) or managers ever (in Colorado or any other state): (a) been denied an alcohol beverage license? (b) had an alcohol beverage license suspended or revoked? (c) had interest in another entity that had an alcohol beverage license suspended or revoked?	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			
If you answered yes to 8a, b or c, explain in detail on a separate sheet				
9. Has a Fermented Malt Beverage license for the premises to be licensed been denied within the preceding one year? If "yes," explain in detail.	<input type="checkbox"/> <input checked="" type="checkbox"/>			
10. Is the proposed Retail Fermented Malt Beverage Off Premises license within 500 feet of any public or parochial school, the principal campus of any college, university, or seminary? NOTE: The distances are to be computed using the methods outlined under C.R.S. 44-3-313(1)(d)(II). Some limited exceptions apply under C.R.S. 44-3-313.	<input type="checkbox"/> <input checked="" type="checkbox"/>			
11. Is the proposed Retail Fermented Malt Beverage Off Premises license, or On/Off premises license, within 500 feet of a Retail Liquor Store licensed under section 44-3-409 C.R.S.? Distance should be determined using guidelines outlined in 44-3-301(12)(c) C.R.S.	<input type="checkbox"/> <input type="checkbox"/>			
12. Has a liquor or beer license ever been issued to the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation)? If yes, identify the name of the business and list any current or former financial interest in said business including any loans to or from a licensee.	<input type="checkbox"/> <input checked="" type="checkbox"/>			
13. Does the applicant, as listed on line 2 of this application, have legal possession of the premises by virtue of ownership, lease or other arrangement? <input type="checkbox"/> Ownership <input checked="" type="checkbox"/> Lease <input type="checkbox"/> Other (Explain in Detail) _____ a. If leased, list name of landlord and tenant, and date of expiration, EXACTLY as they appear on the lease:	<input checked="" type="checkbox"/> <input type="checkbox"/>			
Landlord <i>NOTCO, Trustee, FBO Patricia Kreutzer Roth IRA</i>	Tenant <i>FireFly Wood Fired Cuisine LLC</i>			
Expires <i>7/1/25</i>				
b. Is a percentage of alcohol sales included as compensation to the landlord? If yes complete question 12.				
c. Attach a diagram or designate the area to be licensed in black bold outline (including dimensions) which shows the bars, brewery, walls, partitions, entrances, exits and what each room shall be utilized for in this business. This diagram should be no larger than 8 1/2" X 11".				
14. Who, besides the owners listed in this application (including persons, firms, partnerships, corporations, limited liability companies) will loan or give money, inventory, furniture or equipment to or for use in this business; or who will receive money from this business? Attach a separate sheet if necessary.				
Last Name	First Name	Date of Birth	FEIN or SSN	Interest
Last Name	First Name	Date of Birth	FEIN or SSN	Interest
Attach copies of all notes and security instruments and any written agreement or details of any oral agreement, by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment, and any agreement relating to the business which is contingent or conditional in any way by volume, profit, sales, giving of advice or consultation.				
15. Name of Manager(s) for all on premises applicants.				
Last Name <i>Consiglio</i>	First Name <i>Mark</i>	Date of Birth		
16. Does this manager act as the manager of, or have a financial interest in, any other liquor licensed establishment in the State of Colorado? If yes, provide name, type of license and account number.				
<input type="checkbox"/> <input checked="" type="checkbox"/>				
17. Tax Information.				
a. 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?				
<input type="checkbox"/> <input checked="" type="checkbox"/>				
b. 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.?				
<input type="checkbox"/> <input checked="" type="checkbox"/>				

18. If applicant is a corporation, partnership, association or limited liability company, applicant must list all Officers, Directors, General Partners, and Managing Members. In addition, applicant must list any stockholders, partners, or members with ownership of 10% or more in the Applicant. All persons listed below must also attach form DR 8404-I (Individual History Record), and make an appointment to be fingerprinted by an approved State Vendor through the Vendor's website. See application checklist, Section IV, for details.

Name <i>Mark Consiglio</i>	Home Address, City & State	Date of Birth	Position <i>Owner</i>	% Owned <i>100</i>
Name <i>Angela Burke</i>	Home Address, City & State	Date of Birth	Position <i>GM</i>	% Owned <i>0</i>
Name	Home Address, City & State	Date of Birth	Position	% Owned
Name	Home Address, City & State	Date of Birth	Position	% Owned

** If applicant is owned 100% by a parent company, please list the designated principal officer on above.

** Corporations - the President, Vice-President, Secretary and Treasurer must be accounted for above (Include ownership percentage if applicable)

** If total ownership percentage disclosed here does not total 100%, applicant must check this box: ☐

Applicant affirms that no individual other than these disclosed herein owns 10% or more of the applicant and does not have financial interest in a prohibited liquor license pursuant to Article 3 or 5, C.R.S.

Oath of Applicant

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. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Colorado Liquor or Beer Code which affect my license.

Authorized Signature <i>Mark Consiglio</i>	Printed Name and Title <i>Mark Consiglio Chef/owner</i>	Date <i>6/7/2022</i>
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Report and Approval of Local Licensing Authority (City/County)

Date application filed with local authority	Date of local authority hearing – for new license applicants cannot be less than 30 days from date of application 44-3-311(1) C.R.S.
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Each person required to file DR 8404-I has been:

☐ Fingerprinted

☐ Subject to background investigation, including NCIC/CCIC check for outstanding warrants

That the local authority has conducted, or intends to conduct, an inspection of the proposed premises to ensure that the applicant is in compliance with and aware of, liquor code provisions affecting their class of license.

(Check One)

☐ Date of Inspection or Anticipated Date _____

☐ Upon approval of state licensing authority

☐ New Fermented Malt Beverage Off Premises licenses, and On/Off Premises licenses, distance requirements of 44-3-301 C.R.S. are satisfied

New Fermented Malt Beverage On/Off premises licenses must meet the qualifications of 44-4-104 C.R.S.

The foregoing application has been examined; and the premises, business to be conducted, and character of the applicant are satisfactory. We do report that such license, if granted, will meet the reasonable requirements of the neighborhood and the desires of the adult inhabitants, and will comply with the provisions of Title 44, Article 4 or 3, C.R.S. and Liquor Rules. **Therefore, this application is approved.**

Local Licensing Authority for		Telephone Number	<input type="checkbox"/> Town, City <input type="checkbox"/> County
Signature	Printed Name	Title	Date
Signature (attest)	Printed Name	Title	Date

Permit Application and Report of Changes

All Answers Must Be Printed in Black Ink or Typewritten

1. Applicant is a <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company		License Number	
2. Name of Licensee <u>Mark Consiglio</u>		3. Trade Name of Establishment (DBA) <u>Firefly Pizzeria</u>	
4. Address of Premises (specify exact location of premises) <u>828 Grand Ave. #3</u>		5. Business Email Address	
City <u>Grand Lake</u>	County <u>Grand</u>	State <u>Co.</u>	ZIP <u>80447</u>
		Business Phone Number <u>970-531-6734</u>	
SELECT THE APPROPRIATE SECTION BELOW AND PROCEED TO THE INSTRUCTIONS ON PAGE 2.			
Section A – Manager Reg/Change		Section C	
<input checked="" type="checkbox"/> Manager's Registration (Hotel & Restr.) \$75.00 <input type="checkbox"/> Manager's Registration (Tavern) \$75.00 <input type="checkbox"/> Manager's Registration (Lodging & Entertainment) \$75.00 <input type="checkbox"/> Change of Manager (Other Licenses pursuant to section 44-3-301(8), C.R.S.) NO FEE		<input type="checkbox"/> Retail Warehouse Storage Permit (ea) \$100.00 <input type="checkbox"/> Wholesale Branch House Permit (ea) \$100.00 <input type="checkbox"/> Change Corp. or Trade Name Permit (ea) \$50.00 <input type="checkbox"/> Change Location Permit (ea) \$150.00 <input type="checkbox"/> Winery/Limited Winery Noncontiguous or Primary Manufacturing Location Change \$150.00 <input type="checkbox"/> Change, Alter or Modify Premises <div style="border: 1px solid black; display: inline-block; padding: 2px;">\$150.00 x</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">Total Fee:</div> <input type="checkbox"/> Addition of Optional Premises to Existing H/R <div style="border: 1px solid black; display: inline-block; padding: 2px;">\$100.00 x</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">Total Fee:</div> <input type="checkbox"/> Addition of Related Facility to an Existing Resort or Campus Liquor Complex <div style="border: 1px solid black; display: inline-block; padding: 2px;">\$160.00 x</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">Total Fee:</div> <input type="checkbox"/> Campus Liquor Complex Designation No Fee <input type="checkbox"/> Sidewalk Service Area \$75.00	
Section B – Duplicate License			
<input type="checkbox"/> Duplicate License \$50.00			

Do Not Write in This Space – For Department of Revenue Use Only		
Date License Issued	License Account Number	Period
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 of Revenue may collect the payment amount directly from your bank account electronically.		TOTAL AMOUNT DUE <div style="display: flex; justify-content: space-between; align-items: center;"> \$.00 </div>

Instruction Sheet

For All Sections, Complete Questions 1-5 Located on Page 1

☐ Section A

To Register or Change Managers, check the appropriate box in section A and complete question 9 on page 4. Proceed to the Oath of Applicant for signature. Submit to State Licensing Authority for approval.

