

Colorado Liquor Retail License Application

* Note that the Division will not accept cash ☐ Paid by Check Date Uploaded to MoveIt

☐ Paid Online

☒ New License ☐ New-Concurrent ☐ Transfer of Ownership ☐ State Property Only ☐ Master file

- 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: SBG.Colorado.gov/Liquor

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

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

Little Cambodia LLC

FEIN Number

[REDACTED]

State Sales Tax Number

[REDACTED]

Trade Name of Establishment (DBA)

[REDACTED]

Business Telephone

[REDACTED]

Address of Premises (specify exact location of premises, include suite/unit numbers)

720 E US Hwy 50

City

Salida

County

Chaffee

State

CO

ZIP Code

81201

Mailing Address (Number and Street)

401 Hunt Street

City or Town

Salida

State

CO

ZIP Code

81201

Email Address

phannyjones@icloud.com

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

Present Trade Name of Establishment (DBA)

[REDACTED]

Present State License Number

[REDACTED]

Present Class of License

[REDACTED]

Present Expiration Date

[REDACTED]

Section A Nonrefundable application fees*

- ☐ Application Fee for New License\$1,100.00
- ☒ Application Fee for New License with Concurrent Review\$1,200.00
- ☐ Application Fee for Transfer.....\$1,100.00

Section B Liquor License Fees*

- ☐ Add Optional Premises to H & R\$100.00 X Total
- ☐ Add Sidewalk Service Area.....\$75.00
- ☐ Arts License (City).....\$308.75
- ☐ Arts License (County)\$308.75
- ☐ Beer and Wine License (City).....\$351.25
- ☐ Beer and Wine License (County).....\$436.25
- ☐ Brew Pub License (City)\$750.00
- ☐ Brew Pub License (County).....\$750.00
- ☐ Campus Liquor Complex (City)\$500.00
- ☐ Campus Liquor Complex (County)\$500.00
- ☐ Campus Liquor Complex (State)\$500.00
- ☐ Club License (City)\$308.75
- ☐ Club License (County)\$308.75
- ☐ Distillery Pub License (City).....\$750.00
- ☐ Distillery Pub License (County)\$750.00
- X ☒ Hotel and Restaurant License (City).....\$500.00
- ☐ Hotel and Restaurant License (County)\$500.00
- ☐ Hotel and Restaurant License with one optional premises (City).....\$600.00
- ☐ Hotel and Restaurant License with one optional premises (County).....\$600.00

Section B Liquor License Fees* (Continued)

| | |
|--|----------|
| <input type="checkbox"/> Liquor-Licensed Drugstore (City)..... | \$227.50 |
| <input type="checkbox"/> Liquor-Licensed Drugstore (County)..... | \$312.50 |
| <input type="checkbox"/> Lodging & Entertainment - L&E (City) | \$500.00 |
| <input type="checkbox"/> Lodging & Entertainment - L&E (County) | \$500.00 |
| <input type="checkbox"/> Manager Registration - H & R | \$30.00 |
| <input type="checkbox"/> Manager Registration - Tavern | \$30.00 |
| <input type="checkbox"/> Manager Registration - Lodging & Entertainment | \$30.00 |
| <input type="checkbox"/> Manager Registration - Campus Liquor Complex | \$30.00 |
| <input type="checkbox"/> Optional Premises License (City) | \$500.00 |
| <input type="checkbox"/> Optional Premises License (County) | \$500.00 |
| <input type="checkbox"/> Racetrack License (City) | \$500.00 |
| <input type="checkbox"/> Racetrack License (County) | \$500.00 |
| <input type="checkbox"/> Resort Complex License (City)..... | \$500.00 |
| <input type="checkbox"/> Resort Complex License (County)..... | \$500.00 |
| <input type="checkbox"/> Related Facility - Campus Liquor Complex (City)..... | \$160.00 |
| <input type="checkbox"/> Related Facility - Campus Liquor Complex (County) | \$160.00 |
| <input type="checkbox"/> Related Facility - Campus Liquor Complex (State) | \$160.00 |
| <input type="checkbox"/> Retail Gaming Tavern License (City) | \$500.00 |
| <input type="checkbox"/> Retail Gaming Tavern License (County)..... | \$500.00 |
| <input type="checkbox"/> Retail Liquor Store License - Additional (City)..... | \$227.50 |
| <input type="checkbox"/> Retail Liquor Store License - Additional (County)..... | \$312.50 |
| <input type="checkbox"/> Retail Liquor Store (City) | \$227.50 |

