

# Colorado Liquor Retail License Application

New License   
  New-Concurrent   
  Transfer of Ownership   
  State Property Only

- All answers must be printed in black ink or typewritten
- Applicant must check the appropriate box(es)
- Applicant should obtain a copy of the Colorado Liquor and Beer Code: [www.colorado.gov/enforcement/liquor](http://www.colorado.gov/enforcement/liquor)

1. Applicant is applying as a/an   
 Individual   
 Limited Liability Company   
 Association or Other  
 Corporation   
 Partnership (includes Limited Liability and Husband and Wife Partnerships)

2. Applicant If an LLC, name of LLC; if partnership, at least 2 partner's names; if corporation, name of corporation

|                              |                           |
|------------------------------|---------------------------|
| Wing Shack Enterprises, Inc. | FEIN Number<br>20-2001984 |
|------------------------------|---------------------------|

|   |   |                                      |
|---|---|--------------------------------------|
| 2a. Trade Name of Establishment (DBA)<br>Wing Shack Johnstown | State Sales Tax Number<br>03504639-0014 | Business Telephone<br>(970) 660-8566 |
|---|---|--------------------------------------|

3. Address of Premises (specify exact location of premises, include suite/unit numbers)  
 21 North Parish Avenue

|                   |                |             |                        |
|-------------------|----------------|-------------|------------------------|
| City<br>Johnstown | County<br>Weld | State<br>CO | ZIP Code<br>80534-9095 |
|-------------------|----------------|-------------|------------------------|

|  |                         |             |                        |
|--|-------------------------|-------------|------------------------|
| 4. Mailing Address (Number and Street)<br>2990 W 29th Street, Unit 2 | City or Town<br>Greeley | State<br>CO | ZIP Code<br>80631-8501 |
|--|-------------------------|-------------|------------------------|

5. Email Address  
 brian@wingshackwings.com

6. If the premises currently has a liquor or beer license, you must answer the following questions

|  |  |   |                                       |
|--|--|---|---------------------------------------|
| Present Trade Name of Establishment (DBA)<br>Veterans Brothers Brewing Company | Present State License Number<br>03-07244 | Present Class of License<br>Brew Pub (city) | Present Expiration Date<br>12/18/2021 |
|--|--|---|---------------------------------------|