☐ Section B

For a Duplicate license, be sure to include the liquor license number in section B on page 1 and proceed to page 5 for Oath of Applicant signature.

☐ Section C

Check the appropriate box in section C and proceed below.

- 1) **For a Retail Warehouse Storage Permit**, go to page 3 complete question 5 (be sure to check the appropriate box). Submit the necessary information and proceed to page 5 for Oath of Applicant signature. Submit to State Licensing Authority for approval.
- 2) **For a Wholesale Branch House Permit**, go to page 3 and complete question 5 (be sure to check the appropriate box). Submit the necessary information and proceed to page 5 for Oath of Applicant signature. Submit to State Licensing Authority for approval.
- 3) **To Change Trade Name or Corporation Name**, go to page 3 and complete question 6 (be sure to check the appropriate box). Submit the necessary information and proceed to page 5 for Oath of Applicant signature. Retail Liquor License submit to Local Liquor Licensing Authority (City or County). Manufacturer, Wholesaler and Importer's Liquor Licenses submit to State Liquor Licensing Authority.
- 4) **To modify Premise, or add Sidewalk Service Area**, go to page 4 and complete question 10. Submit the necessary information and proceed to page 5 for Oath of Applicant signature. Retail Liquor License submit to Local Liquor Licensing Authority (City or County). Manufacturer, Wholesaler and Importer's Liquor Licenses submit to State Liquor Licensing Authority.
- 5) **For Optional Premises** go to page 4 and complete question 10. Submit the necessary information and proceed to page 5 for Oath of Applicant signature. Retail Liquor License submit to Local Liquor Licensing Authority (City or County).
- 6) **To Change Location**, go to page 3 and complete question 7. Submit the necessary information and proceed to page 5 for Oath of Applicant signature. Retail Liquor License submit to Local Liquor Licensing Authority (City or County). Manufacturer, Wholesaler and Importer's Liquor Licenses submit to State Liquor Licensing Authority.
- 7) **Winery/Limited Winery Noncontiguous or Primary Manufacturing Location Change**, go to page 4, and complete question 8. Use this section to make a current Noncontiguous Manufacturing Location into a Primary Manufacturing Location, or a Primary Manufacturing Location into a Noncontiguous Manufacturing Location. To be eligible for a Winery/Limited Winery Noncontiguous or Primary Manufacturing Location Change, you must be a Colorado state licensed manufacturer of vinous liquor pursuant to section 44-3-402 or 44-3-403, C.R.S.
- 8) **Campus Liquor Complex Designation**, go to page 5 and complete question 11. Submit the necessary information and proceed to page 5 for Oath of Applicant signature.
- 9) **To add another Related Facility** to an existing Resort or Campus Liquor Complex, go to page 5 and complete question 12.

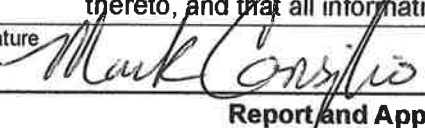
Storage Permit	<p>5. Retail Warehouse Storage Permit or a Wholesalers Branch House Permit</p> <p><input type="checkbox"/> Retail Warehouse Permit for:</p> <p style="margin-left: 20px;"><input type="checkbox"/> On-Premises Licensee (Taverns, Restaurants etc.)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Off-Premises Licensee (Liquor stores)</p> <p><input type="checkbox"/> Wholesalers Branch House Permit</p> <p>Address of storage premise: _____</p> <p>City _____, County _____ ZIP _____</p> <p>Attach a deed/lease or rental agreement for the storage premises.</p> <p>Attach a detailed diagram of the storage premises.</p>				
Change Trade Name or Corporate Name	<p>6. Change of Trade Name or Corporation Name</p> <p><input type="checkbox"/> Change of Trade name/DBA only</p> <p><input type="checkbox"/> Corporate Name Change (Attach the following supporting documents)</p> <p style="margin-left: 20px;">1. Certificate of Amendment filed with the Secretary of State, or</p> <p style="margin-left: 20px;">2. Statement of Change filed with the Secretary of State, <u>and</u></p> <p style="margin-left: 20px;">3. Minutes of Corporate meeting, Limited Liability Members meeting, Partnership agreement.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; padding: 2px;">Old Trade Name</td><td style="width: 50%; padding: 2px;">New Trade Name</td></tr> <tr> <td style="padding: 2px;">Old Corporate Name</td><td style="padding: 2px;">New Corporate Name</td></tr> </table>	Old Trade Name	New Trade Name	Old Corporate Name	New Corporate Name
Old Trade Name	New Trade Name				
Old Corporate Name	New Corporate Name				
Change of Location	<p>7. Change of Location</p> <p>NOTE TO RETAIL LICENSEES: An application to change location has a local application fee of \$750 payable to your local licensing authority. You may only change location within the same jurisdiction as the original license that was issued. Pursuant to 44-3-311(1) C.R.S. Your application must be on file with the local authority thirty (30) days before a public hearing can be held.</p> <p>Date filed with Local Authority _____ Date of Hearing _____</p> <p>(a) Address of current premises _____</p> <p style="margin-left: 20px;">City _____ County _____ ZIP _____</p> <p>(b) Address of proposed New Premises (Attach copy of the deed or lease that establishes possession of the premises by the licensee)</p> <p style="margin-left: 20px;">Address _____</p> <p style="margin-left: 20px;">City _____ County _____ ZIP _____</p> <p>(c) New mailing address if applicable.</p> <p style="margin-left: 20px;">Address _____</p> <p style="margin-left: 20px;">City _____ County _____ State _____ ZIP _____</p> <p>(d) Attach detailed diagram of the premises showing where the alcohol beverages will be stored, served, possessed or consumed. Include kitchen area(s) for hotel and restaurants.</p>				

Winery/Limited Winery Noncontiguous or Primary Manufacturing Location Change	<p>8. Winery/Limited Winery Noncontiguous or Primary Manufacturing Location Change</p> <p>Select the option that applies to your situation:</p> <p><input type="checkbox"/> Make a current Primary Manufacturing Location (Location 1) into a Noncontiguous Location (Location 2); or</p> <p><input type="checkbox"/> Make a current Noncontiguous Manufacturing Location (Location 1) into a Primary Manufacturing Location (Location 2).</p> <p>(a) Address of Location 1: _____</p> <p>City _____ County _____ ZIP _____</p> <p>(b) Address of Location 2: _____</p> <p>City _____ County _____ ZIP _____</p>
Change of Manager	<p>9. Change of Manager or to Register the Manager of a Tavern, Hotel and Restaurant, Lodging & Entertainment liquor license or licenses pursuant to section 44-3-301(8), C.R.S.</p> <p>(a) Change of Manager (attach Individual History DR 8404-I H/R, Tavern and Lodging & Entertainment only)</p> <p>Former manager's name _____</p> <p>New manager's name <u>Mark Consiglio</u></p> <p>(b) Date of Employment <u>6/1/2022</u></p> <p>Has manager ever managed a liquor licensed establishment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Does manager have a financial interest in any other liquor licensed establishment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, give name and location of establishment _____</p>
Modify Premises or Addition of Optional Premises, Related Facility, or Sidewalk Service Area	<p>10. Modification of Premises, Addition of an Optional Premises, Addition of Related Facility, or Addition of a Sidewalk Service Area</p> <p>NOTE: Licensees may not modify or add to their licensed premises until approved by state and local authorities.</p> <p>(a) Describe change proposed _____</p> <p>(b) If the modification is temporary, when will the proposed change:</p> <p>Start _____ (mo/day/year) End _____ (mo/day/year)</p> <p>NOTE: THE TOTAL STATE FEE FOR TEMPORARY MODIFICATION IS \$300.00</p> <p>(c) Will the proposed change result in the licensed premises now being located within 500 feet of any public or private school that meets compulsory education requirements of Colorado law, or the principal campus of any college, university or seminary?</p> <p>(If yes, explain in detail and describe any exemptions that apply) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(d) Is the proposed change in compliance with local building and zoning laws? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(e) If this modification is for an additional Hotel and Restaurant Optional Premises has the local authority authorized by resolution or ordinance the issuance of optional premises? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(f) Attach a diagram of the current licensed premises and a diagram of the proposed changes for the licensed premises.</p> <p>(g) Attach any existing lease that is revised due to the modification.</p> <p>(h) For the addition of a Sidewalk Service Area per Regulation 47-302(A)(4), 1 C.C.R. 203-2, include documentation received from the local governing body authorizing use of the sidewalk. Documentation may include but is not limited to a statement of use, permit, easement, or other legal permissions.</p>

