



**TOWN OF GRAND LAKE  
TOWN BOARD  
July 11, 2022**

**TRANSFER OF BEER & WINE LIQUOR LICENSE- PUBLIC HEARING**

**Applicant:** Challenge Consulting Inc. d/b/a Cy's Deli

**Initiated by:** Simon OConnor and Candice OConnor

**Presented By:** Alayna Carrell, Town Clerk

**Introduction:** Challenge Consulting Inc. d/b/a Cy's Deli, has applied for a Transfer of a Beer & Wine Liquor License. The applicant's business is located at 717 Grand Avenue, 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.

**Legal Requirements:**

**Posting:** Notice of Hearing was posted, June 29, 2022, at: 717 Grand Avenue

**Attachments:** Application, Individual History Records, Diagram, Articles of Incorporation, Certificate of Good Standing, Wholesaler Affidavits of Compliance, Temporary Permit, Temporary Permit Application, Photo of Posting: Notice of Hearing, Grand County Sheriff Office Memo

**Staff Recommendation**

Staff recommends the Town Board approve the Liquor License Transfer Application.

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

**RECEIVED**  
 4-25-22

## Colorado Fermented Malt Beverage License Application

<input type="checkbox"/> New License <input type="checkbox"/> New-Concurrent <input checked="" 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: <a href="http://SBG.Colorado.gov/Liquor">SBG.Colorado.gov/Liquor</a>			
1. Applicant is applying as a/an <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Corporation   <input type="checkbox"/> Individual         </div> <div> <input type="checkbox"/> Partnership (includes Limited Liability and Husband and Wife Partnerships)   <input 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 <div style="border: 1px solid black; padding: 2px;">Challenge Consulting Inc.</div>			FEIN <div style="border: 1px solid black; padding: 2px;">84-1290932</div>
2a. Trade Name of Establishment (DBA) <div style="border: 1px solid black; padding: 2px;">Cy's Deli</div>		State Sales Tax No. <div style="border: 1px solid black; padding: 2px;">00736226-0002</div>	Business Telephone <div style="border: 1px solid black; padding: 2px;">970-627-3354</div>
3. Address of Premises (specify exact location of premises) <div style="border: 1px solid black; padding: 2px;">717 Grand Ave</div>			
City <div style="border: 1px solid black; padding: 2px;">Grand Lake</div>	County <div style="border: 1px solid black; padding: 2px;">Grand</div>	State <div style="border: 1px solid black; padding: 2px;">CO</div>	ZIP Code <div style="border: 1px solid black; padding: 2px;">80447</div>
4. Mailing Address (Number and Street) <div style="border: 1px solid black; padding: 2px;">PO Box 1061</div>		City or Town <div style="border: 1px solid black; padding: 2px;">Grand Lake</div>	State <div style="border: 1px solid black; padding: 2px;">CO</div>
5. Email Address <div style="border: 1px solid black; padding: 2px;">bluewaterbakers@yahoo.com</div>			
6. If the premises currently has a liquor or beer license, you MUST answer the following questions			
Present Trade Name of Establishment (DBA) <div style="border: 1px solid black; padding: 2px;">Cy's Deli</div>	Present State License No. <div style="border: 1px solid black; padding: 2px;">42-91622-0000</div>	Present Class of License <div style="border: 1px solid black; padding: 2px;">Beer &amp; Wine</div>	Present Expiration Date <div style="border: 1px solid black; padding: 2px;">4/22/2022</div>
<b>Section A Nonrefundable Application Fees</b>		<b>Section B Fermented Malt Beverage Beer License Fees</b>	
<input 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 checked="" 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 <a href="http://SBG.Colorado.gov/Liquor">SBG.Colorado.gov/Liquor</a> for more information Do Not Write In This Space - For Department Of Revenue Use Only			
<b>Liability Information</b>			
License Account Number	Liability Date:	License Issued Through: (Expiration Date)	Total <div style="border-top: 1px solid black; text-align: center;">\$</div>

## Application Documents Checklist and Worksheet

**Instructions:** This checklist 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: [www.colorado.gov/enforcement/liquor](http://www.colorado.gov/enforcement/liquor) for more information**

