DR 8400 (02/16/24) COLORADO DEPARTMENT OF REVENUE Liquor Enforcement Division PO BOX 17087 Denver CO 80217-0087 (303) 205-2300

Submit to Local Licensing Authority

**RG LAKOTA GOLF OPS** LLC PO BOX 4100 Basalt CO 81621

Fees Due	
Annual Renewal Application Fee (\$125 Effective July 1, 2023 - June 30, 2024 and \$250.00 for application received by LED on or after July 1st, 2024)	\$
Renewal Fee	625.00
Storage Permit \$100 X	\$
Sidewalk Service Area \$75,00	\$
Additional Optional Premise Hotel & Restaurant \$100 X 1	\$ 100.00
Related Facility - Campus Liquor Complex \$160 00 per facility	\$
Amount Due/Paid	\$ 725.00

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

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Please verify & update all information below	ow. Return to	city or c	ounty licensing auti	hority by	y due date.
Note that the Division will not accept ca	sh.		Paid by check	Upload	ded to Movelt on Date
Licensee Name		Х	Paid Online		
RG LAKOTA GOLF OPS, LLC					
Doing Business As Name (DBA)					
RG LAKOTA GOLF OPS LLC					
Liquor License Number	L	icense	Туре		
03-13598			nal Premises (city)		
Sales Tax License Number E	Expiration Date	)		Due D	ate
94473888	08/04/2024			06/2	0/2024
Business Address	January Control of the Control of th		111		
Street Address					Phone Number
1000 CLUBHOUSE DRIVE				***************************************	9702733100
City, State, ZIP Code	· · · · · · · · · · · · · · · · · · ·	Process to the large			
New Castle CO 81647					
Mailing Address					
Street Address					
PO BOX 4100		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
City, State, ZIP Code					
Basalt CO 81621					
Email					
PBRIGHAM @ ROMERO - GROUP.	Com		1		
Operating Manager				Date	of Birth
Shawn Gleason					

-	ome Address		
Str	reet Address Phone Num	nber	
Z	12 Terrace Dr.		
Cit			
<	Snasmass Village Co 18161	5	
1.	Do you have legal possession of the premises at the street address?	Ø Yes	O No
	Are the premises owned or rented? Owned *If rented, expiration date of I	ease	***
	O Rented*		
1.	Are you renewing a storage permit, additional optional premises, sidewalk service area, or related facility?	O Yes	O No
	If yes, please see the table in the upper right hand corner and include all fees of	lue.	
2.	Are you renewing a takeout and/or delivery permit?	O Yes	Ø No
	(Note: must hold a qualifying license type and be authorized for takeout and/or deliver	y license pr	ivileges)
	If selecting 'Yes', an additional \$11.00 is required to renew the permit.		
	If so, which are you renewing? O Delivery O Takeout O Both Takeout a	and Delivery	
3.	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% orgreater 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	Ø 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	() Yes	(Y No
	44-3-503, C.R.S.?		
4.	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)?	O Yes	Ø No
	If yes, explain in detail and attach a listing of all liquor businesses in which these owners (other than licensed financial institutions), officers, directors, managing general partners are materially interested.		

Name (Individual/Business)		
RG LAKOTA GOLF OPS, LLC		
Social Security Number/Tax Identification Number		rk Phone Number 37 - 3615
Street Address		
1000 CLUBHOUSE DRIVE		
NEW CASTLE	State CO	ZIP Code 81647
Printed name of person signing on behalf of the Applican	nt/Licensee	
Shaun Gleason		
Applicant/Licensee's Signature (Signature authorizing the	ne disclosure of confidential tax information)	Signed 4/29/24

## **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).

1.	agents, owners, managers, partners or lenders (other than licensed financial institutions) been convicted of a crime?	() Yes	& No
	If yes, attach a detailed explanation.		
2.	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?  If yes, attach a detailed explanation.	() Yes	& No
3.	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?  If yes, attach a detailed explanation.	() Yes	& No
Aff	firmation & Consent		
true	eclare under penalty of perjury in the second degree that this application and all att e, correct and complete to the best of my knowledge. be or Print Name of Applicant/Authorized Agent of Business	achments	are
	Shawh Gleason		
Title	a lora		
Sign	nature	Date (MM/	/DD/YY)
Ĺ	Sle	04/2	19/24
Re	port & Approval of City or County Licensing Authority		
the	e foregoing application has been examined and the premises, business conducted applicant are satisfactory, and we do hereby report that such license, if granted, wovisions of Title 44, Articles 4 and 3, C.R.S., and Liquor Rules.		
The	erefore this application is approved.		
Loc	al Licensing Authority For		
Title		Attest	
Sign	nature	Date (MM/	DD/YY)

DR 8495 (02/16/24)
COLORADO DEPARTMENT OF REVENUE
Liquor Enforcement Division
PO BOX 17087
Denver CO 80217-0087
(303) 205-2300

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

1, Shawn Gleason
am signing this Tax Check Authorization, Waiver and Request to Release Information (hereinafter
"Waiver") on behalf of
(the "Applicant/Licensee")
RG LAKOTA GOLF OPS, LLC

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.