Section B Liquor License Fees* (Continued)

- ☐ Retail Liquor Store (County)\$312.50
- ☐ Tavern License (City).....\$500.00
- ☐ Tavern License (County).....\$500.00
- ☐ Vintners Restaurant License (City).....\$750.00
- ☐ Vintners Restaurant License (County).....\$750.00

Questions? Visit: SBG.Colorado.gov/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

\$

Application Documents Checklist and Worksheet

Instructions: This checklist should be utilized to assist applicants with filing all required documents for licensure. **All** documents must be properly signed and correspond with the name of the applicant exactly. **All** documents must be typed or legibly printed. Upon final State approval the license will be mailed to the local licensing authority. Application fees are nonrefundable.

Questions? Visit: SBG.Colorado.gov/Liquor for more information

Items submitted, please check all appropriate boxes completed or documents submitted

I. Applicant information

- ☐ Applicant/Licensee identified
- ☐ State sales tax license number listed or applied for at time of application
- ☐ License type or other transaction identified
- ☐ Return originals to local authority (additional items may be required by the local licensing authority)
- ☐ All sections of the application need to be completed
- ☐ Master file applicants must include the Application for Master File form DR 8415 and applicable fees to this Retail License Application

II. Diagram of the premises

- ☐ No larger than 8½" X 11"
- ☐ Dimensions included (does not have to be to scale). Exterior areas should show type of control (fences, walls, entry/exit points, etc.)
- ☐ Separate diagram for each floor (if multiple levels)
- ☐ Return originals to local authority (additional items may be required by the local licensing authority)
- ☐ Kitchen - identified if Hotel and Restaurant
- ☐ Bold/Outlined Licensed Premises

III. Proof of property possession (One Year Needed)

- ☐ Deed in name of the applicant (or) (matching Applicant Name provided on page 1) date stamped / filed with County Clerk
- ☐ Lease in the name of the applicant (or) (matching Applicant Name provided on page 1)
- ☐ Lease assignment in the name of the applicant with proper consent from the landlord and acceptance by the applicant
- ☐ Other agreement if not deed or lease. (matching Applicant Name provided on page 1)

IV. Background information (DR 8404-I) and financial documents

- ☐ Complete DR 8404-I for each principal (individuals with more than 10% ownership, officers, directors, partners, members)
- ☐ Fingerprints taken and submitted to the appropriate Local Licensing Authority through an approved State Vendor. Master File applicants submit results to the State
Do not complete fingerprint cards prior to submitting your application.
The Vendors are as follows:
IdentoGO
Appointment Scheduling Website: <https://uenroll.identogo.com/workflows/25YQHT>
Phone: 844-539-5539 (toll-free)
IdentoGO FAQs: <https://www.colorado.gov/pacific/cbi/identification-faqs>
State Liquor Code for IdentoGO: 25YQHT
Colorado Fingerprinting
Appointment Scheduling Website: <http://www.coloradofingerprinting.com/cabs/>
Phone: 720-292-2722 833-224-2227 (toll free)
State Liquor Code for Colorado Fingerprinting: C030LIQI

- ☐ Purchase agreement, stock transfer agreement, and/or authorization to transfer license
- ☐ List of all notes and loans (Copies to also be attached)

V. Sole proprietor/husband and wife partnership (if applicable)

- ☐ Form DR 4679 Lawful Presence Affidavit
- ☐ Copy of State issued Driver's License or Colorado Identification Card for each applicant

VI. Corporate applicant information (if applicable)

- ☐ Certificate of Incorporation
- ☐ Certificate of Good Standing
- ☐ Certificate of Authorization if foreign corporation (out of state applicants only)

VII. Partnership applicant information (if applicable)

- ☐ Partnership Agreement (general or limited).
- ☐ Certificate of Good Standing

VIII. Limited Liability Company applicant information (if applicable)

- ☐ Copy of articles of organization
- ☐ Certificate of Good Standing
- ☐ Copy of Operating Agreement (if applicable)
- ☐ Certificate of Authority if foreign LLC (out of state applicants only)

IX. Manager registration for Hotel and Restaurant, Tavern, Lodging & Entertainment, and Campus Liquor Complex licenses when included with this application

- ☐ \$30.00 fee
- ☐ If owner is managing, no fee required

1. 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

2. 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?..... ☐ Yes ☒ No

b. Had an alcohol beverage license suspended or revoked?..... ☐ Yes ☒ No

c. Had interest in another entity that had an alcohol beverage license suspended or revoked?..... ☐ Yes ☒ No

If you answered yes to a, b or c above, explain in detail on a separate sheet.

