

## 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](https://sbg.colorado.gov/liquor)

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

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

Silver Crown Ventures, Inc

FEIN Number

██████████

State Sales Tax Number

96397249-0001

Trade Name of Establishment (DBA)

The Silver Crown (DBA ID 20241717214)

Business Telephone

(970) 236-6595

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

80 West Main Street, Unit 120

City

Frisco

County

Summit

State

CO

ZIP Code

80443

Mailing Address (Number and Street)

80 West Main Street, Unit 120

City or Town

Frisco

State

CO

ZIP Code

80443

Email Address

jay@silvercrownbar.com

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

Present Trade Name of Establishment (DBA)

Present State License Number

Present Class of License

Present Expiration Date

**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
- ☐ Entertainment Facility License (City).....\$500.00
- ☐ Entertainment Facility License (County).....\$500.00
- ☐ 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 Facility License (City).....                    | \$500.00 |
| <input type="checkbox"/> Lodging Facility License (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)**

|  |          |
|--|----------|
| <input type="checkbox"/> Retail Liquor Store (County).....         | \$312.50 |
| <input checked="" type="checkbox"/> Tavern License (City).....     | \$500.00 |
| <input type="checkbox"/> Tavern License (County).....              | \$500.00 |
| <input type="checkbox"/> Vintners Restaurant License (City).....   | \$750.00 |
| <input type="checkbox"/> Vintners Restaurant License (County)..... | \$750.00 |

**Questions? Visit: [SBG.Colorado.gov/Liquor](http://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          |
| <input type="text"/>                     | <input type="text"/>    |
| License Issued Through (Expiration Date) | Total                   |
| <input type="text"/>                     | \$ <input type="text"/> |

## 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](http://SBG.Colorado.gov/Liquor) for more information

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

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### 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://cbi.colorado.gov/sections/biometric-identification-and-records-unit/biometric-identification-and-records-unit-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              |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

- 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 |
|-----------|------------|
| Jason     | Dorman     |

| Last Name | First Name |
|-----------|------------|
| Thompson  | Christine  |

| Last Name | First Name |
|-----------|------------|
|           |            |

| Date of Birth (MM/DD/YY) | FEIN or SSN Number | Interest/Percentage |
|--------------------------|--------------------|---------------------|
|                          |                    |                     |

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. Entertainment Facility License**

If Applicant is applying for an Entertainment Facility License, you affirm that your business model and aligns with the statutory privileges and requirements: ..... ☐ Yes ☒ No

Pursuant to 44-3-103(15.5) C.R.S., an Entertainment Facility means an establishment in which the primary business is to provide the public with sports or entertainment activities within its licensed premises; and that, incidental to its primary business, sells and serves alcohol beverages at retail for consumption on the licensed premises; and has sandwiches and light snacks available for consumption on the licensed premises.

If Applicant is applying for a Lodging Facility License, you affirm that your business model and aligns with the statutory privileges and requirements: ..... ☐ Yes ☒ No

Pursuant to 44-3-103(29) C.R.S., a Lodging Facility means an establishment in which the primary business is to provide the public with sleeping rooms and meeting facilities; and that sells and serves alcohol beverages at retail for consumption on the licensed premises; and has sandwiches and light snacks available for consumption on the licensed premises.

**19. 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               |       |                          |          |         |  |
| Jason Dorman       |       |                          |          |         |  |
|                    |       |                          |          |         |  |
| Christine Thompson |       |                          |          |         |  |
| Street Address     |       |                          |          |         |  |
|                    |       |                          |          |         |  |
| 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)

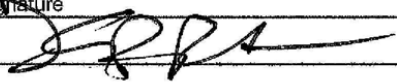
\*\* If total ownership percentage disclosed here does not total 100%, applicant must check this box:

☒ 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.

I would like to apply for a Two-Year Renewal..... ☒ Yes ☐ No

#### 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  | Title           |
| Jason Dorman  | President       |
| Authorized Signature  | Date (MM/DD/YY) |
|  | 3/12/2025       |

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

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

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 Approves this license for a two-year renewal..... ☐ Yes ☐ No

If "No", please cite the law, regulation, local ordinance or resolution that gives the local licensing authority the ability to deny the applicant and grounds for denial. Also, please provide any and all investigative reports, and administrative or criminal action that relate or justify this denial.

Proof of Violation

|  |
|--|
|  |
|--|

Local Licensing Authority for

|  |
|--|
|  |
|--|

Telephone Number

|  |
|--|
|  |
|--|

☐ Town, City

☐ County

Printed Name

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Signature

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Title

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Date (MM/DD/YY)

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Printed Name

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Signature

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Title

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Date (MM/DD/YY)

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