| Section A<br>Nonrefundable Application Fees  | Section B (Cont.)<br>Liquor License Fees  |
|--|---|
| <input type="checkbox"/> Application Fee for New License ..... \$1,550.00                        | <input type="checkbox"/> Lodging & Entertainment - L&E (County) ..... \$500.00            |
| <input type="checkbox"/> Application Fee for New License w/Concurrent Review ..... \$1,650.00    | <input type="checkbox"/> Manager Registration - H & R ..... \$75.00                       |
| <input checked="" type="checkbox"/> Application Fee for Transfer ..... \$1,550.00                | <input type="checkbox"/> Manager Registration - Tavern ..... \$75.00                      |
| Section B<br>Liquor License Fees   | <input type="checkbox"/> Manager Registration - Lodging & Entertainment ..... \$75.00     |
| <input type="checkbox"/> Add Optional Premises to H & R ..... \$100.00 X _____ Total _____       | <input type="checkbox"/> Manager Registration - Campus Liquor Complex ..... \$75.00       |
| <input type="checkbox"/> Add Related Facility to Resort Complex \$75.00 X _____ Total _____      | <input type="checkbox"/> Master File Location Fee ..... \$25.00 X _____ Total _____       |
| <input type="checkbox"/> Add Sidewalk Service Area ..... \$75.00                                 | <input type="checkbox"/> Master File Background ..... \$250.00 X _____ Total _____        |
| <input type="checkbox"/> Arts License (City) ..... \$308.75                                      | <input type="checkbox"/> Optional Premises License (City) ..... \$500.00                  |
| <input type="checkbox"/> Arts License (County) ..... \$308.75                                    | <input type="checkbox"/> Optional Premises License (County) ..... \$500.00                |
| <input type="checkbox"/> Beer and Wine License (City) ..... \$351.25                             | <input type="checkbox"/> Racetrack License (City) ..... \$500.00                          |
| <input type="checkbox"/> Beer and Wine License (County) ..... \$436.25                           | <input type="checkbox"/> Racetrack License (County) ..... \$500.00                        |
| <input checked="" type="checkbox"/> Brew Pub License (City) ..... \$750.00                       | <input type="checkbox"/> Resort Complex License (City) ..... \$500.00                     |
| <input type="checkbox"/> Brew Pub License (County) ..... \$750.00                                | <input type="checkbox"/> Resort Complex License (County) ..... \$500.00                   |
| <input type="checkbox"/> Campus Liquor Complex (City) ..... \$500.00                             | <input type="checkbox"/> Related Facility - Campus Liquor Complex (City) ..... \$160.00   |
| <input type="checkbox"/> Campus Liquor Complex (County) ..... \$500.00                           | <input type="checkbox"/> Related Facility - Campus Liquor Complex (County) ..... \$160.00 |
| <input type="checkbox"/> Campus Liquor Complex (State) ..... \$500.00                            | <input type="checkbox"/> Related Facility - Campus Liquor Complex (State) ..... \$160.00  |
| <input type="checkbox"/> Club License (City) ..... \$308.75                                      | <input type="checkbox"/> Retail Gaming Tavern License (City) ..... \$500.00               |
| <input type="checkbox"/> Club License (County) ..... \$308.75                                    | <input type="checkbox"/> Retail Gaming Tavern License (County) ..... \$500.00             |
| <input type="checkbox"/> Distillery Pub License (City) ..... \$750.00                            | <input type="checkbox"/> Retail Liquor Store License—Additional (City) ..... \$227.50     |
| <input type="checkbox"/> Distillery Pub License (County) ..... \$750.00                          | <input type="checkbox"/> Retail Liquor Store License—Additional (County) ..... \$312.50   |
| <input type="checkbox"/> Hotel and Restaurant License (City) ..... \$500.00                      | <input type="checkbox"/> Retail Liquor Store (City) ..... \$227.50                        |
| <input type="checkbox"/> Hotel and Restaurant License (County) ..... \$500.00                    | <input type="checkbox"/> Retail Liquor Store (County) ..... \$312.50                      |
| <input type="checkbox"/> Hotel and Restaurant License w/one opt premises (City) ..... \$600.00   | <input type="checkbox"/> Tavern License (City) ..... \$500.00                             |
| <input type="checkbox"/> Hotel and Restaurant License w/one opt premises (County) ..... \$600.00 | <input type="checkbox"/> Tavern License (County) ..... \$500.00                           |
| <input type="checkbox"/> Liquor—Licensed Drugstore (City) ..... \$227.50                         | <input type="checkbox"/> Vintners Restaurant License (City) ..... \$750.00                |
| <input type="checkbox"/> Liquor—Licensed Drugstore (County) ..... \$312.50                       | <input type="checkbox"/> Vintners Restaurant License (County) ..... \$750.00              |
| <input type="checkbox"/> Lodging & Entertainment - L&E (City) ..... \$500.00                     |   |

**Questions? Visit: [www.colorado.gov/enforcement/liquor](http://www.colorado.gov/enforcement/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<br>\$ |
|------------------------|----------------|--|-------------|