3. 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?..... ☐ Yes ☒ No

If "yes", explain in detail.

4. 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?..... ☒ Yes ☐ No

or

Waiver by local ordinance? ☐ Yes ☐ No

Other

5. 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? **NOTE:** 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..... ☐ Yes ☒ No

6. 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? **NOTE:** 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..... ☐ Yes ☐ No

For additional Retail Liquor Store only.

- a. Was your Retail Liquor Store License issued on or before January 1, 2016?.... ☐ Yes ☐ No
- b. Are you a Colorado resident?..... ☐ Yes ☐ No

7. 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** financial interest in said business including any loans to or from a licensee..... ☐ Yes ☒ No

8. Does the applicant, as listed on line 2 of this application, **have legal possession of the premises by ownership, lease or other arrangement?**..... ☒ Yes ☐ No

☐ Ownership ☒ Lease ☐ Other (Explain in detail)

- a. If leased, list name of landlord and tenant, and date of expiration, **exactly** as they appear on the lease:

Landlord

Tenant

Expires

- b. Is a percentage of alcohol sales included as compensation to the landlord? If yes, complete question on page 9..... ☐ Yes ☒ No
- 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 8½" X 11".

9. 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 | | First Name | |
| <input type="text"/> | | <input type="text"/> | |
| Date of Birth (MM/DD/YY) | FEIN or SSN Number | Interest/Percentage | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |

| | | | |
|--------------------------|----------------------|----------------------|--|
| Last Name | | First Name | |
| <input type="text"/> | | <input type="text"/> | |
| Date of Birth (MM/DD/YY) | FEIN or SSN Number | Interest/Percentage | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |

| | | | |
|--------------------------|----------------------|----------------------|--|
| Last Name | | First Name | |
| <input type="text"/> | | <input type="text"/> | |
| Date of Birth (MM/DD/YY) | FEIN or SSN Number | Interest/Percentage | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |

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.

10. Optional Premises or Hotel and Restaurant Licenses with Optional Premises:
Has a local ordinance or resolution authorizing optional premises been adopted?.... ☐ Yes ☒ No

Number of additional Optional Premise areas requested. (See license fee chart)

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.

11. 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?..... ☐ Yes ☒ No

If "yes" a copy of license must be attached.

12. Club Liquor License applicants answer the following: **Attach a copy of applicable documentation**

a. Is the applicant organization operated solely for a national, social, fraternal, patriotic, political or athletic purpose and not for pecuniary gain?..... ☐ Yes ☒ 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?..... ☐ Yes ☒ No

c. How long has the club been incorporated?.....

d. Has applicant occupied an establishment for three years (three years required) that was operated solely for the reasons stated above?..... ☐ Yes ☒ No

13. Brew-Pub, Distillery Pub or Vintner's Restaurant applicants answer the following:

a. Has the applicant received or applied for a Federal Permit? (Copy of permit or application must be attached)..... ☐ Yes ☒ No

14. Campus Liquor Complex applicants answer the following:

a. Is the applicant an institution of higher education?..... ☐ Yes ☒ No

b. Is the applicant a person who contracts with the institution of higher education to provide food services?..... ☐ Yes ☒ No

If "yes" please provide a copy of the contract with the institution of higher education to provide food services.

15. For all on-premises applicants.

a. For all Liquor Licensed Drugstores (LLDS) the Permitted Manager must also submit an Manager Permit Application - DR 8000 and fingerprints.

Last Name of Manager

First Name of Manager

16. 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..... ☐ Yes ☒ No

Name

Type of License

Account Number

17. Related Facility - Campus Liquor Complex applicants answer the following:

- a.** Is the related facility located within the boundaries of the Campus Liquor Complex?..... ☐ Yes ☒ No

If yes, please provide a map of the geographical location within the Campus Liquor Complex.