Items submitted, please check all appropriate boxes completed or documents submitted	
<b>I. Applicant information</b>	<input checked="" type="checkbox"/> A. Applicant/Licensee identified <input checked="" type="checkbox"/> B. State sales tax license number listed or applied for at time of application <input checked="" type="checkbox"/> C. License type or other transaction identified <input checked="" type="checkbox"/> D. Return originals to local authority (additional items may be required by the local licensing authority) <input checked="" type="checkbox"/> E. All sections of the application need to be completed <input checked="" type="checkbox"/> F. Master file applicants must include the Application for Master File form DR 8415 and applicable fees to this Retail License Application
<b>II. Diagram of the premises</b>	<input checked="" type="checkbox"/> A. No larger than 8 1/2" X 11" <input checked="" type="checkbox"/> B. Dimensions included (does not have to be to scale). Exterior areas should show type of control (fences, walls, entry/exit points, etc.) <input checked="" type="checkbox"/> C. Separate diagram for each floor (if multiple levels) <input checked="" type="checkbox"/> D. Kitchen - identified if Hotel and Restaurant <input checked="" type="checkbox"/> E. Bold/Outlined Licensed Premises
<b>III. Proof of property possession (One Year Needed)</b>	<input checked="" type="checkbox"/> A. Deed in name of the applicant (or) (matching question #2) date stamped / filed with County Clerk <input type="checkbox"/> B. Lease in the name of the applicant (or) (matching question #2) <input type="checkbox"/> C. Lease assignment in the name of the applicant with proper consent from the landlord and acceptance by the applicant <input checked="" type="checkbox"/> D. Other agreement if not deed or lease. (matching question #2)
<b>IV. Background information (DR 8404-I) and financial documents</b>	<input checked="" type="checkbox"/> A. Complete DR 8404-I for each principal (individuals with more than 10% ownership, officers, directors, partners, members) <input checked="" type="checkbox"/> B. Fingerprints taken and submitted to the appropriate Local Licensing Authority through an approved state vendor. <b>Do not complete fingerprint cards prior to submitting your application.</b> The Vendors are as follows: <b>IdentoGO</b> – <a href="https://uenroll.identogo.com/">https://uenroll.identogo.com/</a> Phone: 844-539-5539 (toll-free) Identogo FAQs: <a href="https://www.colorado.gov/pacific/cbi/identification-faqs">https://www.colorado.gov/pacific/cbi/identification-faqs</a> <b>Colorado Fingerprinting</b> – <a href="http://www.coloradofingerprinting.com">http://www.coloradofingerprinting.com</a> Appointment Scheduling Website: <a href="http://www.coloradofingerprinting.com/cabs/">http://www.coloradofingerprinting.com/cabs/</a> Phone: 720-292-2722 Toll Free: 833-224-2227 <input type="checkbox"/> C. Purchase agreement, stock transfer agreement, and/or authorization to transfer license <input type="checkbox"/> D. List of all notes and loans (Copies to also be attached)
<b>V. Sole proprietor/husband and wife partnership (if applicable)</b>	<input type="checkbox"/> A. Form DR 4679 <input checked="" type="checkbox"/> B. Copy of State issued Driver's License or Colorado Identification Card for each applicant
<b>VI. Corporate applicant information (if applicable)</b>	<input checked="" type="checkbox"/> A. Certificate of Incorporation <input checked="" type="checkbox"/> B. Certificate of Good Standing <input type="checkbox"/> C. Certificate of Authorization if foreign corporation (out of state applicants only)
<b>VII. Partnership applicant information (if applicable)</b>	<input type="checkbox"/> A. Partnership Agreement (general or limited). <input type="checkbox"/> B. Certificate of Good Standing
<b>VIII. Limited Liability Company applicant information (if applicable)</b>	<input type="checkbox"/> A. Copy of articles of organization <input checked="" type="checkbox"/> B. Certificate of Good Standing <input type="checkbox"/> C. Copy of Operating Agreement (if applicable) <input type="checkbox"/> D. Certificate of Authority if foreign LLC (out of state applicants only)
<b>IX. Manager registration for Hotel and Restaurant, Tavern, Lodging &amp; Entertainment, and Campus Liquor Complex licenses when included with this application</b>	<input checked="" type="checkbox"/> A. \$75.00 fee <input checked="" type="checkbox"/> B. Individual History Record (DR 8404-I) <input type="checkbox"/> C. If owner is managing, no fee required

Name <b>Challenge Consulting Inc</b>	Type of License <b>Beer &amp; Wine</b>	Account Number <b>736226-0002</b>
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? <span style="float: right;">Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></span>		
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? <span style="float: right;"><input type="checkbox"/> <input checked="" type="checkbox"/></span>		
b. Had an alcohol beverage license suspended or revoked? <span style="float: right;"><input type="checkbox"/> <input checked="" type="checkbox"/></span>		
c. Had interest in another entity that had an alcohol beverage license suspended or revoked? <span style="float: right;"><input type="checkbox"/> <input checked="" type="checkbox"/></span>		
If you answered yes to 8a, b or c, explain in detail on a separate sheet.		
9. Has a liquor license application (same license class), that was located within 500 feet of the proposed premises, been denied within the preceding two years? If "yes", explain in detail. <span style="float: right;"><input type="checkbox"/> <input checked="" type="checkbox"/></span>		
10. Are the premises to be licensed 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? <span style="float: right;"><input type="checkbox"/> <input checked="" type="checkbox"/></span>		
or Waiver by local ordinance? <input type="checkbox"/> <input type="checkbox"/> Other: _____		
11. Is your Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 1500 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of greater than (>) 10,000? NOTE: The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS. <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>		
12. Is your Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 3000 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of less than (<) 10,000? NOTE: The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS. <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>		
13 a. For additional Retail Liquor Store only. Was your Retail Liquor Store License issued on or before January 1, 2016? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>		
13 b. Are you a Colorado resident? <span style="float: right;"><input checked="" type="checkbox"/> <input type="checkbox"/></span>		
14. 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 <u>current</u> financial interest in said business including any loans to or from a licensee. <b>Challenge Consulting Inc</b> <span style="float: right;"><input checked="" type="checkbox"/> <input type="checkbox"/></span>		
15. Does the applicant, as listed on line 2 of this application, have legal possession of the premises by ownership, lease or other arrangement? <span style="float: right;"><input checked="" type="checkbox"/> <input type="checkbox"/></span>		
<input checked="" type="checkbox"/> Ownership <input 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:		
Landlord	Tenant	Expires
b. Is a percentage of alcohol sales included as compensation to the landlord? If yes, complete question 16. <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>		
c. Attach a diagram that designates 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".		
16. 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/Percentage	
Last Name	First Name	Date of Birth
FEIN or SSN	Interest/Percentage	
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.		
17. Optional Premises or Hotel and Restaurant Licenses with Optional Premises: Has a local ordinance or resolution authorizing optional premises been adopted? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>		
Number of additional Optional Premise areas requested. (See license fee chart) <input type="text"/>		
18. For the addition of a Sidewalk Service Area per Regulation 47-302(A)(4), include a diagram of the service area and 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.		
19. Liquor Licensed Drugstore (LLDS) applicants, answer the following:		
a. Is there a pharmacy, licensed by the Colorado Board of Pharmacy, located within the applicant's LLDS premise? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>		
If "yes" a copy of license must be attached.		