Campus Liquor Complex Designation	11. Campus Liquor Complex Designation An institution of higher education or a person who contracts with the institution to provide food services (a) I wish to designate my existing _____ Liquor License # _____ to a Campus Liquor Complex <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Related Facility	12. Additional Related Facility To add a Related Facility to an existing Resort or Campus Liquor Complex, include the name of the Related Facility and include the address and an outlined drawing of the Related Facility Premises. (a) Address of Related Facility _____ (b) Outlined diagram provided <input type="checkbox"/> Yes <input type="checkbox"/> No

Oath of Applicant

I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge

Signature 	Print name and Title Mark Consiglio Owner	Date 6/7/2022
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Report and Approval of LOCAL Licensing Authority (CITY / COUNTY)

The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the applicable provisions of Title 44, Articles 4 and 3, C.R.S., as amended. **Therefore, This Application is Approved.**

Local Licensing Authority (City or County)		Date filed with Local Authority
Signature	Title	Date

Report of STATE Licensing Authority

The foregoing has been examined and complies with the filing requirements of Title 44, Article 3, C.R.S., as amended.

Signature	Title	Date
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Permit Application and Report of Changes

All Answers Must Be Printed in Black Ink or Typewritten

1. Applicant is a <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company					License Number	
2. Name of Licensee <i>Angela V. Burke</i>			3. Trade Name of Establishment (DBA) <i>Firefly Pizzeria</i>			
4. Address of Premises (specify exact location of premises) <i>828 Grand Avenue #3</i>			5. Business Email Address			
City <i>Grand Lake</i>	County <i>Grand</i>	State <i>CO</i>	ZIP <i>80447</i>	Business Phone Number <i>970-531-6734</i>		
SELECT THE APPROPRIATE SECTION BELOW AND PROCEED TO THE INSTRUCTIONS ON PAGE 2.						
Section A – Manager Reg/Change				Section C		
<input checked="" type="checkbox"/> Manager's Registration (Hotel & Restr.) \$75.00 <input type="checkbox"/> Manager's Registration (Tavern) \$75.00 <input type="checkbox"/> Manager's Registration (Lodging & Entertainment) \$75.00 <input type="checkbox"/> Change of Manager (Other Licenses pursuant to section 44-3-301(8), C.R.S.) NO FEE				<input type="checkbox"/> Retail Warehouse Storage Permit (ea) \$100.00 <input type="checkbox"/> Wholesale Branch House Permit (ea) \$100.00 <input type="checkbox"/> Change Corp. or Trade Name Permit (ea) \$50.00 <input type="checkbox"/> Change Location Permit (ea) \$150.00 <input type="checkbox"/> Winery/Limited Winery Noncontiguous or Primary Manufacturing Location Change \$150.00 <input type="checkbox"/> Change, Alter or Modify Premises <div style="border: 1px solid black; width: 100%; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> \$150.00 x Total Fee: </div> </div> <input type="checkbox"/> Addition of Optional Premises to Existing H/R <div style="border: 1px solid black; width: 100%; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> \$100.00 x Total Fee: </div> </div> <input type="checkbox"/> Addition of Related Facility to an Existing Resort or Campus Liquor Complex <div style="border: 1px solid black; width: 100%; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> \$160.00 x Total Fee: </div> </div> <input type="checkbox"/> Campus Liquor Complex Designation No Fee <input type="checkbox"/> Sidewalk Service Area \$75.00		
Section B – Duplicate License						
<input type="checkbox"/> Duplicate License \$50.00						

Do Not Write in This Space – For Department of Revenue Use Only		
Date License Issued	License Account Number	Period
<small>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 of Revenue may collect the payment amount directly from your bank account electronically.</small>		TOTAL AMOUNT DUE \$ 00

Instruction Sheet

For All Sections, Complete Questions 1-5 Located on Page 1

☐ Section A

To Register or Change Managers, check the appropriate box in section A and complete question 9 on page 4. Proceed to the Oath of Applicant for signature. Submit to State Licensing Authority for approval.

☐ Section B

For a Duplicate license, be sure to include the liquor license number in section B on page 1 and proceed to page 5 for Oath of Applicant signature.

☐ Section C

Check the appropriate box in section C and proceed below.

- 1) **For a Retail Warehouse Storage Permit**, go to page 3 complete question 5 (be sure to check the appropriate box). Submit the necessary information and proceed to page 5 for Oath of Applicant signature. Submit to State Licensing Authority for approval.
- 2) **For a Wholesale Branch House Permit**, go to page 3 and complete question 5 (be sure to check the appropriate box). Submit the necessary information and proceed to page 5 for Oath of Applicant signature. Submit to State Licensing Authority for approval.
- 3) **To Change Trade Name or Corporation Name**, go to page 3 and complete question 6 (be sure to check the appropriate box). Submit the necessary information and proceed to page 5 for Oath of Applicant signature. Retail Liquor License submit to Local Liquor Licensing Authority (City or County). Manufacturer, Wholesaler and Importer's Liquor Licenses submit to State Liquor Licensing Authority.
- 4) **To modify Premise, or add Sidewalk Service Area**, go to page 4 and complete question 10. Submit the necessary information and proceed to page 5 for Oath of Applicant signature. Retail Liquor License submit to Local Liquor Licensing Authority (City or County). Manufacturer, Wholesaler and Importer's Liquor Licenses submit to State Liquor Licensing Authority.
- 5) **For Optional Premises** go to page 4 and complete question 10. Submit the necessary information and proceed to page 5 for Oath of Applicant signature. Retail Liquor License submit to Local Liquor Licensing Authority (City or County).
- 6) **To Change Location**, go to page 3 and complete question 7. Submit the necessary information and proceed to page 5 for Oath of Applicant signature. Retail Liquor License submit to Local Liquor Licensing Authority (City or County). Manufacturer, Wholesaler and Importer's Liquor Licenses submit to State Liquor Licensing Authority.
- 7) **Winery/Limited Winery Noncontiguous or Primary Manufacturing Location Change**, go to page 4, and complete question 8. Use this section to make a current Noncontiguous Manufacturing Location into a Primary Manufacturing Location, or a Primary Manufacturing Location into a Noncontiguous Manufacturing Location. To be eligible for a Winery/Limited Winery Noncontiguous or Primary Manufacturing Location Change, you must be a Colorado state licensed manufacturer of vinous liquor pursuant to section 44-3-402 or 44-3-403, C.R.S.
- 8) **Campus Liquor Complex Designation**, go to page 5 and complete question 11. Submit the necessary information and proceed to page 5 for Oath of Applicant signature.
- 9) **To add another Related Facility** to an existing Resort or Campus Liquor Complex, go to page 5 and complete question 12.