|  |   |   |             |                     |
|--|---|---|-------------|---------------------|
| <b>Name</b><br>Wing Shack Enterprises, Inc.  | <b>Type of License</b><br>Brew Pub (city) | <b>Account Number</b><br>03504639-0014                              |             |                     |
| 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 <input type="checkbox"/> No <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?  |   | <input type="checkbox"/> <input checked="" type="checkbox"/>        |             |                     |
| b. Had an alcohol beverage license suspended or revoked?   |   | <input type="checkbox"/> <input checked="" type="checkbox"/>        |             |                     |
| c. Had interest in another entity that had an alcohol beverage license suspended or revoked?   |   | <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 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.  |   | <input type="checkbox"/> <input checked="" type="checkbox"/>        |             |                     |
| 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?   |   | <input type="checkbox"/> <input checked="" type="checkbox"/>        |             |                     |
| or<br>Waiver by local ordinance? <input type="checkbox"/> <input type="checkbox"/><br>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? <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. |   | <input type="checkbox"/> <input type="checkbox"/>                   |             |                     |
| <i>n/a</i>   |   |   |             |                     |
| 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? <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.    |   | <input type="checkbox"/> <input type="checkbox"/>                   |             |                     |
| <i>n/a</i>   |   |   |             |                     |
| 13 a. For additional Retail Liquor Store only. Was your Retail Liquor Store License issued on or before January 1, 2016?   |   | <input type="checkbox"/> <input type="checkbox"/>                   |             |                     |
| <i>n/a</i>   |   |   |             |                     |
| 13 b. Are you a Colorado resident?   |   | <input type="checkbox"/> <input type="checkbox"/>                   |             |                     |
| <i>n/a</i>   |   |   |             |                     |
| 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.   |   | <input checked="" type="checkbox"/> <input type="checkbox"/>        |             |                     |
| 15. Does the applicant, as listed on line 2 of this application, <b>have legal possession of the premises by ownership</b> , lease or other arrangement?<br><input type="checkbox"/> Ownership <input checked="" type="checkbox"/> Lease <input type="checkbox"/> Other (Explain in Detail) _____  |   | <input type="checkbox"/> <input type="checkbox"/>                   |             |                     |
| a. If leased, list name of landlord and tenant, and date of expiration, <b>exactly</b> as they appear on the lease:  |   |   |             |                     |
| Landlord<br>21 N. Parish LLC   | Tenant<br>Wing Shack Enterprises Inc      | Expires<br>10/31/2024   |             |                     |
| b. Is a percentage of alcohol sales included as compensation to the landlord? If yes, complete question 16.  |   | <input type="checkbox"/> <input checked="" type="checkbox"/>        |             |                     |
| 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<br>NONE  | First Name                                | Date of Birth   | FEIN or SSN | Interest/Percentage |
| Last Name  | First Name                                | Date of Birth   | FEIN or SSN | Interest/Percentage |
| <b>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.</b>                |   |   |             |                     |
| 17. Optional Premises or Hotel and Restaurant Licenses with Optional Premises:<br>Has a local ordinance or resolution authorizing optional premises been adopted?  |   | <input type="checkbox"/> <input type="checkbox"/>                   | <i>n/a</i>  |                     |
| 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.   |   |   |             |                     |
| <i>n/a</i>   |   |   |             |                     |
| 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?<br>If "yes" a copy of license must be attached.   |   | <input type="checkbox"/> <input type="checkbox"/>                   | <i>n/a</i>  |                     |

|  |   |  |                              |                      |
|--|---|--|------------------------------|----------------------|
| Name<br><b>Wing Shack Enterprises, Inc.</b>  | Type of License<br><b>Brew Pub (city)</b>       | Account Number<br><b>03504639-0014</b>   |                              |                      |
| <b>20. Club Liquor License applicants answer the following: Attach a copy of applicable documentation</b>  |   |  |                              |                      |
| a. Is the applicant organization operated solely for a national, social, fraternal, patriotic, political or athletic purpose and not for pecuniary gain?   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                              |                      |
| 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?  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                              |                      |
| c. How long has the club been incorporated?  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                              |                      |
| d. Has applicant occupied an establishment for three years (three years required) that was operated solely for the reasons stated above?   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                              |                      |
| <b>21. Brew-Pub, Distillery Pub or Vintner's Restaurant applicants answer the following:</b>   |   |  |                              |                      |
| a. Has the applicant received or applied for a Federal Permit? (Copy of permit or application must be attached)  |   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                              |                      |
| <b>22. Campus Liquor Complex applicants answer the following:</b>  |   |  |                              |                      |
| a. Is the applicant an institution of higher education?  |   | Yes No<br><input type="checkbox"/> <input type="checkbox"/>  |                              |                      |
| b. Is the applicant a person who contracts with the institution of higher education to provide food services?<br><b>If "yes" please provide a copy of the contract with the institution of higher education to provide food services.</b>  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                              |                      |
| <b>23. For all on-premises applicants.</b>   |   |  |                              |                      |
| 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<br><b>Mulder</b>  |   | First Name of Manager<br><b>Craig A.</b>   |                              |                      |
| <b>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.</b>   |   |  |                              |                      |
|  |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                              |                      |
| <b>25. Related Facility - Campus Liquor Complex applicants answer the following:</b>   |   |  |                              |                      |
| a. Is the related facility located within the boundaries of the Campus Liquor Complex?<br>If yes, please provide a map of the geographical location within the Campus Liquor Complex.<br>If no, this license type is not available for issues outside the geographical location of the Campus Liquor Complex.  |   | Yes No<br><input type="checkbox"/> <input type="checkbox"/>  |                              |                      |
| b. Designated Manager for Related Facility- Campus Liquor Complex  |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                              |                      |
| Last Name of Manager   |   | First Name of Manager  |                              |                      |
| <b>26. Tax Information.</b>  |   |  |                              |                      |
| 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"/> Yes <input checked="" type="checkbox"/> No  |                              |                      |
| 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"/> Yes <input checked="" type="checkbox"/> No  |                              |                      |
| <b>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.</b> |   |  |                              |                      |
| Name<br><b>Brian F. Seifried</b>   | Home Address, City & State<br><b>[REDACTED]</b> | DOB<br><b>[REDACTED]</b>   | Position<br><b>President</b> | %Owned<br><b>100</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.