Name <b>Challenge Consulting</b>	Type of License <b>beer &amp; wine</b>	Account Number <b>736226-0002</b>
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**20. Club Liquor License applicants answer the following: Attach a copy of applicable documentation** Yes No

a. Is the applicant organization operated solely for a national, social, fraternal, patriotic, political or athletic purpose and not for pecuniary gain? ☐ ☐

b. Is the applicant organization a regularly chartered branch, lodge or chapter of a national organization which is operated solely for the object of a patriotic or fraternal organization or society, but not for pecuniary gain? ☐ ☐

c. How long has the club been incorporated? ☐ ☐

d. Has applicant occupied an establishment for three years (three years required) that was operated solely for the reasons stated above? ☐ ☐

**21. Brew-Pub, Distillery Pub or Vintner's Restaurant applicants answer the following:**

a. Has the applicant received or applied for a Federal Permit? (Copy of permit or application must be attached) ☐ ☐

**22. Campus Liquor Complex applicants answer the following:**

a. Is the applicant an institution of higher education? ☐ ☐

b. Is the applicant a person who contracts with the institution of higher education to provide food services?  
If "yes" please provide a copy of the contract with the institution of higher education to provide food services. ☐ ☐

**23. For all on-premises applicants.**

a. Hotel and Restaurant, Lodging and Entertainment, Tavern License and Campus Liquor Complex, the Registered Manager must also submit an Individual History Record  
- DR 8404-I and fingerprint submitted to approved State Vendor through the Vendor's website. See application checklist, Section IV, for details

b. For all Liquor Licensed Drugstores (LLDS) the Permitted Manager must also submit a Manager Permit Application  
- DR 8000 and fingerprints.

Last Name of Manager	First Name of Manager
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**24. 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.** Yes No ☐ ☐

**25. Related Facility - Campus Liquor Complex applicants answer the following:**

a. Is the related facility located within the boundaries of the Campus Liquor Complex?  
If yes, please provide a map of the geographical location within the Campus Liquor Complex.  
If no, this license type is not available for issues outside the geographical location of the Campus Liquor Complex. ☐ ☐

b. Designated Manager for Related Facility- Campus Liquor Complex

Last Name of Manager	First Name of Manager
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**26. Tax Information.** Yes No

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? ☐ ☒

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.? ☐ ☒

**27. 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 with an approved State Vendor through their website. See application checklist, Section IV, for details.**

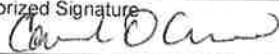
Name	Home Address, City & State	DOB	Position	%Owned
<b>Candice O'Connor</b>			<b>Secretary</b>	<b>50</b>
<b>Simon O'Connor</b>			<b>President</b>	<b>50</b>
Name	Home Address, City & State	DOB	Position	%Owned
Name	Home Address, City & State	DOB	Position	%Owned
Name	Home Address, City & State	DOB	Position	%Owned
Name	Home Address, City & State	DOB	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.

Name <b>Challenge Consulting</b>		Type of License <b>beer &amp; wine</b>		Account Number <b>736226-0002</b>	
<b>Oath Of Applicant</b>					
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 		Printed Name and Title <b>Candice O'Connor Secretary</b>		Date <b>4/21/22</b>	
<b>Report and Approval of Local Licensing Authority (City/County)</b>					
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)			
<p>The Local Licensing Authority Hereby Affirms that each person required to file DR 8404-I (Individual History Record) or a DR 8000 (Manager Permit) has been:</p> <p><input type="checkbox"/> Fingerprinted</p> <p><input type="checkbox"/> Subject to background investigation, including NCIC/CCIC check for outstanding warrants</p> <p>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</p> <p>(Check One)</p> <p><input type="checkbox"/> Date of inspection or anticipated date _____</p> <p><input type="checkbox"/> Will conduct inspection upon approval of state licensing authority</p>					
<input type="checkbox"/> Is the Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 1,500 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of > 10,0000?					Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Is the Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 3,000 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of < 10,0000?					Yes <input type="checkbox"/> No <input type="checkbox"/>
<p><b>NOTE:</b> The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.</p> <p><input type="checkbox"/> Does the Liquor-Licensed Drugstore (LLDS) have at least twenty percent (20%) of the applicant's gross annual income derived from the sale of food, during the prior twelve (12) month period?</p>					
<p>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. <b>Therefore, this application is approved.</b></p>					
Local Licensing Authority for		Telephone Number		<input type="checkbox"/> Town, City <input type="checkbox"/> County	
Signature	Print	Title		Date	
Signature	Print	Title		Date	