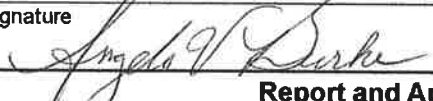
Storage Permit	<p>5. Retail Warehouse Storage Permit or a Wholesalers Branch House Permit</p> <p><input type="checkbox"/> Retail Warehouse Permit for:</p> <p style="margin-left: 20px;"><input type="checkbox"/> On-Premises Licensee (Taverns, Restaurants etc.)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Off-Premises Licensee (Liquor stores)</p> <p><input type="checkbox"/> Wholesalers Branch House Permit</p> <p>Address of storage premise: _____</p> <p>City _____, County _____ ZIP _____</p> <p>Attach a deed/lease or rental agreement for the storage premises.</p> <p>Attach a detailed diagram of the storage premises.</p>				
Change Trade Name or Corporate Name	<p>6. Change of Trade Name or Corporation Name</p> <p><input type="checkbox"/> Change of Trade name/DBA only</p> <p><input type="checkbox"/> Corporate Name Change (Attach the following supporting documents)</p> <p style="margin-left: 20px;">1. Certificate of Amendment filed with the Secretary of State, or</p> <p style="margin-left: 20px;">2. Statement of Change filed with the Secretary of State, <u>and</u></p> <p style="margin-left: 20px;">3. Minutes of Corporate meeting, Limited Liability Members meeting, Partnership agreement.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; padding: 2px;">Old Trade Name</td><td style="width: 50%; padding: 2px;">New Trade Name</td></tr> <tr> <td style="padding: 2px;">Old Corporate Name</td><td style="padding: 2px;">New Corporate Name</td></tr> </table>	Old Trade Name	New Trade Name	Old Corporate Name	New Corporate Name
Old Trade Name	New Trade Name				
Old Corporate Name	New Corporate Name				
Change of Location	<p>7. Change of Location</p> <p>NOTE TO RETAIL LICENSEES: An application to change location has a local application fee of \$750 payable to your local licensing authority. You may only change location within the same jurisdiction as the original license that was issued. Pursuant to 44-3-311(1) C.R.S. Your application must be on file with the local authority thirty (30) days before a public hearing can be held.</p> <p>Date filed with Local Authority _____ Date of Hearing _____</p> <p>(a) Address of current premises _____</p> <p style="margin-left: 20px;">City _____ County _____ ZIP _____</p> <p>(b) Address of proposed New Premises (Attach copy of the deed or lease that establishes possession of the premises by the licensee)</p> <p style="margin-left: 20px;">Address _____</p> <p style="margin-left: 20px;">City _____ County _____ ZIP _____</p> <p>(c) New mailing address if applicable.</p> <p style="margin-left: 20px;">Address _____</p> <p style="margin-left: 20px;">City _____ County _____ State _____ ZIP _____</p> <p>(d) Attach detailed diagram of the premises showing where the alcohol beverages will be stored, served, possessed or consumed. Include kitchen area(s) for hotel and restaurants.</p>				

Winery/Limited Winery/Noncontiguous or Primary Manufacturing Location Change	<p>8. Winery/Limited Winery Noncontiguous or Primary Manufacturing Location Change</p> <p>Select the option that applies to your situation:</p> <p><input type="checkbox"/> Make a current Primary Manufacturing Location (Location 1) into a Noncontiguous Location (Location 2); or</p> <p><input type="checkbox"/> Make a current Noncontiguous Manufacturing Location (Location 1) into a Primary Manufacturing Location (Location 2).</p> <p>(a) Address of Location 1: _____</p> <p>City _____ County _____ ZIP _____</p> <p>(b) Address of Location 2: _____</p> <p>City _____ County _____ ZIP _____</p>
Change of Manager	<p>9. Change of Manager or to Register the Manager of a Tavern, Hotel and Restaurant, Lodging & Entertainment liquor license or licenses pursuant to section 44-3-301(8), C.R.S.</p> <p>(a) Change of Manager (attach Individual History DR 8404-I H/R, Tavern and Lodging & Entertainment only)</p> <p>Former manager's name _____</p> <p>New manager's name <u>Angela V. Burke</u></p> <p>(b) Date of Employment <u>6/1/2022</u></p> <p>Has manager ever managed a liquor licensed establishment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Does manager have a financial interest in any other liquor licensed establishment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, give name and location of establishment _____</p>
Modify Premises or Addition of Optional Premises, Related Facility, or Sidewalk Service Area	<p>10. Modification of Premises, Addition of an Optional Premises, Addition of Related Facility, or Addition of a Sidewalk Service Area</p> <p>NOTE: Licensees may not modify or add to their licensed premises until approved by state and local authorities.</p> <p>(a) Describe change proposed _____</p> <p>(b) If the modification is temporary, when will the proposed change:</p> <p>Start _____ (mo/day/year) End _____ (mo/day/year)</p> <p>NOTE: THE TOTAL STATE FEE FOR TEMPORARY MODIFICATION IS \$300.00</p> <p>(c) Will the proposed change result in the licensed premises now being located within 500 feet of any public or private school that meets compulsory education requirements of Colorado law, or the principal campus of any college, university or seminary?</p> <p>(If yes, explain in detail and describe any exemptions that apply) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(d) Is the proposed change in compliance with local building and zoning laws? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(e) If this modification is for an additional Hotel and Restaurant Optional Premises has the local authority authorized by resolution or ordinance the issuance of optional premises? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(f) Attach a diagram of the current licensed premises and a diagram of the proposed changes for the licensed premises.</p> <p>(g) Attach any existing lease that is revised due to the modification.</p> <p>(h) For the addition of a Sidewalk Service Area per Regulation 47-302(A)(4), 1 C.C.R. 203-2, include documentation received from the local governing body authorizing use of the sidewalk. Documentation may include but is not limited to a statement of use, permit, easement, or other legal permissions.</p>

Campus Liquor Complex Designation	11. Campus Liquor Complex Designation An institution of higher education or a person who contracts with the institution to provide food services (a) I wish to designate my existing _____ Liquor License # _____ to a Campus Liquor Complex <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Related Facility	12. Additional Related Facility To add a Related Facility to an existing Resort or Campus Liquor Complex, include the name of the Related Facility and include the address and an outlined drawing of the Related Facility Premises. (a) Address of Related Facility _____ (b) Outlined diagram provided <input type="checkbox"/> Yes <input type="checkbox"/> No

Oath of Applicant

I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge

Signature 	Print name and Title Angela V. Burke, GM	Date 6-7-22
Report and Approval of LOCAL Licensing Authority (CITY / COUNTY) The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the applicable provisions of Title 44, Articles 4 and 3, C.R.S., as amended. Therefore, This Application is Approved.		
Local Licensing Authority (City or County)		Date filed with Local Authority
Signature	Title	Date
Report of STATE Licensing Authority The foregoing has been examined and complies with the filing requirements of Title 44, Article 3, C.R.S., as amended.		
Signature	Title	Date

Tax Check Authorization, Waiver, and Request to Release Information

I, Mark Consiglio am signing this Tax Check Authorization, Waiver and Request to Release Information (hereinafter "Waiver") on behalf of Firefly Wood Fired Cuisine LLC (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.

Name (Individual/Business) <u>Firefly Wood Fired Cuisine LLC</u>		Social Security Number/Tax Identification Number <u>84-3246897</u>	
Address <u>16354 E. Palisades Blvd 4-202</u>			
City <u>Fountain Hills</u>		State <u>AZ.</u>	Zip <u>85268</u>
Home Phone Number		Business/Work Phone Number <u>970-531-6734</u>	
Printed name of person signing on behalf of the Applicant/Licensee <u>Mark Consiglio</u>			
Applicant/Licensee's Signature (Signature authorizing the disclosure of confidential tax information) <u>Mark Consiglio</u>			Date signed <u>6/7/22</u>

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).