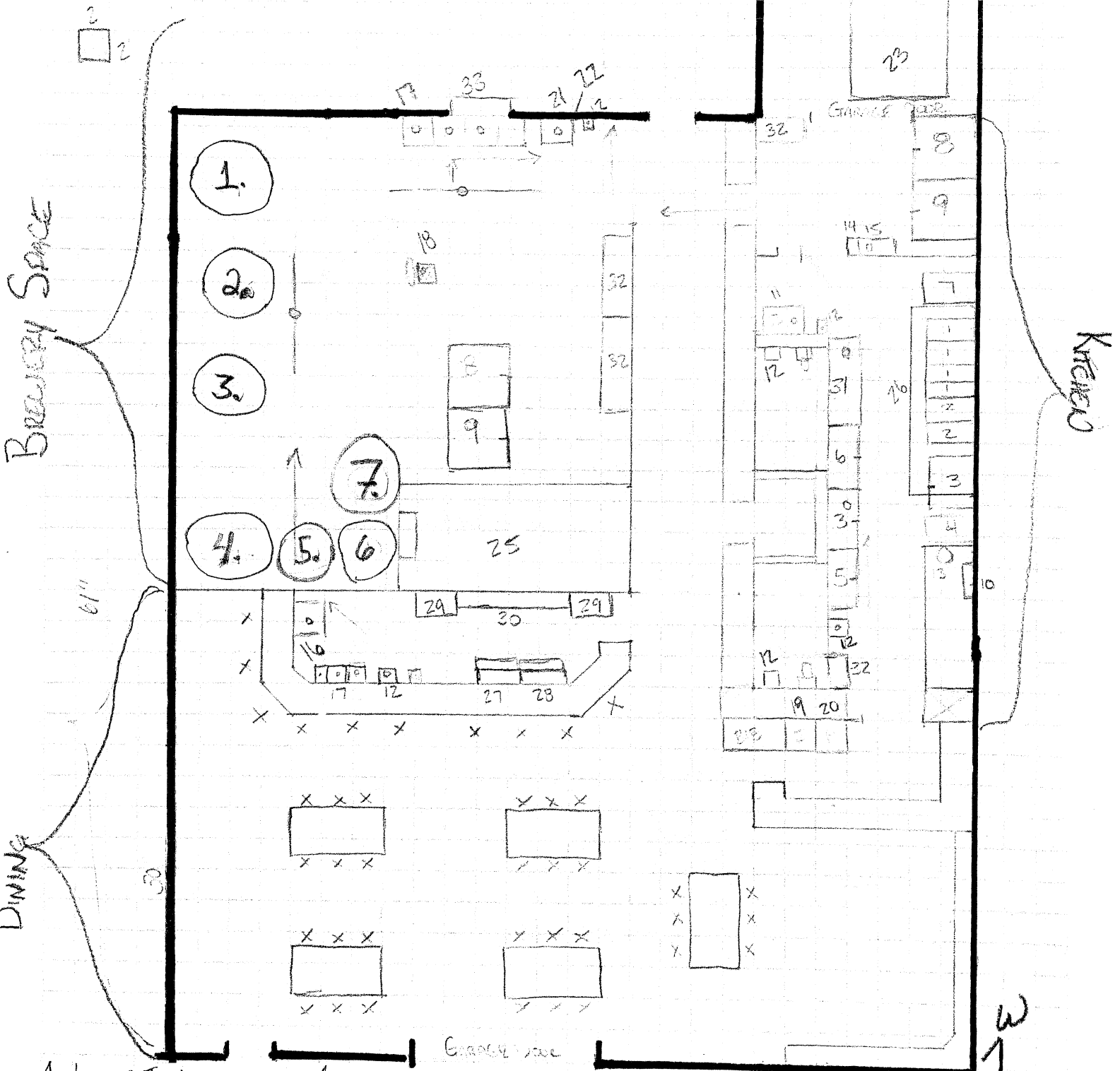
|  |  |  |    |                          |                          |                          |                          |                          |                          |
|--|--|--|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Name<br><b>Wing Shack Enterprises, Inc.</b>  | Type of License<br><b>Brew Pub (city)</b>  | Account Number<br><b>03504639-0014</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<br>  | Printed Name and Title<br><b>Brian F. Seifried</b>   | Date<br><b>10/22/21</b>  |    |                          |                          |                          |                          |                          |                          |
| <b>Report and Approval of Local Licensing Authority (City/County)</b>  |  |  |    |                          |                          |                          |                          |                          |                          |
| Date application filed with local authority<br><b>10/22/2021</b>   | Date of local authority hearing (for new license applicants; cannot be less than 30 days from date of application)<br><b>Jan. 3, 2021</b>  |  |    |                          |                          |                          |                          |                          |                          |
| 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:   |  |  |    |                          |                          |                          |                          |                          |                          |
| <input checked="" type="checkbox"/> Fingerprinted<br><input checked="" type="checkbox"/> 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)  |  |  |    |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> Date of inspection or anticipated date _____<br><input checked="" type="checkbox"/> Will conduct inspection upon approval of state licensing authority  |  |  |    |                          |                          |                          |                          |                          |                          |