If no, this license type is not available for issues outside the geographical location of the Campus Liquor Complex.

- b.** Designated Manager for Related Facility - Campus Liquor Complex

Last Name of Manager

First Name of Manager

18. Tax Information.

- 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?..... ☐ Yes ☒ 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.?..... ☐ Yes ☒ No

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.

| | | | | | |
|----------------|-------|----------|----------|--------------------------|--|
| Name | | | | Date of Birth (MM/DD/YY) | |
| | | | | | |
| Street Address | | | | | |
| | | | | | |
| City | State | ZIP Code | Position | %Owned | |
| | | | | | |

| | | | | | |
|----------------|-------|----------|----------|--------------------------|--|
| Name | | | | Date of Birth (MM/DD/YY) | |
| | | | | | |
| Street Address | | | | | |
| | | | | | |
| City | State | ZIP Code | Position | %Owned | |
| | | | | | |

| | | | | | |
|----------------|-------|----------|----------|--------------------------|--|
| Name | | | | Date of Birth (MM/DD/YY) | |
| | | | | | |
| Street Address | | | | | |
| | | | | | |
| City | State | ZIP Code | Position | %Owned | |
| | | | | | |

| | | | | | |
|----------------|-------|----------|----------|--------------------------|--|
| Name | | | | Date of Birth (MM/DD/YY) | |
| | | | | | |
| Street Address | | | | | |
| | | | | | |
| City | State | ZIP Code | Position | %Owned | |
| | | | | | |

| | | | | | |
|----------------|-------|----------|----------|--------------------------|--|
| Name | | | | Date of Birth (MM/DD/YY) | |
| | | | | | |
| Street Address | | | | | |
| | | | | | |
| City | State | ZIP Code | Position | %Owned | |
| | | | | | |

| | | | | | |
|----------------|-------|----------|----------|--------------------------|--|
| Name | | | | Date of Birth (MM/DD/YY) | |
| | | | | | |
| Street Address | | | | | |
| | | | | | |
| City | State | ZIP Code | 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 and Wine Code which affect my license.

Printed Name

Phanny Jones

Title

owner

Authorized Signature

Phanny Jones

Date (MM/DD/YY)

10/21/2024

Report and Approval of Local Licensing Authority (City/County)

Date application filed with local authority

November 18, 2024

Date of local authority hearing (for new license applicants; cannot be less than 30 days from date of application)

January 7, 2025

For Transfer Applications Only - Is the license being transferred valid?..... ☐ Yes ☐ No

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:

☒ 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

☒ Will conduct inspection upon approval of state licensing authority

☐ 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 > 10,000? ☐ Yes ☒ No

☐ 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 < 10,000? ☐ Yes ☒ No

NOTE: 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.

☐ 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? ☐ Yes ☒ No

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 ☐ Town, City
☐ County

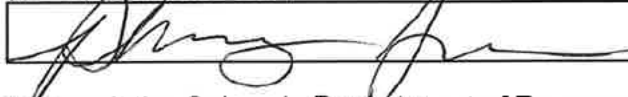
| | |
|--------------------------------------|---|
| Printed Name <input type="text"/> | Title <input type="text"/> |
| Signature <input type="text"/> | Date (MM/DD/YY) <input type="text"/> |
| Printed Name <input type="text"/> | Title <input type="text"/> |
| Signature <input type="text"/> | Date (MM/DD/YY) <input type="text"/> |

Tax Check Authorization, Waiver, and Request to Release Information

I, Phanny Jones

am signing this Tax Check Authorization, Waiver and Request to Release Information (hereinafter
"Waiver") on behalf of

(the "Applicant/Licensee")



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.

Name (Individual/Business)

Little Cambodia LLC

Social Security Number/Tax Identification Number

[REDACTED]

Home Phone Number

[REDACTED]

Business/Work Phone Number

719 207 4406

Street Address

720 US-Hwy 50

City

Salida

State

CO

ZIP Code

81201

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

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



Date Signed

11-18-2024

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).