Individual History Record

To be completed by the following persons, as applicable: sole proprietors; general partners regardless of percentage ownership, and limited partners owning 10% or more of the partnership; all principal officers of a corporation, all directors of a corporation, and any stockholder of a corporation owning 10% or more of the outstanding stock; managing members or officers of a limited liability company, and members owning 10% or more of the company; and any intended registered manager of Hotel and Restaurant, Tavern and Lodging and Entertainment class of retail license

Notice: This individual history record requires information that is necessary for the licensing investigation or inquiry. All questions must be answered in their entirety or the license application may be delayed or denied. If a question is not applicable, please indicate so by "N/A". **Any deliberate misrepresentation or material omission may jeopardize the license application.** (Please attach a separate sheet if necessary to enable you to answer questions completely)

1. Name of Business Firefly Pizzeria		Home Phone Number	Cellular Number 970-531-6734	
2. Your Full Name (last, first, middle) Consiglio, Mark, Alan		3. List any other names you have used		
4. Mailing address (if different from residence) P.O. Box 1140 Grand Lake, Co. 80447		Email Address f		
5. List current residence address. Include any previous addresses within the last five years. (Attach separate sheet if necessary)				
Street and Number		City, State, Zip	From	To
Current 16354 E. Palisades Blvd #4-202		Fountain Hills, Az. 85268	6/1/2019	Present
Previous 4502 Driftwood Place		Boulder, Co. 80301	8/1/2012	5/31/2019
6. List all employment within the last five years. Include any self-employment. (Attach separate sheet if necessary)				
Name of Employer or Business	Address (Street, Number, City, State, Zip)	Position Held	From	To
Self Employed	16354 E. Palisades Blvd. 4-202 Fountain Hills, Az. 85268	owner	1/20/20	Present
Fringe Pizza	5400 Spine Rd #C Boulder, Co. 80301	GM	2/15/19	5/31/19
Sapponi D'Italia	11865 N. Sagvato Blvd Fountain Hills, Az. 85268	Chef	10/15/19	1/19/20
7. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry.				
Name of Relative	Relationship to You	Position Held	Name of Licensee	
8. Have you ever applied for, held, or had an interest in a Colorado Liquor or Beer License, or loaned money, furniture, fixtures, equipment or inventory to any licensee? (If yes, answer in detail.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
9. Have you ever received a violation notice, suspension, or revocation for a liquor law violation, or have you applied for or been denied a liquor or beer license anywhere in the United States? (If yes, explain in detail.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

10. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? (If yes, explain in detail.) ☒ Yes ☐ No

See Attached Document

11. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? (If yes, explain in detail.) ☐ Yes ☒ No

12. Have you ever had any professional license suspended, revoked, or denied? (If yes, explain in detail.) ☐ Yes ☒ No

Personal and Financial Information

Unless otherwise provided by law, the personal information required in question #13 will be treated as confidential. The personal information required in question #13 is solely for identification purposes.

13a. Date of Birth		b. Social Security Number		c. Place of Birth		d. U.S. Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
e. If Naturalized, state where				f. When		g. Name of District Court	
h. Naturalization Certificate Number		i. Date of Certification		j. If an Alien, Give Alien's Registration Card Number		k. Permanent Residence Card Number	
l. Height	m. Weight	n. Hair Color <i>Brown</i>	o. Eye Color <i>Hazel</i>	p. Gender <i>Male</i>	q. Do you have a current Driver's License/ID? If so, give number and state. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No # _____ State _____		

14. Financial Information.

- a. Total purchase price or investment being made by the applying entity, corporation, partnership, limited liability company, other.
\$ _____

- b. List the total amount of the **personal** investment, made by the person listed on question #2, in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases or fees paid. \$ 25,000.00

* If corporate investment only please skip to and complete section (d)

** Section b should reflect the total of sections c and e

- c. Provide details of the personal investment described in 14b. You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment	Account Type	Bank Name	Amount

- d. Provide details of the corporate investment described in 14 (a). You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment	Loans	Account Type	Bank Name	Amount

- e. Loan Information (Attach copies of all notes or loans)

Name of Lender	Address	Term	Security	Amount

Oath of Applicant

I declare under penalty of perjury that this application and all attachments are true, correct, and complete to the best of my knowledge.

Authorized Signature <i>Mark Consiglio</i>	Print Signature <i>Mark Consiglio</i>	Title <i>owner</i>	Date <i>6/7/22</i>
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Additional Employment

For Mark Consiglio

Name of Employer	Address	Position	From	To
L'Atelier	1739 Pearl St. Boulder, Co. 80301	Sous Chef	8/1/2012	2/14/2019
Additional Managers				
Burke, Angela . . .				

Additional information regarding Individual History Record for Mark Consiglio, question 11.

Background check will reveal the following (summed up):

- 1996, theft resulting in a felony

On July 2 of 1996 at the age of 21 I made the terrible choice to use a credit card I received in the mail that was not mine. This resulted in forgery and theft charges which would have, upon completion of probation, been filed as misdemeanors; however, I stupidly did not pass my drug test (marijuana) and this resulted in the felony charges. I cannot express how angry I continue to be at myself for these terrible choices and the distress I caused another human being. I have worked hard to make amends and change my life in the 25 years since this mistake. I have a beautiful daughter and wife whom I met in 2008, as well as two step-sons, in which I have strived to provide a good life and hopefully promising future with our pizza business.

- 11/13/2003, marijuana possession under 1 oz. and paraphernalia
- 8/18/2006, says alcohol, but if you look at the details on the background check you will notice it was possession of marijuana under 1 oz. and paraphernalia with a driving while ability impaired charge

Thank you for considering my application. Your licensing approval would mean a lot as I have diligently tried to move forward to create a productive and responsible life that helps, never harms others. I deeply regret my past choices.

Thank you,

Mark Consiglio

Individual History Record

To be completed by the following persons, as applicable: sole proprietors; general partners regardless of percentage ownership, and limited partners owning 10% or more of the partnership; all principal officers of a corporation, all directors of a corporation, and any stockholder of a corporation owning 10% or more of the outstanding stock; managing members or officers of a limited liability company, and members owning 10% or more of the company; and any intended registered manager of Hotel and Restaurant, Tavern and Lodging and Entertainment class of retail license

Notice: This individual history record requires information that is necessary for the licensing investigation or inquiry. All questions must be answered in their entirety or the license application may be delayed or denied. If a question is not applicable, please indicate so by "N/A". Any deliberate misrepresentation or material omission may jeopardize the license application. (Please attach a separate sheet if necessary to enable you to answer questions completely)				
1. Name of Business <u>Firefly Pizzeria</u>		Home Phone Number	Cellular Number <u>720-724-3697</u>	
2. Your Full Name (last, first, middle) <u>Burke, Angela Valerie</u>		3. List any other names you have used <u>Angela Burke-Adams, Angela Lynch</u>		
4. Mailing address (if different from residence) <u>P.O. Box 1140, Grand Lake, CO 80447</u>		Email Address		
5. List current residence address. Include any previous addresses within the last five years. (Attach separate sheet if necessary)				
Street and Number		City, State, Zip		From To
Current <u>116354 E. Palisades Blvd. 4-202</u>		<u>Fountain Hills, AZ 85268</u>		<u>6/1/2019</u> <u>present</u>
Previous <u>4502 Driftwood Pl</u>		<u>Boulder, CO 80301</u>		<u>8/1/2012</u> <u>5/31/2019</u>
6. List all employment within the last five years. Include any self-employment. (Attach separate sheet if necessary)				
Name of Employer or Business		Address (Street, Number, City, State, Zip)		Position Held From To
<u>Devil's Thumb Ranch Resort</u>		<u>3530 CR 83, Tabernash, CO 80478</u>		<u>massage therapist</u> <u>6/1/2019</u> <u>8/15/2019</u> <u>(Seasonal)</u> <u>2020, 2021</u>
<u>Bodywork Bistro</u>		<u>1100 Spruce St, Boulder, CO 80304</u>		<u>massage therapist</u> <u>8/1/2014</u> <u>5/20/2019</u>
<u>Self-employed</u>		<u>4502 Driftwood Pl, Boulder, CO 80301</u>		<u>massage therapist</u> <u>8/15/2013</u> <u>5/31/2019</u>
7. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry. <u>none</u>				
Name of Relative		Relationship to You		Position Held Name of Licensee
8. Have you ever applied for, held, or had an interest in a Colorado Liquor or Beer License, or loaned money, furniture, fixtures, equipment or inventory to any licensee? (If yes, answer in detail.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
9. Have you ever received a violation notice, suspension, or revocation for a liquor law violation, or have you applied for or been denied a liquor or beer license anywhere in the United States? (If yes, explain in detail.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

10. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? (If yes, explain in detail.) ☐ Yes ☒ No

11. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? (If yes, explain in detail.) ☐ Yes ☒ No

12. Have you ever had any professional license suspended, revoked, or denied? (If yes, explain in detail.) ☐ Yes ☒ No

Personal and Financial Information

Unless otherwise provided by law, the personal information required in question #13 will be treated as confidential. The personal information required in question #13 is solely for identification purposes.

