

DR 8403 (09/25/19)  
**COLORADO DEPARTMENT OF REVENUE**  
 Liquor Enforcement Division  
 (303) 205-2300

## Colorado Fermented Malt Beverage License Application

<input checked="" type="checkbox"/> <b>New License</b> <input type="checkbox"/> <b>New-Concurrent</b> <input type="checkbox"/> <b>Transfer of Ownership</b>			
<ul style="list-style-type: none"> <li>• All answers must be printed in black ink or typewritten</li> <li>• Applicant must check the appropriate box(es)</li> <li>• Local license fee \$ _____</li> <li>• Applicant should obtain a copy of the Colorado Liquor and Beer Code: <a href="http://www.colorado.gov/enforcement/liquor">www.colorado.gov/enforcement/liquor</a></li> </ul>			
1. Applicant is applying as a/an  <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership (includes Limited Liability and Husband and Wife Partnerships)  <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Association or Other			
2. Applicant(s) If an LLC, name of LLC; if partnership, at least 2 partners' names; if corporation, name of corporation <p style="text-align: center;">TA Operating LLC</p>			FEIN 34-1747077
2a. Trade Name of Establishment (DBA) <p style="text-align: center;">Petro Stopping Centers</p>		State Sales Tax No. 0755401-0005	Business Telephone 303-460-9464
3. Address of Premises (specify exact location of premises) <p style="text-align: center;">2842 SE Frontage Road</p>			
City Johnstown	County Larimer County	State CO	ZIP Code 80534
4. Mailing Address (Number and Street) Two Newton Pl, 255 Washington St., Suite 100		City or Town Newton	State MA ZIP Code 02458
5. Email Address <p style="text-align: center;">Dmichelson@ta-petro.com; adena.santiago@huschblackwell.com</p>			
6. If the premises currently has a liquor or beer license, you MUST answer the following questions			
Present Trade Name of Establishment (DBA) N/A	Present State License No. N/A	Present Class of License N/A	Present Expiration Date N/A
<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	\$1,550.00	<input type="checkbox"/> Retail Fermented Malt Beverage On-Premises (City)	\$96.25
<input checked="" type="checkbox"/> Application Fee for New License - w/Concurrent Review	\$1,650.00	<input type="checkbox"/> Retail Fermented Malt Beverage On-Premises (County)	\$117.50
<input type="checkbox"/> Application Fee for Transfer	\$1,550.00	<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 checked="" 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://www.colorado.gov/enforcement/liquor">www.colorado.gov/enforcement/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)	<b>Total</b>
			<b>\$</b>