Individual History Record

To be completed by the following persons, as applicable: sole proprietors; general partners regardless of percentage ownership, and limited partners owning 10% or more of the partnership; all principal officers of a corporation, all directors of a corporation, and any stockholder of a corporation owning 10% or more of the outstanding stock; managing members or officers of a limited liability company, and members owning 10% or more of the company; and any intended registered manager of Hotel and Restaurant, Tavern and Lodging and Entertainment class of retail license

Notice: This individual history record requires information that is necessary for the licensing investigation or inquiry. All questions must be answered in their entirety or the license application may be delayed or denied. If a question is not applicable, please indicate so by "N/A". **Any deliberate misrepresentation or material omission may jeopardize the license application.** (Please attach a separate sheet if necessary to enable you to answer questions completely)

Name of Business

Little Cambodia LLC

Home Phone Number

[REDACTED]

Cellular Number

[REDACTED]

Your Full Name (last, first, middle)

Jones, Phanny

List any other names you have used

Mailing address (if different from residence)

[REDACTED]

Email Address

phannyjones@icloud.com

1. List current residence address. Include any previous addresses within the last five years. (Attach separate sheet if necessary)

Current Street and Number

[REDACTED]

Current City, State, ZIP

Salida Co 81201

From:

[REDACTED]

To:

Present

Previous Street and Number

[REDACTED]

Previous City, State, ZIP

Salida, Co 81201

From:

6/1/2015

To:

4/1/2020

Individual History Record (Continued)

2. List all employment within the last five years. Include any self-employment. (Attach separate sheet if necessary)

Name of Employer or Business

Amica's Pizza

Address (Street, Number, City, State, ZIP)

127 F St

Position Held

Server

From:

4/2020

To:

present

Name of Employer or Business

Little Cambodia

Address (Street, Number, City, State, ZIP)

1548 G Street

Position Held

owner

From:

9/2020

To:

10/2024

Name of Employer or Business

Address (Street, Number, City, State, ZIP)

Position Held

From:

To:

3. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry.

Name of Relative

Relationship to You:

Position Held

Name of Licensee

Name of Relative

Relationship to You:

Position Held

Name of Licensee

Individual History Record (Continued)

Name of Relative

Position Held

Relationship to You:

Name of Licensee

Name of Relative

Position Held

Relationship to You:

Name of Licensee

4. Have you ever applied for, held, or had an interest in a Colorado Liquor or Beer License, or loaned money, furniture, fixtures, equipment or inventory to any licensee?

☒ Yes ☐ No

(If yes, answer in detail.)

previous Little Cambodia on Sackett Street
2016 - 2020

5. Have you ever received a violation notice, suspension, or revocation for a liquor law violation, or have you applied for or been denied a liquor or beer license anywhere in the United States?.....

☐ Yes ☒ No

(If yes, answer in detail.)

6. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending?.....

☐ Yes ☒ No

(If yes, answer in detail.)

7. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence?.....

☐ Yes ☒ No

(If yes, answer in detail.)

Individual History Record (Continued)

8. Have you ever had any professional license suspended, revoked, or denied?..... ☐ Yes ☒ No

(If yes, answer in detail.)

Personal and Financial Information

Unless otherwise provided by law, the personal information required in this section will be treated as confidential. The personal information required in this section is solely for identification purposes.

| | | | | |
|--|-----------------------------------|-----------------------|------------------|-------------------|
| Date of Birth | Social Security Number | Place of Birth | | |
| <div></div> | <div></div> | <div>Cambodia</div> | | |
| U.S. Citizen <input checked="" type="radio"/> Yes <input type="radio"/> No | If Naturalized, state where | When | | |
| | <div></div> | <div></div> | | |
| Name of District Court | Naturalization Certificate Number | Date of Certification | | |
| <div></div> | <div></div> | <div></div> | | |
| If an Alien, Give Alien's Registration Card Number | Permanent Residence Card Number | | | |
| <div></div> | <div></div> | | | |
| Height | Weight | Hair Color | Eye Color | Gender |
| <div></div> | <div></div> | <div>Blk</div> | <div>Brown</div> | <div>Female</div> |

Do you have a current Driver's License/ID? If so, give number and state. ☒ Yes ☐ No

| | |
|-------------------------|------------------------|
| Driver's License Number | Driver's License State |
| <div></div> | <div>Colorado</div> |