13a. Date of Birth	b. Social Security Number	c. Place of Birth	d. U.S. Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. If Naturalized, state where		f. When	g. Name of District Court
h. Naturalization Certificate Number	i. Date of Certification	j. If an Alien, Give Alien's Registration Card Number	k. Permanent Residence Card Number
l. Height	m. Weight	n. Hair Color	o. Eye Color
		Blue	Blue
		F	
p. Gender			
q. Do you have a current Driver's License/ID? If so, give number and state. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No # _____ State _____			

14. Financial Information.

a. Total purchase price or investment being made by the applying entity, corporation, partnership, limited liability company, other. \$ 0

b. List the total amount of the **personal** investment, made by the person listed on question #2, in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases or fees paid. \$ 0

* If corporate investment only please skip to and complete section (d)

** Section b should reflect the total of sections c and e

c. Provide details of the personal investment described in 14b. You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment	Account Type	Bank Name	Amount

d. Provide details of the corporate investment described in 14 (a). You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment	Loans	Account Type	Bank Name	Amount

e. Loan Information (Attach copies of all notes or loans)

Name of Lender	Address	Term	Security	Amount

Oath of Applicant

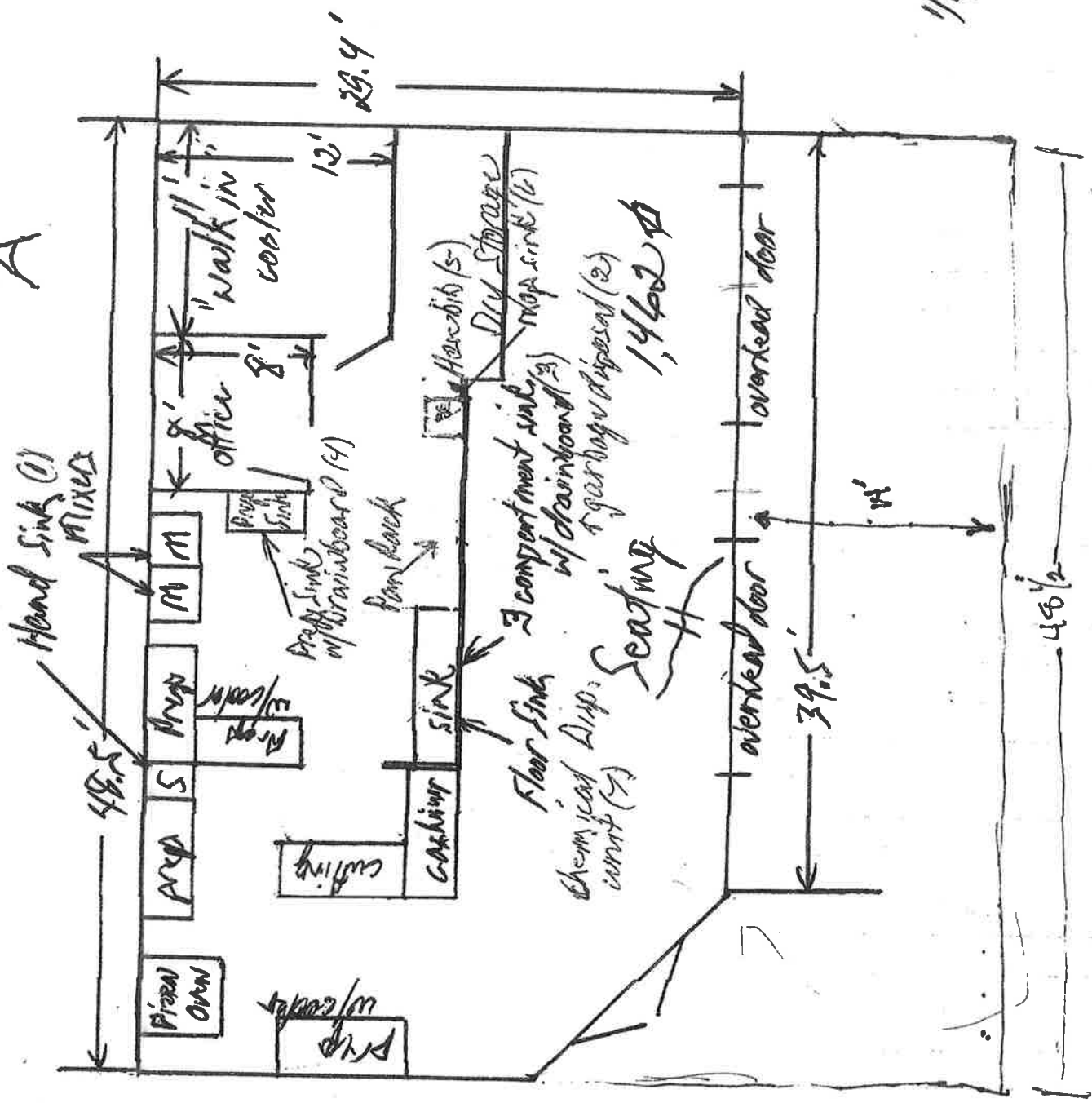
I declare under penalty of perjury that this application and all attachments are true, correct, and complete to the best of my knowledge.

Authorized Signature <i>Angela V. Burke</i>	Print Signature Angela V. Burke	Title General Manager	Date 6-7-22
--	------------------------------------	--------------------------	----------------

- Additional Employment for Angela Burke

<u>Name</u>	<u>Address</u>	<u>Position</u>	<u>From</u>	<u>To</u>
• self-employed	16354 E. Palisades Blvd. 4-202 Fountain Hills, AZ 85268	Massage Therapist	9/1/19	present
• Study.com	100 View Street, #202 Mountain View, CA 94041	Contract Lesson Writer	5/1/16	present

"A"



- * Grease trap behind structure
- * Public water
- * Public sewer
- * Bathrooms (community)

1/4" = 2'

ARTICLES OF ORGANIZATION

OF LIMITED LIABILITY COMPANY

ENTITY INFORMATION

ENTITY NAME: FIREFLY WOOD FIRED CUISINE LLC
ENTITY ID: 23024605
ENTITY TYPE: Domestic LLC
EFFECTIVE DATE: 09/26/2019
CHARACTER OF BUSINESS: Accommodation and Food Services
MANAGEMENT STRUCTURE: Member-Managed
PERIOD OF DURATION: Perpetual
PROFESSIONAL SERVICES: N/A

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME: Mark Consiglio
PHYSICAL ADDRESS: 16354 E Palisades Blvd, Unit 4-202, FOUNTAIN HILLS, AZ
85268
MAILING ADDRESS: 16354 E Palisades Blvd, Unit 4-202, FOUNTAIN HILLS, AZ
85268

KNOWN PLACE OF BUSINESS

Att: Mark Consiglio, 16354 E Palisades Blvd, Unit 4-202, FOUNTAIN HILLS, AZ 85268

PRINCIPALS

Member: Mark Consiglio - 16354 E Palisades Blvd, Unit 4-202, FOUNTAIN HILLS, AZ 85268, USA -
markconsig@yahoo.com - Date of Taking Office:

ORGANIZERS

Mark Consiglio: 16354 E Palisades Blvd, Unit 4-202, FOUNTAIN HILLS, AZ 85268, USA,
markconsig@yahoo.com

SIGNATURES

Authorized Agent: Mark Consiglio - 09/26/2019

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that,
according to the records of this office,

Firefly Wood Fired Cuisine LLC

is an entity formed or registered under the law of Arizona, has complied with all
applicable requirements of this office, and is in good standing with this office. This entity has
been assigned entity identification number 20221369777 and has provided the assumed entity
name for use in Colorado

Firefly Pizzeria LLC

This certificate reflects facts established or disclosed by documents delivered to this office on
paper through 06/30/2022 that have been posted, and by documents delivered to this office
electronically through 07/01/2022 @ 10:40:10 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this
official certificate at Denver, Colorado on 07/01/2022 @ 10:40:10 in accordance with applicable law. This
certificate is assigned Confirmation Number 14134441 .



A handwritten signature in cursive script that reads "Jena Griswold".

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



Document must be filed electronically.
Paper documents are not accepted.
Fees & forms are subject to change.
For more information or to print copies
of filed documents, visit www.sos.state.co.us.

Colorado Secretary of State
Date and Time: 04/11/2022 01:21 PM
ID Number: 20221369777
Document number: 20221369777
Amount Paid: \$100.00

ABOVE SPACE FOR OFFICE USE ONLY

Statement of Foreign Entity Authority
filed pursuant to § 7-90-803 of the Colorado Revised Statutes (C.R.S.)