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<b>7.</b> Is the applicant (including any of the partners if a partnership; members or managers if a limited liability company; or officers, stockholders or directors if a corporation) or managers under the age of twenty-one years?	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>										
<b>8.</b> 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): <ul style="list-style-type: none"> <li>(a) been denied an alcohol beverage license? <span style="float: right;"><input type="checkbox"/> <input checked="" type="checkbox"/></span></li> <li>(b) had an alcohol beverage license suspended or revoked? <span style="float: right;"><input checked="" type="checkbox"/> <input type="checkbox"/></span></li> <li>(c) had interest in another entity that had an alcohol beverage license suspended or revoked? <span style="float: right;"><input checked="" type="checkbox"/> <input type="checkbox"/></span></li> </ul> If you answered yes to 8a, b or c, explain in detail on a separate sheet											
<b>9.</b> Has a Fermented Malt Beverage license for the premises to be licensed been denied within the preceding one year? If "yes," explain in detail.	<input type="checkbox"/> <input checked="" type="checkbox"/>										
<b>10.</b> Is the proposed Retail Fermented Malt Beverage Off Premises license within 500 feet of any public or parochial school, the principal campus of any college, university, or seminary? NOTE: The distances are to be computed using the methods outlined under C.R.S. 44-3-313(1)(d)(II). Some limited exceptions apply under C.R.S. 44-3-313.	<input type="checkbox"/> <input checked="" type="checkbox"/>										
<b>11.</b> Is the proposed Retail Fermented Malt Beverage Off Premises license, or On/Off premises license, within 500 feet of a Retail Liquor Store licensed under section 44-3-409 C.R.S.? Distance should be determined using guidelines outlined in 44-3-301(12)(c) C.R.S.	<input type="checkbox"/> <input checked="" type="checkbox"/>										
<b>12.</b> Has a liquor or beer license ever been issued to the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation)? If yes, identify the name of the business and list any current or former financial interest in said business including any loans to or from a licensee.	<input checked="" type="checkbox"/> <input type="checkbox"/>										
<b>13.</b> Does the applicant, as listed on line 2 of this application, have legal possession of the premises by virtue of ownership, lease or other arrangement? <input 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:	<input checked="" type="checkbox"/> <input type="checkbox"/>										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">Landlord</td> <td style="width:35%;">Tenant</td> <td style="width:20%;">Expires</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Landlord	Tenant	Expires								
Landlord	Tenant	Expires									
<b>b.</b> Is a percentage of alcohol sales included as compensation to the landlord? If yes complete question 12.	<input type="checkbox"/> <input type="checkbox"/>										
<b>c.</b> Attach a diagram or designate the area to be licensed in black bold outline (including dimensions) which shows the bars, brewery, walls, partitions, entrances, exits and what each room shall be utilized for in this business. This diagram should be no larger than 8 1/2" X 11".											
<b>14.</b> 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.											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Last Name</td> <td style="width:20%;">First Name</td> <td style="width:10%;">Date of Birth</td> <td style="width:20%;">FEIN or SSN</td> <td style="width:20%;">Interest</td> </tr> <tr> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> </tr> </table>	Last Name	First Name	Date of Birth	FEIN or SSN	Interest	N/A	N/A	N/A	N/A	N/A	
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Last Name	First Name	Date of Birth	FEIN or SSN	Interest							
N/A	N/A	N/A	N/A	N/A							
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>15. Name of Manager(s) for all on premises applicants.</b>											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">Last Name</td> <td style="width:35%;">First Name</td> <td style="width:20%;">Date of Birth</td> </tr> <tr> <td style="text-align: center;">Bohanan</td> <td style="text-align: center;">Tatiana</td> <td style="text-align: center;"></td> </tr> </table>	Last Name	First Name	Date of Birth	Bohanan	Tatiana						
Last Name	First Name	Date of Birth									
Bohanan	Tatiana										
<b>16.</b> Does this manager act as the manager of, or have a financial interest in, any other liquor licensed establishment in the State of Colorado? If yes, provide name, type of license and account number.	<input type="checkbox"/> <input checked="" type="checkbox"/>										
<b>17. Tax Information.</b>											
<b>a.</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, been found in final order of a tax agency to be delinquent in the payment of any state or local taxes, penalties, or interest related to a business?	<input type="checkbox"/> <input checked="" type="checkbox"/>										
<b>b.</b> Has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or any other person with a 10% or greater financial interest in the applicant failed to pay any fees or surcharges imposed pursuant to section 44-3-503, C.R.S.?	<input type="checkbox"/> <input checked="" type="checkbox"/>										

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

Name	Home Address, City & State	Date of Birth	Position	% Owned
Please see attached Rider.				
Name	Home Address, City & State	Date of Birth	Position	% Owned
Name	Home Address, City & State	Date of Birth	Position	% Owned
Name	Home Address, City & State	Date of Birth	Position	% Owned

\*\* If applicant is owned 100% by a parent company, please list the designated principal officer on above.  
 \*\* Corporations - the President, Vice-President, Secretary and Treasurer must be accounted for above (Include ownership percentage if applicable)  
 \*\* If total ownership percentage disclosed here does not total 100%, applicant must check this box:   
 Applicant affirms that no individual other than these disclosed herein owns 10% or more of the applicant and does not have financial interest in a prohibited liquor license pursuant to Article 3 or 5, C.R.S.

