NEW OR TRANSFER LIQUOR LICENSE OR PERMIT APPLICATION

 FO	FOR LIQUOR DIVISION USE ONLY	ON USE ONLY	
Customer #:			
Trf from:			
Reviewer:	Initials	Date	
Agent:		1 1	
		, ,	

LAM to Jam	S OF OPERATION	□ NON-OPERATIONAL / PARKED
n to X Every Day (Mon-Sun)	DAYS OF WEEK OF OPERATION from	SEASONAI
n to ⊠ All Year (Jan-Dec)	MONTHS OF OPERATION from	X FULL TIME
. 12-1-101(a)(xxi) / 12-2-301(c) / 12-4-103(a)(iv)))	Liquor Division with scheduling inspections (W.S.	OPERATIONAL STATUS (To Assist the
(W.S. 12-4-401(iv) / 12-5-201(f))	ATIONS (CHOOSE ONLY ONE) 3. 12-4-201(d)(iv)	SPECIAL STATUTORY DESIGNATIONS (CHOOSE ☐ COMMERCIAL AIRPORT (W.S. 12-4-201(d)(iv) [☐ GOLF CLUB (W.S. 12-5-201(f)) [☐ GUEST RANCH (W.S. 12-5-201(f)) [
SPECIAL MALT BEVERAGE PERMIT	VETERANS CLUB FRATERNAL CLUB GOLF CLUB SOCIAL CLUB	☐ OFF-PREMISE PACKAGE STORE☐ ☐ ON & OFF PREMISE BAR & PACKAGE STORE
	LIMITED RETAIL LIQUOR LICENSE (CLUB)	PRIMARY BUSINESS TYPE (CHOOSE ONLY ONE) ON-PREMISE BAR
☐ MICROBREWERY PERMIT	(CHOOSE O	TYPE OF LICENSE OR PERMIT ☐ RETAIL LIQUOR LICENSE ☐ D
OTHER		FORMERLY HELD BY:
☐ CORPORATION (INC)☐ POLITICAL SUDIVISION☐ ORGANIZATION	BE ATTACHED	☐ TRANSFER OF OWNERSHIP ☐ ASSIGNMENT LETTER MUST
KA III III III III III III III III III I	☐ COUNTY OF:	☐ TRANSFER OF LOCATION
DUAL NERSHIP	CITY / TOWN OF	NEW LICENSE
FILING AS (CHOOSE ONLY ONE)	FILING IN (CHOOSE ONLY ONE)	FILING FOR
Last Name	Dantel Buren	Business E-Mail Address: Business Primary Contact:
Fax Number:	303-641-2329	Local Business Telephone Number:
Unit Number, and Street or Road Name) 233 (3850) Zip County	(Address Number or PO Box, and Suite or San A 104 Number of PO Box, and Suite of PO Box, and	
County	P.O. Box lea	Local Mailing Address:
and Street or Road Name) Sin Care Bon County	(Address Number, and Suite or Unit Number, Sales 1042 Ny State	pullation of member / pariming / pagess
	405	
	HEN & HOWEST, L	Applicant (Business Name):
NO LICENSING AUTHORITY SHALL APPROVE FIED THE APPLICATION IS COMPLETE.	promptly. As W.S. 12-4-104(d) specifies: IL THE LIQUOR DIVISION HAS CERTI	LICENSING AUTHORITY: Begin publis OR DENY THE APPLICATION
1 31 1 2025 Month Day Year	7 / 1025 Through 12 M	License Term: 5 / Month
		≱
9 / B		Publishing Fee: \$
Consecutive Weeks Prior to Hearing)	Advertising Dates: (2 C	Prorated Fee: \$
4 / 11 /2025	Date filed with clerk:	License Fees Annual Fee: \$
	own / County Clerk Local License #:	To be completed by City / Town