1. The entity ID number, the entity name, and the true name, if different, are

Entity ID number 20221369777
(Colorado Secretary of State ID number)

Entity name Firefly Pizzeria LLC

True name Firefly Wood Fired Cuisine LLC
(if different from the entity name)

2. The form of entity and the jurisdiction under the law of which the entity is formed are

Form of entity Foreign Limited Liability Company

Jurisdiction Arizona

3. The principal office address of the entity's principal office is

Street address 16354 E Palisades Blvd
(Street number and name)

4-202

Fountain Hills AZ 85268
(City) (State) (ZIP/Postal Code)

United States
(Province - if applicable) (Country)

Mailing address
(leave blank if same as street address) (Street number and name or Post Office Box information)

(City) (State) (ZIP/Postal Code)

(Province - if applicable) (Country)

4. The registered agent name and registered agent address of the entity's registered agent are

Name
(if an individual) Consiglio Mark Alan
(Last) (First) (Middle) (Suffix)

or

(if an entity) _____

(Caution: Do not provide both an individual and an entity name.)

Street address

828 Grand Ave

(Street number and name)

#3

Grand Lake

(City)

CO

(State)

80447

(ZIP Code)

Mailing address

(leave blank if same as street address)

P.O. Box 1140

(Street number and name or Post Office Box information)

Grand Lake

(City)

CO

(State)

80447

(ZIP Code)

(The following statement is adopted by marking the box.)

☒ The person appointed as registered agent above has consented to being so appointed.

5. The date the entity commenced or expects to commence transacting business or conducting activities in Colorado is 06/15/2022
(mm/dd/yyyy)

6. *(If applicable, adopt the following statement by marking the box and include an attachment.)*

☐ This document contains additional information as provided by law.

7. *(Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)*

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are _____
(mm/dd/yyyy hour:minute am/pm)

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is named in the document as one who has caused it to be delivered.

8. The true name and mailing address of the individual causing the document to be delivered for filing are

Consiglio

(Last)

Mark

(First)

Alan

(Middle)

(Suffix)

16354 E Palisades Blvd

(Street number and name or Post Office Box information)

4-202

Fountain Hills

(City)

AZ

(State)

85268

(ZIP/Postal Code)

United States

(Province – if applicable)

(Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐ This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Memorandum of Understanding
Lease/Option

828 Grand Avenue #3
Grand Lake, Colorado 80447

Lease Terms;

1. 3 year lease with 2 – 3 year options.

A. Year 1 - per year base rental rate (per month, June 1, 2022 - November 1, 2022)

B. Percentage rent of gross sales of 10% paid monthly, with a cap rent of \$ annually. Said percentage rent to be paid with the base rent on the first of the month for the previous month. Maximum percentage rent due of paid months July – November.

C. Said base rent to have an annual escalation of \$ per foot (1462 square feet x \$ = \$ per year). Rent increase to be adjusted upwards on maximum percentage rent also.

2. Must operate May 20th – October 31st. Tenant may operate any/all days of the year.

3. Tenant must pay monthly fees as follows;

HOA - \$279.00 per month with any increases per HOA

NNN – taxes, insurance, and electric (taxes and insurance estimated at \$4,000.00 annually)

C.A.M. (common area maintenance) estimated at \$135.00 per month.

4. Tenant responsible for all bathroom and hallway maintenance.

5. Tenant shall have an option to purchase for \$ for the first year and all years of the original lease term. There shall be a \$ option price escalation annually. Tenant may exercise their option to purchase at any time within the original 3 year lease term with a 30 day notice to the landlord. This option is assignable to any third party if landlord sells the property.

Tenant shall pay a \$ non-refundable option down payment at signing of lease/option. Said payment shall credit towards purchase price. If tenant elects not to purchase then the \$ payment shall be used for tenant improvements and shall become non-refundable.

6. Landlord to finish interior to a schedule and specification exhibit that will be approved by both parties.

7. Landlord to supply all equipment and furnishings per an exhibit to be approved by both parties.

8. Landlord to supply signage per exhibit and design to be approved by both parties.

9. Tenant must supply \$2,000,000.00 in liability insurance to the HOA and Landlord.

10. Tenant shall supply an interior studs in insurance policy to the Landlord and HOA.

11. It is agreed by both parties that timing is crucial to success for the construction and operation for the summer of 2022. There shall be diligence performed by both parties to execute a formal lease and begin construction ASAP.

landlord;

NDTCO FBO Patricia L. Keentzer Roth IRA

Read : approved Patricia J. Kuntz
4-4-2022

Tenant:

Firefly Wood Fired Cuisine LLC

Mark Consiglio, Angela Burke

Mark Consiglio 4/5/2022



GRAND COUNTY SHERIFF'S OFFICE

BRETT D. SCHROETLIN
SHERIFF

WAYNE SCHAFFER
UNDERSHERIFF

07-07-2022

TO: Town of Grand Lake

RE: Liquor License

Manager: Consiglio, Mark (FireFly Pizzeria)

The Grand County Sheriff's Office has completed a background check on the listed establishment and individual.

We have no record of negative information on the above

The Grand County Sheriff's Office recommendation is:

 X No reason found to disapprove this establishment at this time.

 Disapproval.



Brian Foster

Grand County Sheriff's Office

670 Spring Street / PO Box 48

Hot Sulphur Springs, CO 80451

970-725-3343 (Office)

970-725-3227 (Fax)

csidener@co.grand.co.us

GRAND COUNTY SHERIFF'S OFFICE

670 SPRING STREET * P.O. BOX 48 * HOT SULPHUR SPRINGS, CO 80451

PHONE: (970) 725-3343 * FAX: (970) 725-3227

NOTICE

PURSUANT TO THE LIQUOR LAWS OF COLORADO

Firefly Pizzeria
828 Grand Avenue, #3
Grand Lake, CO 80447

HAS REQUESTED THE LICENSING OFFICIALS OF

The Town of Grand Lake

TO: Approve a New Liquor License

AT: Firefly Pizzeria
828 Grand Avenue, #3
Grand Lake, CO 80447

HEARING ON APPLICATION TO BE HELD AT:

Grand Lake Town Hall
1026 Park Avenue
Grand Lake, Colorado 80447

TIME AND DATE: July 25, 2022 @ 6:00 pm

DATE OF APPLICATION: June 13, 2022

BY ORDER OF: Grand Lake Board of Trustees

OFFICERS: Mark Consiglio
P.O. Box 1140
Grand Lake, CO 80447

Town Clerk
P.O. Box 99 Grand Lake, Colorado 80447

7/14/22
Catherine Canel

DISTRICT COURT, GRAND COUNTY, COLORADO
307 Moffat Avenue, P.O. Box 192
Hot Sulphur Springs CO 80451
970/725-3357

**COMBINED NOTICE OF GRAND COUNTY
SHERIFFS SALE**

Plaintiff:
LIONS GATE PINES LODGE CONDOMINIUMS
ASSOCIATION, INC., a Colorado Non-profit
Corporation
Defendant(s):
GENE A. BROWNLEE and SHARON A.
BROWNLEE

Case No. 2022 CV30005

This is to advise you that this action is pending, and a Judgment and Decree of Foreclosure has been entered in favor of LIONS GATE PINES LODGE CONDOMINIUMS ASSOCIATION, INC. In this action, concerning the Lien described in said Judgment and Decree of Foreclosure, dated May 4th, 2022, in the original principal amount of \$2,295.40 for a total of \$4,844.03, and concerning the following described property:

Interval Week 01, Condominium Unit No. 104, and Interval Week 33, Condominium Unit No. 110 Lion's Gate Pines Lodge, in accordance with the Declarations dated November 28, 1977, recorded in Book 240, at Page 905; the Amendment to said Declaration dated January 4, 1978, recorded in Book 242, at page 185; and the First Supplemental Declaration dated December 28, 1978, recorded in Book 254, at Page 904, and Condominium Map recorded under Reception Nos. 147281 and 151080 of Grand County records.

You are hereby notified that a Sheriff's Sale of the above-referenced property is to be conducted by the Sheriff's Department of the County of Grand, State of Colorado at 10 O'clock A.M., on the 9th day of September, 2022, at 670 Spring Street, Hot Sulphur Springs, CO 80451, phone number (970)725-3343, pursuant to the above-described Judgment and Decree of Foreclosure. At which sale, the above-described real property will be sold to the highest bidder. Plaintiff makes no warranties relating to title, possession, or quiet enjoyment in and to said real property in connection with this sale.

