

DR 8400 (02/18/24)
COLORADO DEPARTMENT OF REVENUE
Liquor Enforcement Division
PO BOX 17087
Denver CO 80217-0087
(303) 205-2300

Submit to Local Licensing Authority

CUCHARA SPIRITS LLC
34 CUCHARA AVENUE E
La Veta CO 81055

Copy

| Fees Due | |
|--|------------------|
| Annual Renewal Application Fee | \$ 250 |
| Renewal Fee | 312.50 |
| Storage Permit \$100 X _____ | \$ |
| Sidewalk Service Area \$75.00 | \$ |
| Additional Optional Premise Hotel & Restaurant \$100 X _____ | \$ |
| Related Facility - Campus Liquor Complex \$160.00 per facility | \$ |
| Amount Due/Paid | \$ 562.50 |

Make check payable to: Colorado Department of Revenue. The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department may collect the payment amount directly from your banking account electronically.

Retail Liquor License Renewal Application

Please verify & update all information below. Return to city or county licensing authority by due date.

Note that the Division will not accept cash.

Paid by check

Uploaded to Movelt on Date

Paid Online

Licensee Name

CUCHARA SPIRITS LLC

Doing Business As Name (DBA)

CUCHARA SPIRITS LLC

Liquor License Number

03-06337

License Type

Retail Liquor Store (county)

Sales Tax License Number

31534627

Expiration Date

05/08/2025

Due Date

03/24/2025

Business Address

Street Address

34 CUCHARA AVENUE E

Phone Number

[REDACTED]

City, State, ZIP Code

La Veta CO 81055

Mailing Address

Street Address

34 CUCHARA AVENUE E

City, State, ZIP Code

La Veta CO 81055

Email

dfassioth@gmail.com

Operating Manager

David Fassioth

Date of Birth

[REDACTED]

6. Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been convicted of a crime? Yes No

If yes, attach a detailed explanation.

7. Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been denied an alcohol beverage license, had an alcohol beverage license suspended or revoked, or had interest in any entity that had an alcohol beverage license denied, suspended or revoked? Yes No

If yes, attach a detailed explanation.

8. Does the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) have a direct or indirect interest in any other Colorado liquor license, including loans to or from any licensee or interest in a loan to any licensee? Yes No

If yes, attach a detailed explanation.

Affirmation & Consent

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

Type or Print Name of Applicant/Authorized Agent of Business

DAVID FASSIO HO

Title

Owner

Signature

[Handwritten Signature]

Date (MM/DD/YY)

02/10/25

Report & Approval of City or County Licensing Authority

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

Therefore this application is approved.

Local Licensing Authority For

[Empty Box]

Title

[Empty Box]

Attest

[Empty Box]

Signature

[Empty Box]

Date (MM/DD/YY)

[Empty Box]

Name (Individual/Business)

Cerrita Sp. Co. LLC

Social Security Number/Tax Identification Number

[Redacted]

Home Phone Number

[Redacted]

Business/Work Phone Number

[Redacted]

Street Address

314 Cerrita Ave E

City

Cerrita

State ZIP Code

CO

81055

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

DAVID FASSIO HU

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

David Fassio

2/10/25

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).