Financial Information

9. Total purchase price or investment being made by the applying entity, \$
corporation, partnership, limited liability company, other.....
10. List the total amount of the **personal** investment, made by the person listed on page 1 in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases or fees paid. \$

NOTE: If corporate investment only, please skip to and complete question 12

NOTE: Question 10 should reflect the total of questions 11 and 13

Personal and Financial Information (Continued)

11. Provide details of the personal investment described in question 10. You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment

Account Type

Bank Name

Amount

Type: Cash, Services or Equipment

Account Type

Bank Name

Amount

Type: Cash, Services or Equipment

Account Type

Bank Name

Amount

Type: Cash, Services or Equipment

Account Type

Bank Name

Amount

12. Provide details of the corporate investment described in question 9. You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment

Loans

Account Type

Bank Name

Amount

Type: Cash, Services or Equipment

Loans

Account Type

Bank Name

Amount

Type: Cash, Services or Equipment

Loans

Account Type

Bank Name

Amount

13. Loan Information (Attach copies of all notes or loans)

Name of Lender

Address

Term

Security

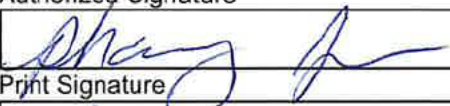
Amount

Personal and Financial Information (Continued)

| | | |
|----------------------|----------------------|----------------------|
| Name of Lender | | Address |
| <input type="text"/> | | <input type="text"/> |
| Term | Security | Amount |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name of Lender | | Address |
| <input type="text"/> | | <input type="text"/> |
| Term | Security | Amount |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name of Lender | | Address |
| <input type="text"/> | | <input type="text"/> |
| Term | Security | Amount |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Oath of Applicant

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

| | |
|--|-----------------|
| Authorized Signature | |
|  | |
| Print Signature | |
| Phanny Jones | |
| Title | Date (MM/DD/YY) |
| owner | 11-18-2024 |



Colorado Secretary of State
Date and Time: 03/15/2011 03:05 PM
ID Number: 20111158070

Document must be filed electronically.
Paper documents will not be accepted.

Document processing fee
Fees & forms/cover sheets
are subject to change.

To access other information or print
copies of filed documents,
visit www.sos.state.co.us and
select Business Center.

\$50.00

Document number: 20111158070
Amount Paid: \$50.00

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Organization

filed pursuant to § 7-80-203 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is

LITTLE CAMBODIA LLC

(The name of a limited liability company must contain the term or abbreviation "limited liability company", "ltd. liability company", "limited liability co.", "ltd. liability co.", "limited", "l.l.c.", "llc", or "ltd.". See §7-90-601, C.R.S.)

(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

2. The principal office address of the limited liability company's initial principal office is

Street address

740 W 2ND STREET

(Street number and name)

SALIDA

(City)

CO

(State)

81201

(ZIP/Postal Code)

United States

(Country)

(Province - if applicable)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City)

(State)

(ZIP/Postal Code)

(Province - if applicable)

(Country)

3. The registered agent name and registered agent address of the limited liability company's initial registered agent are

Name

(if an individual)

JONES

(Last)

PHANNY

(First)

(Middle)

(Suffix)

OR

(if an entity)

(Caution: Do not provide both an individual and an entity name.)

Street address

740 W 2ND STREET

(Street number and name)

SALIDA

(City)

CO

(State)

81201

(ZIP Code)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City)

CO

(State)

(ZIP Code)

(The following statement is adopted by marking the box.)

☒ The person appointed as registered agent has consented to being so appointed.

4. The true name and mailing address of the person forming the limited liability company are

Name

(if an individual)

JONES

(Last)

PHANNY

(First)

(Middle)

(Suffix)

OR

(if an entity)

(Caution: Do not provide both an individual and an entity name.)

Mailing address

740 W. 2ND STREET

(Street number and name or Post Office Box information)

SALIDA

(City)

CO

(State)

81201

(ZIP/Postal Code)

United States

(Province – if applicable)

(Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐ The limited liability company has one or more additional persons forming the limited liability company and the name and mailing address of each such person are stated in an attachment.

5. The management of the limited liability company is vested in

(Mark the applicable box.)

☒ one or more managers.

OR

☐ the members.