## Tax Check Authorization, Waiver, and Request to Release Information

I, Candice O'Connor am signing this Tax Check Authorization, Waiver and Request to Release Information (hereinafter "Waiver") on behalf of Challenge Consulting Inc (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>Challenge Consulting</u>		Social Security Number/Tax Identification Number <u>84-1290930</u>	
Address <u>PO Box 1061</u>			
City <u>Grand Lake</u>		State <u>CO</u>	Zip <u>80447</u>
Home Phone Number <u>970 531 8763</u>		Business/Work Phone Number <u>970 627-3354</u>	
Printed name of person signing on behalf of the Applicant/Licensee <u>Candice O'Connor</u>			
Applicant/Licensee's Signature (Signature authorizing the disclosure of confidential tax information) <u>[Signature]</u>			Date signed <u>4/21/22</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 <b>Challenge Consulting</b>	Home Phone Number <b>n/a</b>	Cellular Number <b>970 531 8763</b>
2. Your Full Name (last, first, middle) <b>O'Connor Candice Lynne</b>	3. List any other names you have used <b>Sands Candice Lynne</b>	
4. Mailing address (if different from residence) <b>PO Box 1061 Grand Lake, CO 80447</b>	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 <b>132 County Rd. 465</b>	<b>Grand Lake CO 80447</b>	<b>2014</b>	<b>present</b>
Previous			

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
<b>Challenge Consulting</b>	<b>928 Grand Ave Grand Lake CO 80447</b>	<b>Secretary</b>	<b>2009</b>	<b>present</b>
<b>Granby Food CO.</b>	<b>420 E Agate Granby CO 80446</b>	<b>Secretary</b>	<b>2012</b>	<b>present</b>

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.)

☒ Yes ☐ No

**Mt. Burger Works - Beer & Wine License - owned 2017 - 2020**  
**Carvers Bakery Beer & Wine License owned 1995 - 2006**

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.)

☐ Yes ☒ 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 Champaign, Illinois	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 grey	o. Eye Color green
p. Gender F		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 CO	

### 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. \$ \_\_\_\_\_

\* 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)

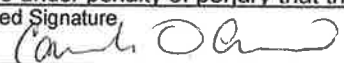
Type: Cash, Services or Equipment	Loans	Account Type	Bank Name	Amount

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 	Print Signature Candice O'Connor	Title Secretary	Date 4/21/22
---	-------------------------------------	--------------------	-----------------

## 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 <i>Challenge Consulting</i>	Home Phone Number <i>N/A</i>	Cellular Number <i>970 531 5265</i>
2. Your Full Name (last, first, middle) <i>O'Connor Simon Peter</i>	3. List any other names you have used <i>—</i>	
4. Mailing address (if different from residence) <i>PO Box 1061 Grand Lake, CO 80447</i>	Email Address <i>n</i>	

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 <i>132 City Rd 465</i>	<i>Grand Lake, CO 80447</i>	<i>2014</i>	<i>present</i>
Previous			

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
<i>Challenge Consulting</i>	<i>928 Grand Ave Grand Lake CO 80447</i>	<i>President</i>	<i>2009</i>	<i>present</i>
<i>Granby Food Co</i>	<i>4200 E Agate Granby CO 80446</i>	<i>President</i>	<i>2012</i>	<i>present</i>

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>Mt. Burger Works - Beer &amp; wine owned 2017 - 2020</i>		
<i>Carvers Bakery - Beer &amp; wine owned 1995 - 2006</i>		

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 New Zealand	d. U.S. Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. If Naturalized, state where Colorado		f. When 07/11/2003	g. Name of District Court Denver
h. Naturalization Certificate Number	i. Date of Certification 07/11/2003	j. If an Alien, Give Alien's Registration Card Number	k. Permanent Residence Card Number
l. Height	m. Weight	n. Hair Color grey	o. Eye Color blue
p. Gender M	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 <u>CO</u>		

#### 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. \$ \_\_\_\_\_

\* 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)