**Oath of Applicant**

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Colorado Liquor or Beer Code which affect my license.

Authorizing Signature <i>By Mark Young</i>	Printed Name and Title Mark R. Young, Ex. VP, Gen. Counsel on behalf of TA Operating LLC	Date 12/4/2020
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**Report and Approval of Local Licensing Authority (City/County)**

Date application filed with local authority <i>2/4/2021</i>	Date of local authority hearing – for new license applicants cannot be less than 30 days from date of application 44-3-311(1) C.R.S.
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Each person required to file DR 8404-I has been:

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

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

(Check One)

- Date of Inspection or Anticipated Date \_\_\_\_\_
- Upon approval of state licensing authority
- New Fermented Malt Beverage Off Premises licenses, and On/Off Premises licenses, distance requirements of 44-3-301 C.R.S. are satisfied
- New Fermented Malt Beverage On/Off premises licenses must meet the qualifications of 44-4-104 C.R.S.

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

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

### **TA Operating LLC History Rider**

8.(b) TA Operating LLC, a wholly owned subsidiary of TravelCenters of America Inc., a publicly traded company which is listed on the Nasdaq (Nasdaq: "TA"). TA through its wholly owned subsidiaries owns and/or operates in excess of 220 travel centers across the United States, some of which serve and/or sell alcoholic beverages pursuant to retail licenses held by TA (including four (4) in Colorado). None of the alcoholic beverage licenses described above has ever been revoked, but some licenses have been voluntarily surrendered as a result of sale of a licensed business. From time to time, some of the licensed locations have been the subject of alcoholic beverage regulatory inquiry leading to offers in compromise or, in limited cases, a brief suspension.