| <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?<br><br><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?<br><br><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.<br><br><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? | <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Yes</td> <td style="width:50%; border:none;">No</td> </tr> <tr> <td style="border:none;"><input type="checkbox"/></td> <td style="border:none;"><input type="checkbox"/></td> </tr> <tr> <td style="border:none;"><input type="checkbox"/></td> <td style="border:none;"><input type="checkbox"/></td> </tr> <tr> <td style="border:none;"><input type="checkbox"/></td> <td style="border:none;"><input type="checkbox"/></td> </tr> </table> | Yes  | No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes  | No   |  |    |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>   | <input type="checkbox"/>   |  |    |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>   | <input type="checkbox"/>   |  |    |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>   | <input type="checkbox"/>   |  |    |                          |                          |                          |                          |                          |                          |
| 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>   |  |  |    |                          |                          |                          |                          |                          |                          |
| Local Licensing Authority for  | Telephone Number   | <input type="checkbox"/> Town, City<br><input type="checkbox"/> County |    |                          |                          |                          |                          |                          |                          |
| Signature  | Print  | Title  |    |                          |                          |                          |                          |                          |                          |
| Signature  | Print  | Title  |    |                          |                          |                          |                          |                          |                          |
|  |  | Date   |    |                          |                          |                          |                          |                          |                          |
|  |  | Date   |    |                          |                          |                          |                          |                          |                          |