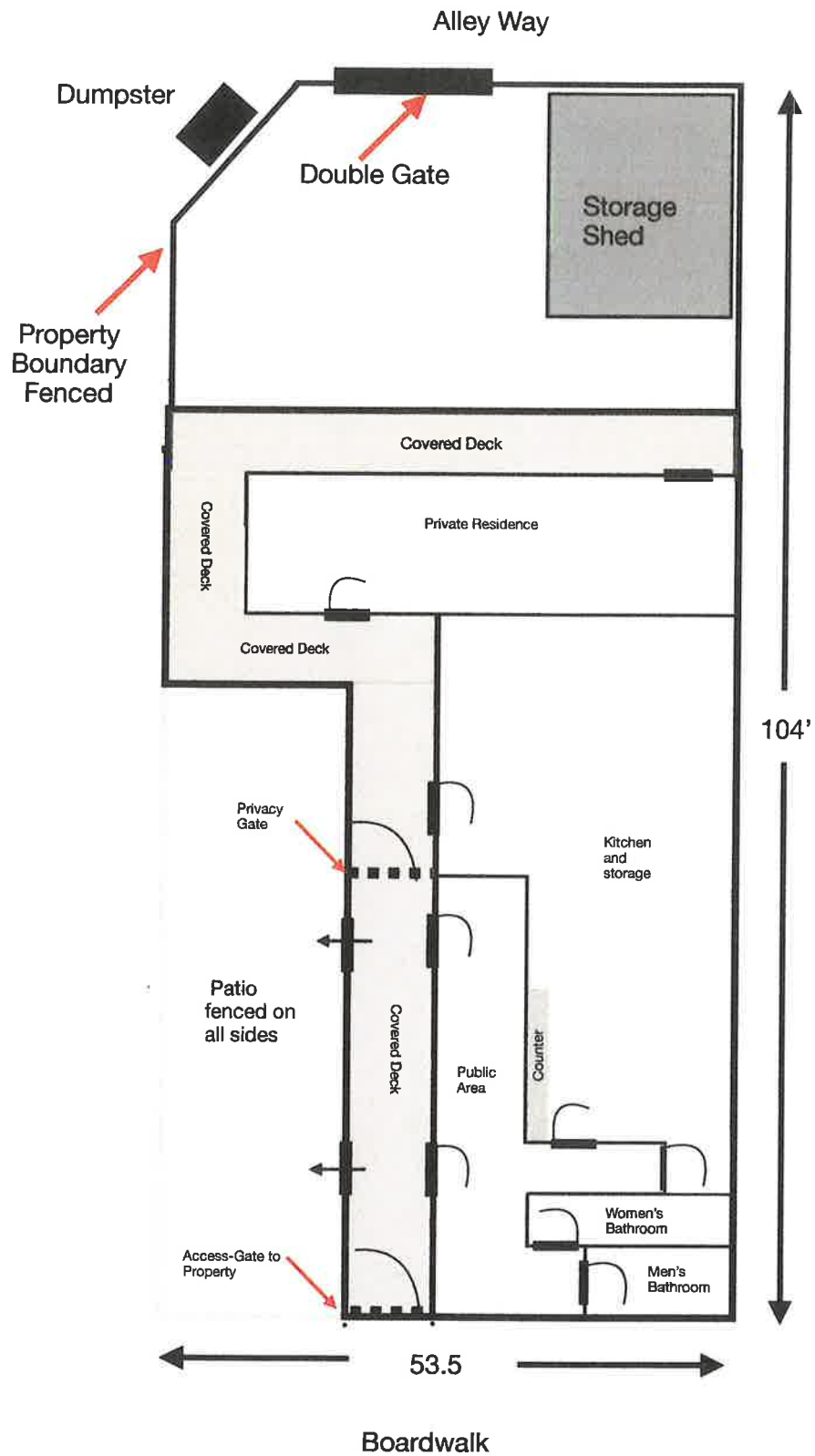
Name of Lender	Address	Term	Security	Amount