This foreclosure is for delinquent Association dues, interest, attorney's fees, and costs.

You may have an interest in the real property being affected, or have certain rights or suffer certain liabilities or loss of your interest in the subject property as a result of said foreclosure. You may have the right to redeem the real property or you may have the right to cure a default under the instrument being foreclosed. A notice of intent to cure filed pursuant to C.R.S. 38-38-104, shall be filed with the undersigned Sheriff at least fifteen calendar days prior to the first scheduled sale date or any date to which the sale is continued. IF THE SALE DATE IS CONTINUED TO A LATER DATE,

304, 38-38-305, and 38-38-306,1

PUBLISHED IN THE MIDDLE PARK TIMES ON THURSDAY, JULY 7, 2022, THURSDAY, JULY 14, 2022, THURSDAY, JULY 21, 2022, THURSDAY, JULY 28, 2022 AND THURSDAY, AUGUST 4, 2022

NOTICE OF PUBLIC HEARING

NOTICE is hereby given that the Grand Lake Planning Commission will hold a Public Hearing on Wednesday, July 20th, 2022 at 6:30 PM at Town Hall, 1026 Park Ave, Grand Lake, to review a request of a variance to Roadway specifications 11-2-4 (D)(3) to allow sections of the roadway to be over 8% grade for access to lots 9-11, Block 36, Town of Grand Lake, more commonly referred to as Lake Avenue.

Additional information is available for public inspection at Town Hall during normal business hours. Public comments and participation are both encouraged and welcome, either in person at the public meeting, in writing to the Town of Grand Lake, P.O. Box 99, Grand Lake, CO 80447 or by e-mail to planner@tjogco.com.

PUBLISHED IN THE MIDDLE PARK TIMES ON THURSDAY, JULY 14, 2022.

**NOTICE OF PUBLIC HEARING
LIQUOR LICENSE APPLICATION**

NOTICE IS HEREBY GIVEN that a Public Hearing will be held before the Grand Lake Board of Trustees to consider an application for a new Fermented Malt Beverage Liquor License at 828 Grand Avenue, #3, Grand Lake. The application was filed with the Town on June 13, 2022, by Finley Wood Fired Cuisine LLC, owner, Mark Consiglio, PO Box 1140 Grand Lake, CO 80447.

The Hearing will be held in the Town Hall, 1026 Park Avenue, Grand Lake at 6:00 p.m. on Monday, July 25, 2022. Remonstrances may be filed either at the Public Hearing, in writing to P.O. Box 99, Grand Lake, CO 80447, by 10:00 a.m. July 18, 2022.
PUBLISHED IN THE MIDDLE PARK TIMES ON THURSDAY, JULY 14, 2022 AND THURSDAY, JULY 21, 2022.

**ORDINANCE NO. 19
AMENDED AND RESCINDED ORDINANCE
FOR THE REGULATION OF OPEN BURNING
IN UNINCORPORATED GRAND COUNTY,
COLORADO**

SECTION 13: VIOLATION AND PENALTIES
2. The penalty assessment procedure provided in section 16-2-201, C.R.S., may be followed when enforcing the provisions of this Ordinance. If a penalty assessment ticket is issued, the fine imposed shall be One Thousand and 00/100 Dollars (\$1,000.00) for each offense.
INTRODUCED, READ, AND ORDERED
PUBLISHED BY THE BOARD OF COUNTY COMMISSIONERS OF GRAND COUNTY, COLORADO, THIS 21st DAY OF JUNE, 2022.
CERTIFICATION: THE FOREGOING ORDINANCE WAS INTRODUCED AND READ ON THE 24th DAY OF MAY, 2022 BY THE BOARD OF COUNTY COMMISSIONERS OF GRAND COUNTY, COLORADO, AND APPROVED FOR PUBLICATION.

78821 Winter Park, CO 80482

Please contact the Town Clerk for detailed description of the event.

Public Hearing on said applications will be held on Tuesday, July 19, 2022, at 5:30 p.m. in the Winter Park Town Hall Council Chambers. Petitions or remonstrations may be filed by forwarding them to the Winter Park Town Clerk, djardee@wpco.com, Winter Park Town Hall, P.O. Box 3327, Winter Park, CO 80482.

Published by order of the Winter Park Town Clerk this 7th day of July, 2022.

/s/ Danielle Jardee, Town Clerk

PUBLISHED IN THE MIDDLE PARK TIMES ON THURSDAY, JULY 14, 2022.

District Court, Grand County, Colorado
Court Address: Grand County Judicial Center 307 Moffat Ave., P.O. Box 192 Hot Sulphur Springs, CO 80451 (970)725-3357
In re the Matter of the Petition of:
DANIEL JACOB FISHER
For the Adoption of a Child, J.L.M.
To KYLE JAMES IMHO.
NOTICE OF HEARING
COURT USE ONLY
Case Number: 22JA30003
Pursuant to §19-2-208, C.R.S., you are hereby notified that the above-named Petitioner(s) has/have filed in this Court a verified Petition seeking to adopt a child.
If applicable, an Affidavit of Abandonment has been filed alleging that you have abandoned the child for a period of one year or more and/or have failed without cause to provide reasonable support for the child for one year or more.
You are further notified that an Adoption hearing is set on August 8, 2022, at 4:45 p.m. in the court location identified above.
You are further notified that if you fail to appear for said hearing, the Court may terminate your parental rights and grant the adoption as sought by the Petitioner(s).
Dated: July 23, 2022 Heather J. Harms Clerk of Court
Lesli Reiter
By: Deputy Clerk
GRAND COUNTY STATE OF COLORADO
SEAL JUDICIAL
CERTIFICATE OF MAILING
I certify that on June 23, 2022 (date), I sent by email a copy of this Notice of Hearing and Petition for Adoption to the Petitioner's attorney.
Lesli Reiter, Clerk
PUBLISHED IN THE MIDDLE PARK TIMES ON THURSDAY, JULY 7, 2022, THURSDAY, JULY 14, 2022, THURSDAY, JULY 21, 2022, THURSDAY, JULY 28, 2022 AND THURSDAY, AUGUST 4, 2022.

**REVISED REQUEST FOR PROPOSALS FOR
STEEL COVERED STORAGE BUILDING**

The Town of Granby South Service Area Water Department is requesting proposals for the procurement and installation of a Steel Covered Storage Building with concrete work. The detailed rf is located at townofgranby.com or picked up at the Town Hall during business hours. The Town reserves the right to award or reject any or all bids, and to waive any informalities and

38-38-103.1, C.R.S., OR T-DUAL TRACKING PURSUANT C.R.S., YOU MAY FILE A COLOADO ATTORNEY'S OR BOTH, BUT THE FLINK WILL NOT STOP THE FOR COLORADO Attorney General, Fionn, Denver, CO 80203 8C ColoradoAttorneyGeneral.gov Federal Consumer Financial Box 4503, Iowa City, IA 52243 consumerfinance.gov

THEFORE, NOTICE IS
Bert D. Schoenlein, Sheriff
10:00 o'clock A.M. on Septe
the City of the Grand Cou
670 Spring Street, Hot Sul
sell to the highest and best
real property described abo
satisfying the described Jud
Foreclosure, and will deliver
Certificate of Purchase, all
[Attach to mailed Notices
38-37-108, 38-38-103, 38-3
302, 38-38-304, 38-38-305
**THE LIEN BEING FORECL
FIRST LIEN.**

**THIS IS AN ATTEMPT TO
ANY INFORMATION OBT
FOR THAT PURPOSE.**
DATED 6-8-2022

GRAND COUNTY SHERIFF
Bert D. Schoenlein, Sheriff,
BY:
Under Sheriff of Grand Coun
RON STERN, P.C.
Electronic signature on file
Stern, P.C.

**PUBLISHED IN THE MID
THURSDAY, JULY 14, 2022
2022, THURSDAY, JULY 21
AUGUST 4, 2022 AND THI
2022.**

PUBLIC I
PUBLIC NOTICE IS HERE
following application has be
of Adjustment of Grand Cou
Fire District.

An application for a varian
of the Grand County Zoning
for a maximum building hei
of the required 35 feet in t
Zone District, for the purpo
Bud Wilson Fire Station Ou
GCR 40
County of Grand, State of C
The Board of Adjustment, C