21 N PARISH AVE  
 JOHNSTOWN, CO 80534  
 WING SHACK JOHNSTOWN

BREWERY SPACE

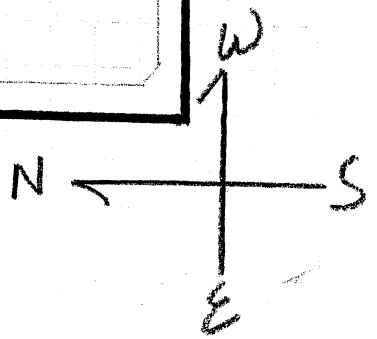
KITCHEN

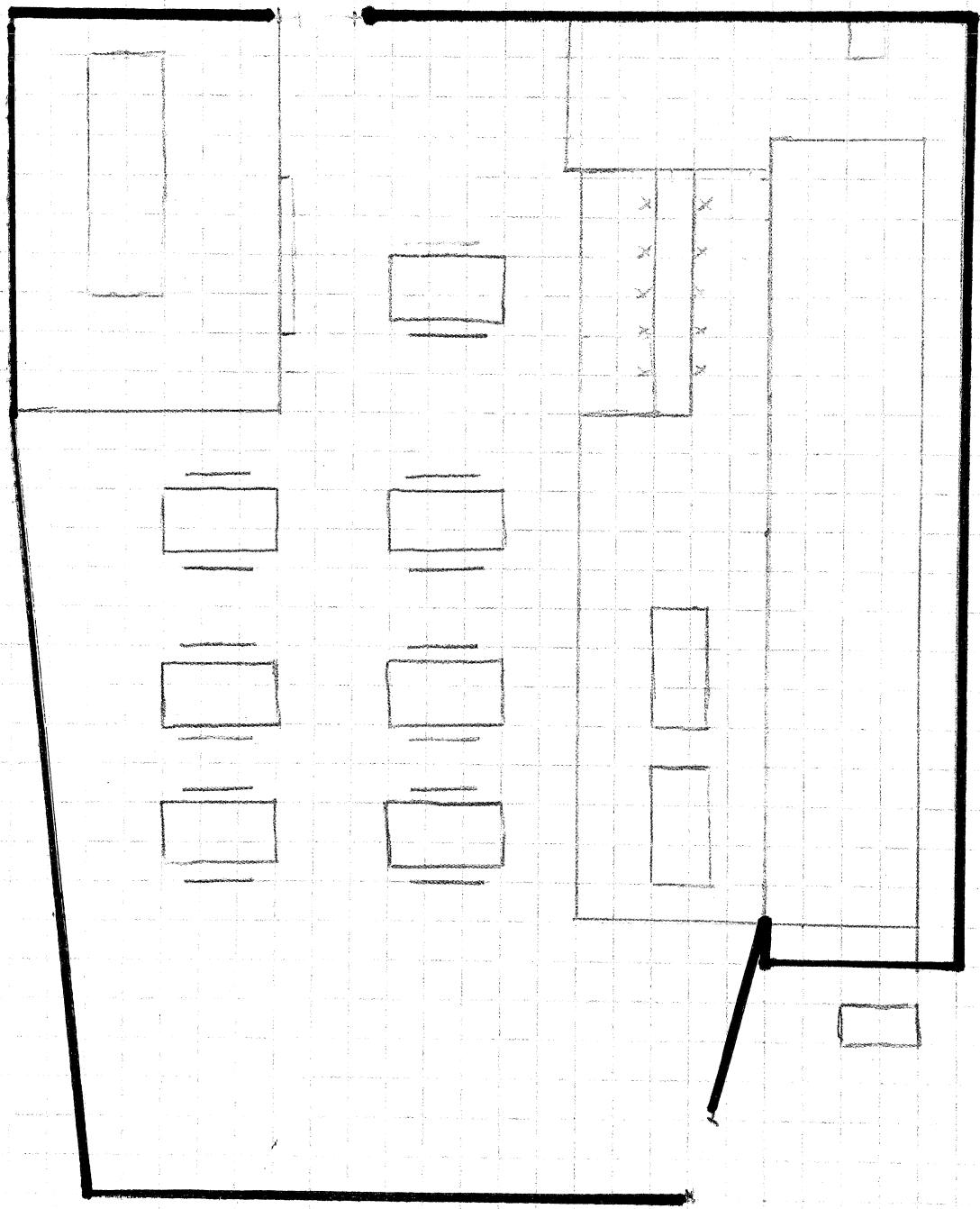
DINING



- 1. LAUTER TANK.
- 2. KETTLE
- 3. FERMENTER - 14 bbl
- 4. FERMENTER - 7bbl

- 5. FERMENTER - 7bbl
- 6. FERMENTER - 7bbl 52"
- 7. BRITE TANK





2'  
□ 2

JOHNSTOWN PATIO