### Oath of Applicant

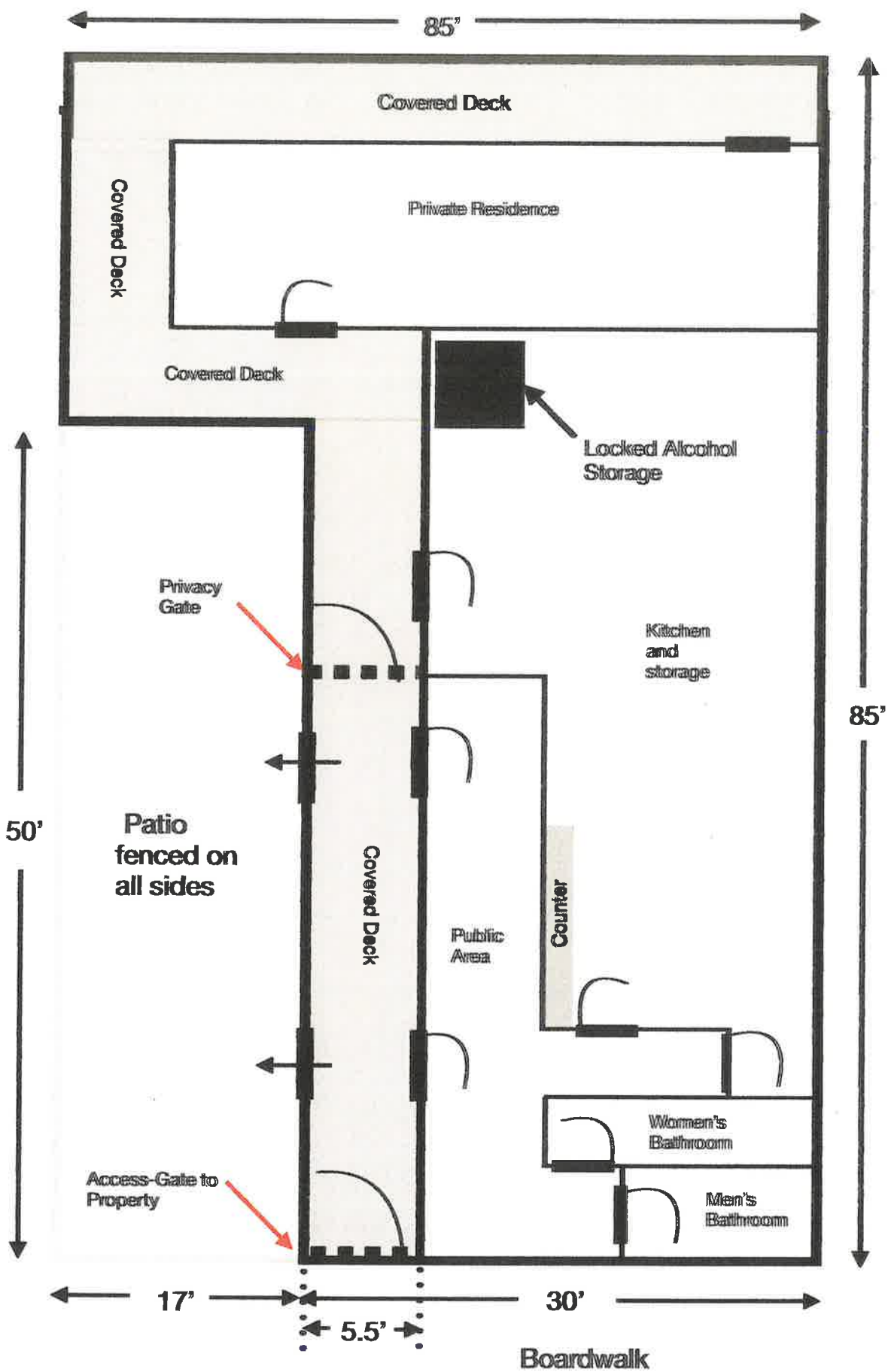
I declare under penalty of perjury that this application and all attachments are true, correct, and complete to the best of my knowledge.

Authorized Signature 	Print Signature Simon P. O'Connor	Title President	Date 4/21/22
--------------------------	--------------------------------------	--------------------	-----------------

# Cy's Deli Property Plan



# Cy's Deli Building Plan



Please include a typed  
self-addressed envelope

**MUST BE TYPED**  
**FILING FEE: \$50.00**  
**MUST SUBMIT TWO COPIES**

Mail to: Secretary of State  
Corporations Section  
1560 Broadway, Suite 200  
Denver, CO 80202  
(303) 894-2251  
Fax (303) 894-2242

For office use only

941128714 \$50.00  
SECRETARY OF STATE  
11-17-94 10:56

### ARTICLES OF INCORPORATION

Name Carvers Bakery Inc.

Principal Street Address 93 Cooper Creek Way Winter Park Co. 80482

Cumulative voting shares of stock is authorized. Yes ☒ No ☐

If duration is less than perpetual enter number of years Perpetual

Preemptive rights are granted to shareholders. Yes ☒ No ☐

Stock information: (If additional space is needed, continue on a separate sheet of paper.)

Stock Class Ordinary Authorized Shares 100 Par Value \$100.

Stock Class \_\_\_\_\_ Authorized Shares \_\_\_\_\_ Par Value \_\_\_\_\_

The name of the initial registered agent and the address of the registered office is: (Corporations use last name space)

Last Name O'Connor First & Middle Name Simon Peter

Street Address 95 Pine Cone Lane Winter Park Co. 80482

Signature of Registered Agent [Signature]

These articles are to have a delayed effective date of: November 16, 1994

Incorporators: Names and addresses: (If more than two, continue on a separate sheet of paper.)

NAME	ADDRESS
<u>Simon P. O'Connor</u>	<u>PO Box 616 Winter Park Co. 80482</u>

<u>Candice L. Sands</u>	<u>PO Box 616 Winter Park Co. 80482</u>
-------------------------	---

Incorporators who are natural persons must be 18 years or more. The undersigned, acting as incorporator(s) of a corporation under the Colorado Business Corporation Act, adopt the above Articles of Incorporation.

Signature [Signature]

Signature [Signature]

COMP. CH'D. TR





Colorado Secretary of State  
 Date and Time: 05/16/2006 10:02 AM  
 Entity Id: 19941128714  
 Document number: 20061195891

Document processing fee  
 If document is filed on paper \$125.00  
 If document is filed electronically \$ 25.00

Fees & forms/cover sheets  
 are subject to change.

To file electronically, access instructions  
 for this form/cover sheet and other  
 information or print copies of filed  
 documents, visit  
 and select Business Center.

Paper documents must be typewritten or machine printed.

ABOVE SPACE FOR OFFICE USE ONLY

### Articles of Amendment

filed pursuant to \_\_\_\_\_ et seq. and \_\_\_\_\_ of the Colorado Revised Statutes (C.R.S.)

ID number: 19941128714

1. Entity name: CARVERS BAKERY INC.

*(If changing the name of the corporation, indicate name BEFORE the name change.)*

2. New Entity name:  
 (if applicable)

Challenge Consulting, Inc.

