



To: Mayor and Council  
From: Jay Brunvand  
Date: February 5, 2025  
Agenda Item: Renewal of a Hotel and Restaurant Liquor License

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**REQUEST:**

Staff is requesting Council to review and approve the attached Renewal application for a Hotel and Restaurant Liquor License for The Minturn Saloon LLC., 146 N. Main St, Constance Mazza Owner/Manager.

**INTRODUCTION:**

The Minturn Saloon is up for annual renewal of their liquor license.

**ANALYSIS:**

Not Applicable

**COMMUNITY INPUT:**

N/A

**BUDGET / STAFF IMPACT:**

The applicant has submitted the required fee of \$125.00.

**STRATEGIC PLAN ALIGNMENT:**

In accordance with Strategy #4 the Town will advance decisions/projects/initiatives that expand future opportunity and viability for Minturn. Both as an employer and a sales tax contributor these businesses each help further Minturn.

**RECOMMENDED ACTION OR PROPOSED MOTION:**

This item is approved on the Consent Agenda, no separate motion is required.

**ATTACHMENTS:**

- Application and supporting documentation for the license renewal.

DR 8400 (02/16/24)  
 COLORADO DEPARTMENT OF REVENUE  
 Liquor Enforcement Division  
 PO BOX 17087  
 Denver CO 80217-0087  
 (303) 206-2300

RECEIVED

Submit to Local Licensing Authority JAN 13 2025

THE SALOON  
 PO BOX 2653  
 Edwards CO 81632

1915

Fees Due	
Annual Renewal Application Fee	\$
Renewal Fee	750.00
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	\$ 750.00

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 MoveIt on Date

☐

Paid Online

Licensee Name

THE MINTURN SALOON LLC

Doing Business As Name (DBA)

THE SALOON

Liquor License Number

License Type

Hotel & Restaurant (city)

Sales Tax License Number

Expiration Date

Due Date

04/18/2025

03/04/2025

### Business Address

Street Address

146 NORTH MAIN STREET

Phone Number

9708275954

City, State, ZIP Code

Minturn CO 81645

### Mailing Address

Street Address

PO BOX 2653

City, State, ZIP Code

Edwards CO 81632

Email

Connie@minturnsaloon.com

Operating Manager

Connie Mazza

Date of Birth

**Home Address**

Street Address

Phone Number

117 Tall Grass

City

State

ZIP Code

Gypsum

CO

81637

1. Do you have legal possession of the premises at the street address?..... ☒ Yes ☐ No

Are the premises owned or rented?

☐ Owned

\*If rented, expiration date of lease

☒ Rented\*

12/31/2055

2. Are you renewing a storage permit, additional optional premises, sidewalk service area, or related facility?..... ☐ Yes ☒ No

If yes, please see the table in the upper right hand corner and include all fees due.

3. Are you renewing a takeout and/or delivery permit?..... ☐ Yes ☒ No

(Note: must hold a qualifying license type and be authorized for takeout and/or delivery license privileges) If selecting 'Yes', an additional \$11.00 is required to renew the permit.

If so, which are you renewing?..... ☐ Delivery ☐ Takeout ☐ Both Takeout and Delivery

4. Since the date of filing of the last application, 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?..... ☐ Yes ☒ No

Since the date of filing of the last application, 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.?..... ☐ Yes ☒ No

5. Since the date of filing of the last application, has there been any change in financial interest (new notes, loans, owners, etc.) or organizational structure (addition or deletion of officers, directors, managing members or general partners)?..... ☐ Yes ☒ No

If yes, explain in detail and attach a listing of all liquor businesses in which these new lenders, owners (other than licensed financial institutions), officers, directors, managing members, or general partners are materially interested.

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.

We have a liquor license at our other restaurant: Village Bagel, LLC  
34500 US HWY 6 # B7 Edwards CO 81632  
Liq. License #: [REDACTED]

#### 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

CONNIE MAZZA

Title  
Connie Mazza

Signature  
Owner

Date (MM/DD/YY)

1/8/25

#### 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

Title

Attest

Signature

Date (MM/DD/YY)