6. (The following statement is adopted by marking the box.)

☒ There is at least one member of the limited liability company.

7. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐ This document contains additional information as provided by law.

8. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are

(mm/dd/yyyy hour:minute am/pm)

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is named in the document as one who has caused it to be delivered.

9. The true name and mailing address of the individual causing the document to be delivered for filing are

| | | | |
|--|------------------------|----------------------------------|-------------------------|
| JONES | PHANNY | | |
| <small>(Last)</small> | <small>(First)</small> | <small>(Middle)</small> | <small>(Suffix)</small> |
| 740 W. 2ND STREET | | | |
| <small>(Street number and name or Post Office Box information)</small> | | | |
| <hr/> | | | |
| SALIDA | CO | 81201 | |
| <small>(City)</small> | <small>(State)</small> | <small>(ZIP/Postal Code)</small> | |
| United States | | | |
| <small>(Province - if applicable)</small> | | <small>(Country)</small> | |

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

- ☐ This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Disclaimer:

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).

Sub lease between Amicas Microbrews and More LLC and Little Cambodia

Amended Oct 23, 2024

This is a 1 year sub lease to enable Little Cambodia to explore the feasibility of the expanded restaurant concept for the building and location, formerly occupied by Stoke at 720 HWY 50 Salida CO. It is a year's lease with monetary changes within the first year of business.

The lease will commence on November 1, 2024 through December 31, 2025. The conditions of the lease are as follows:

The first six months, November 1, 2024 through April 30, 2025 the rent will be [REDACTED] payable on the first of each month. A late fee of \$ [REDACTED] will be assessed after the 5th of the month. On January 1, 2025, the tenant will begin responsibility for triple net amount of approximately \$ [REDACTED] per month in property tax liability throughout the remainder of this lease. After 6 months, beginning on May 1, the rent will increase to \$ [REDACTED] per month through the remainder of the lease. These payments are to be set up as automatic ACH through HCB.

Tenant is responsible for having all the utilities put in Little Cambodia's name as of November 1, 2024. Little Cambodia is required to obtain all necessary insurance policies for the business including workmen's compensation and providing copies of all policies to Amicas. Proof of a general liability policy is also required. All restaurant repairs will be up to the tenant to pay for. If there are issues with the building then the Lease with Amicas and 720 LLC will be followed.

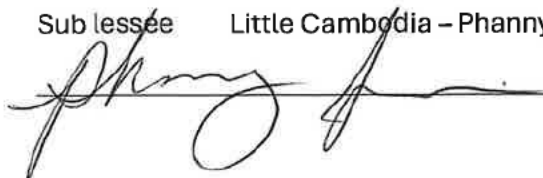
Little Cambodia will be provided a copy of lease agreement that Amicas has with 720 LLC and will be held to any standards of conduct that may apply.

Lessor Amicas Microbrews and More Inc

President of the Board – Chris Bowers signature

 Date 11-1-24

Sub lessee Little Cambodia – Phanny Jones- president

 Date 11-1-24

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

LITTLE CAMBODIA LLC

is a

Limited Liability Company

formed or registered on 03/15/2011 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20111158070 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 11/12/2024 that have been posted, and by documents delivered to this office electronically through 11/13/2024 @ 08:24:36 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 11/13/2024 @ 08:24:36 in accordance with applicable law. This certificate is assigned Confirmation Number 16567998 .



Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, <https://www.coloradosos.gov/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, <https://www.coloradosos.gov> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



- > UCC Home
- > Instructions
- > FAQs
- > Login
- > Create User Account

Organization Record Confirmation

Review and select "Confirm" if this entity is the correct business organization.

| | |
|-----------------------------------|---------------------------|
| ID Number: | 20111158070 |
| Name: | LITTLE CAMBODIA LLC |
| Principal Street Address: | |
| Principal Mailing Address: | |
| Registered Agent: | PHANNY JONES |
| Registered Agent Street Address: | |
| Registered Agent Mailing Address: | |
| Status: | Good Standing |
| Form: | Limited Liability Company |
| Jurisdiction: | CO |
| Formation Date: | 2011-03-15 |

[Previous Page](#)

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Rope around Porch

Emergency Exit

Covered
Porch

Kitchen

Restaurant
7409.8 sf

Frontdoor