3. Use of Restricted Words *(if any of these  
 terms are contained in an entity name, true  
 name of an entity, trade name or trademark  
 stated in this document, mark the applicable  
 box):*

- ☐ "bank" or "trust" or any derivative thereof  
☐ "credit union" ☐ "savings and loan"  
☐ "insurance", "casualty", "mutual", or "surety"

4. Other amendments, if any, are attached.

5. If the amendment provides for an exchange, reclassification or cancellation of issued shares, the attachment  
 states the provisions for implementing the amendment.

6. If the corporation's period of duration  
 as amended is less than perpetual, state  
 the date on which the period of duration  
 expires:

mm-dd-yyyy

OR

If the corporation's period of duration as amended is perpetual, mark this box: ☒

7. (Optional) Delayed effective date:

mm-dd-yyyy

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. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

O'Connor	Simon	Peter	
<small>(Last)</small>	<small>(First)</small>	<small>(Middle)</small>	<small>(Suffix)</small>
P O Box 616			
<small>(Street name and number or Post Office information)</small>			
Winter Park		CO	80482
<small>(City)</small>	<small>(State)</small>	<small>(Postal Zip Code)</small>	
United States			
<small>(Province - if applicable)</small>	<small>(Country - if not US)</small>		

*The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box ☐ and include an attachment stating the name and address of such individuals.*

**Disclaimer:**

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.

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,

Challenge Consulting, Inc.

is a

Corporation

formed or registered on 11/17/1994 under the law of Colorado, 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 19941128714 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 04/20/2022 that have been posted, and by documents delivered to this office electronically through 04/21/2022 @ 12:34:27 .

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 04/21/2022 @ 12:34:27 in accordance with applicable law. This certificate is assigned Confirmation Number 13963885 .



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."*

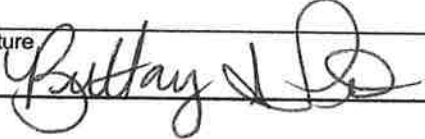


## Wholesaler Affidavit of Compliance Section 44-3-303(1)(d), C.R.S.

Wholesaler Licensee Name (If an LLC; partnership; corporation or name of corporation) B&K DISTRIBUTING INC		License Number 004295990000	
Trade Name of Establishment/Doing Business As (DBA) B&K DISTRIBUTING INC		Phone Number (970)879-1906	
Physical Address 1140 13 <sup>TH</sup> STREET	City STEAMBOAT SPRINGS	State CO	ZIP 80477
Email Address			
Transferor Retailer Licensee Name Cysdeli, LLC		License Number 42-91622-0000	
Trade Name of Establishment/Doing Business As (DBA) Cy's Deli		Phone Number 720-312-4272	
Physical Address 717 Grand Ave	City Grand Lake	State CO	ZIP 80447
<p>The above wholesaler affirms that all alcohol beverages delivered to the above transferor retailer are:</p> <p><input checked="" type="checkbox"/> Paid in Full (only for the purposes of complying with section 44-3-303(1)(d), C.R.S.) Note: If Paid in full is selected, the wholesaler may no longer extend credit to the transferee or transferor until the local and state licensing authorities have approved the transfer of the liquor license.</p> <p><input type="checkbox"/> Not Paid in Full</p>			
Wholesaler: B&K DISTRIBUTING, INC			
Signature <i>Cassidy Gorham</i>	Print Cassidy Gorham	Title Office Admin.	Date

RECEIVED  
12-2-21

**Wholesaler Affidavit of Compliance**  
**Section 44-3-303(1)(d), C.R.S.**

Wholesaler Licensee Name (If an LLC; partnership; corporation or name of corporation)		License Number	
Trade Name of Establishment/Doing Business As (DBA)		Phone Number	
Physical Address	City	State	ZIP
Email Address			
Transferor Retailer Licensee Name Cysdeli, LLC		License Number 42-91622-0000	
Trade Name of Establishment/Doing Business As (DBA) Cy's Deli		Phone Number (720) 312-4272	
Physical Address 717 Grand Ave	City Grand Lake	State CO	ZIP 80447
<p>The above wholesaler affirms that all alcohol beverages delivered to the above transferor retailer are:</p> <p><input checked="" type="checkbox"/> Paid in Full (only for the purposes of complying with section 44-3-303(1)(d), C.R.S.) <b>Note:</b> If Paid in full is selected, the wholesaler may no longer extend credit to the transferee or transferor until the local and state licensing authorities have approved the transfer of the liquor license.</p> <p><input type="checkbox"/> Not Paid in Full</p>			
Wholesaler:			
Signature 	Print Brittany Pettit	Title owner	Date 11/17/21

*Handwritten notes:*  
Cys Deli, LLC  
717 Grand Ave unit 102  
Grand Lake, CO 80447  
42-91672-0000