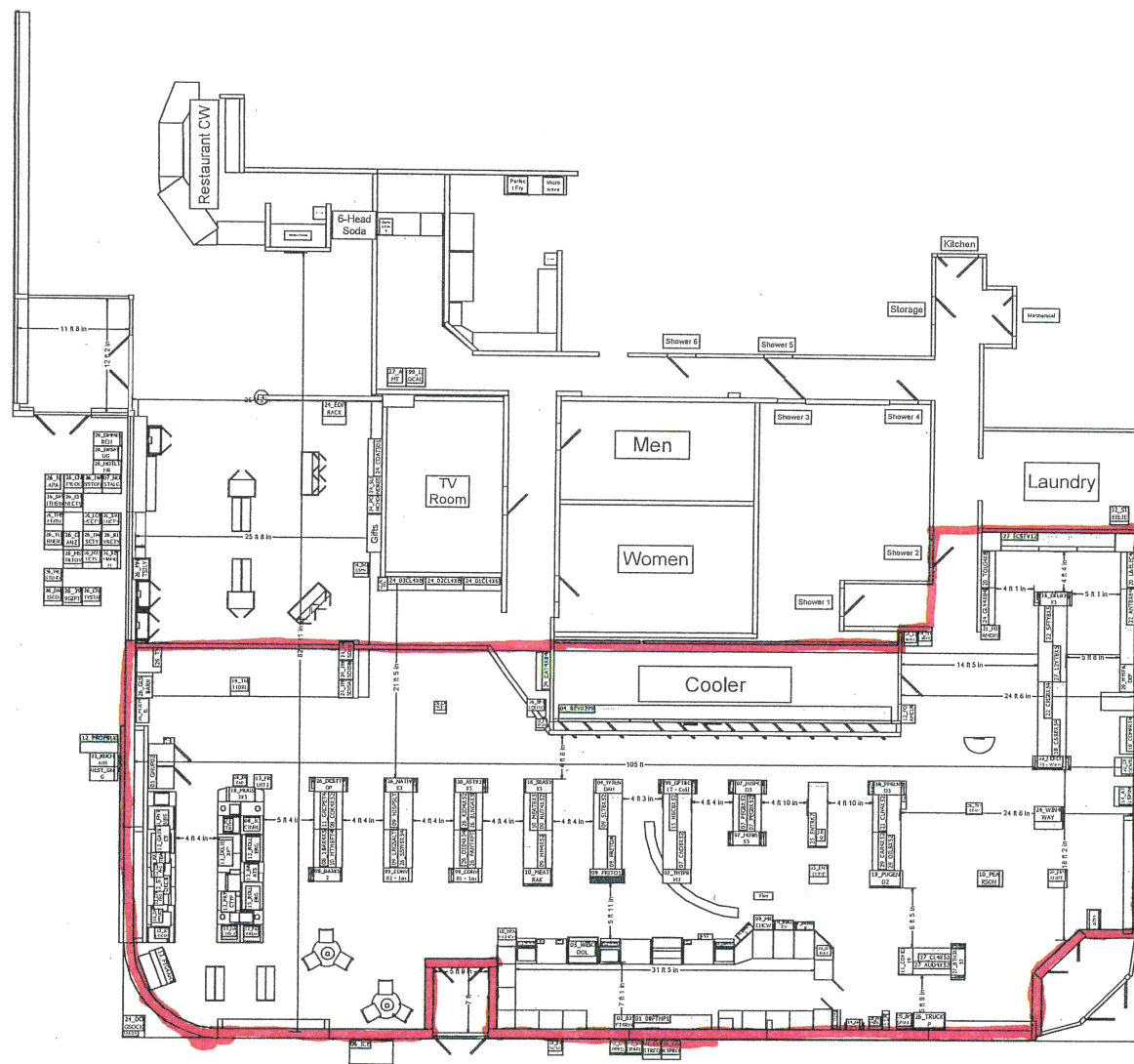
8.(c) In addition, some of the officers and directors are also officers and/or directors of Service Properties Trust (Nasdaq: "SVC") and Five Star Senior Living, Inc. (Nasdaq: "FVE") and their subsidiaries and affiliates. Each of SVC, TA and FVE is a publicly traded company on Nasdaq (the "Public Companies"). HPT, through its subsidiaries and affiliated companies, owns in excess of 300 hotels and 180 travel centers across the United States, several of which sell alcoholic beverages pursuant to licenses under HPT or its subsidiaries. FVE operates and owns in excess of 250 senior living communities across the United States, several of which sell alcoholic beverages pursuant to licenses under FVE or its subsidiaries. Finally, some of the officers and directors are also shareholders and/or officers and/or directors of Sonesta International Hotels Corporation ("Sonesta") which owns and/or manages in excess of 55 hotels across the United States, some of which serve alcoholic beverages pursuant to licenses held by Sonesta, including three (3) in Colorado. As corporate principals of the Public Companies and Sonesta, these individuals have a past or present interest in those licenses. Their affiliation with the alcoholic beverage licenses is solely in the capacity of shareholder and/or corporate official.

**TA Operating LLC**

Rider to Number 18

<u>Name</u>	<u>Home Address, City &amp; State</u>	<u>Date of Birth</u>	<u>Position</u>	<u>% of Ownership</u>
Adam D. Portnoy	Boston, MA 02116		Managing Director	0%
Jonathan M. Pertchik	Naples, FL 34108		CEO, Managing Director	0%
Barry A. Richards	Amherst, OH 44001		President	0%
Peter J. Crage	Windermere, FL 34786		EVP, CFO & Treasurer	0%
Mark R. Young	Boston, MA 02125		EVP, General Counsel	0%
Jennifer B. Clark	Sudbury, MA 01776		Secretary	0%

POG Add or Move  
 Yes  
 No



0399  
 Measurements - Johnson's Corners, CO  
 14 Jan 2021

Leff LED Ceiling Lights - Sep 2016  
 Randal CW - Sep 2016  
 Randal TOGO - Sep 2016  
 Lozier Fixture - Black/Platinum - May 2015