**Wholesaler Affidavit of Compliance**  
**Section 44-3-303(1)(d), C.R.S.**

Wholesaler Licensee Name (If an LLC, partnership, corporation or name of corporation) <i>Cysdeli, LLC</i>		License Number <i>42-91672-0000</i>	
Trade Name of Establishment/Doing Business As (DBA) <i>Cys Deli</i>		Phone Number	
Physical Address <i>717 Grand Ave unit 102</i>	City <i>Grand Lake</i>	State <i>CO</i>	ZIP <i>80447</i>
Email Address			
Transferor Retailer Licensee Name <i>Cysdeli, LLC</i>		License Number <i>42-91672-0000</i>	
Trade Name of Establishment/Doing Business As (DBA) <i>Cys Deli</i>		Phone Number	
Physical Address <i>717 Grand Ave unit 102</i>	City <i>Grand Lake</i>	State <i>CO</i>	ZIP <i>80447</i>
The above wholesaler affirms that all alcohol beverages delivered to the above transferor retailer are: <input checked="" type="checkbox"/> Paid in Full (only for the purposes of complying with section 44-3-303(1)(d), C.R.S.) <b>Note:</b> If Paid in full is selected, the wholesaler may no longer extend credit to the transferee or transferor until the local and state licensing authorities have approved the transfer of the liquor license. <input type="checkbox"/> Not Paid in Full			
Wholesaler:			
Signature <i>Brittany L. Peltt</i>	Print <i>Brittany Peltt</i>	Title <i>Owner</i>	Date <i>11/17/2</i>



6/29/22

# NOTICE

PURSUANT TO THE LIQUOR LAWS OF COLORADO

Cy's Deli  
717 Grand Ave.  
Grand Lake, CO 80447

HAS REQUESTED THE LICENSING OFFICIALS OF

The Town of Grand Lake

TO: Grant a liquor license transfer

AT: Cy's Deli  
717 Grand Ave.  
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 11, 2022 @ 6:00 pm

DATE OF APPLICATION: April 21, 2022

BY ORDER OF: Grand Lake Board of Trustees

OFFICERS: Simon and Candice Connor  
P.O. Box 1061  
Grand Lake, CO 80447

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

 Dayna Crowl



THIS LICENSE MUST BE POSTED IN PUBLIC VIEW

## TOWN OF GRAND LAKE

TOWN CLERKS OFFICE  
1026 PARK AVENUE  
GRAND LAKE, CO 80447

# TEMPORARY

## ALCOHOL PERMIT

Cy's Deli  
717 Grand Avenue  
Grand Lake, CO 80447

This license is subject to the Laws of the State of Colorado and especially under the provisions of Article 47, of Title 12, Colorado Revised Statutes, as amended and the Ordinances of the Town of Grand Lake, insofar as the same may be applicable.

Fee Paid: 05-16-2022 - \$100

License Type: Beer & Wine (City)

Permit Effective: 05-18-2022

Town Clerk: Jennifer Thompson





**TOWN OF GRAND LAKE  
APPLICATION FOR TEMPORARY LIQUOR LICENSE  
PERMIT PENDING TRANSFER OF OWNERSHIP**

**Fee: \$100.00**

**NOTICE:** Any individual or corporation applying for a temporary permit is charged with the responsibility of having knowledge of the pertinent Colorado State Statutes and Regulations as set forth in C.R.S. Title 44, Articles 3 and 4.

Applicant Name: Challenge Consulting Inc  
Trade Name: Cy's Deli  
Business Address: 717 Grand Ave Grand Lake, CO 80447  
Mailing Address: PO Box 1061 G.L. CO 80447  
**(REQUIRED)**  
Phone Number: 970 531 8763  
Transfer Licensee: Cysdeli LLC  
Trade Name: Cy's Deli  
Current State Liquor License Number: 42-91622-0000  
Type of License: beer & wine

**NOTE:** A temporary liquor license permit may be issued only if a completed application for a transfer of ownership, along with all required documentation and associated fees has been submitted to the Town of Grand Lake Clerks Office, located at 1026 Park Avenue, Grand Lake, CO 80447.

A temporary liquor license permit is valid for no more than one hundred twenty days from the date of issuance and is automatically void upon completion of the transfer of ownership and issuance of a new, permanent liquor license in the name of the above applicant by the Colorado Division of Liquor Enforcement and the Town of Grand Lake Local Licensing Authority.

This permit may be canceled, revoked, or summarily suspended if the Local or State Licensing Authority determines there is probable cause to believe that the transferee has violated any provision of the Colorado Liquor/Beer Code or has violated any rule or regulation adopted by the Local or State Licensing Authority or has failed to truthfully disclose those matters required pursuant to the application forms.

**Do not write in this space - for Town of Grand Lake use only**

**Date Received:** \_\_\_\_\_

**Date Issued:** \_\_\_\_\_

**License No:** \_\_\_\_\_

**Date Expires:** \_\_\_\_\_

**Fee Received:** \_\_\_\_\_

**Town Clerk:** \_\_\_\_\_



# GRAND COUNTY SHERIFF'S OFFICE

**BRETT D. SCHROETLIN**  
SHERIFF

**WAYNE SCHAFFER**  
UNDERSHERIFF

07-07-2022

TO: Town of Grand Lake

RE: Liquor License

Transfer Parties: Simon and Candice Oconnor (Challenge Consulting DBA Cy's Deli)

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](mailto:csidener@co.grand.co.us)