

1

Name LUKAZ LLC		Type of License H+R (city)		Account Number N/A-new	
7. 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
8. 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?					<input type="checkbox"/> <input checked="" type="checkbox"/>
b. Had an alcohol beverage license suspended or revoked?					<input type="checkbox"/> <input checked="" type="checkbox"/>
c. Had interest in another entity that had an alcohol beverage license suspended or revoked?					<input type="checkbox"/> <input checked="" type="checkbox"/>
If you answered yes to 8a, b or c, explain in detail on a separate sheet.					
9. 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? If "yes", explain in detail.					<input type="checkbox"/> <input checked="" type="checkbox"/>
10. 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?					<input type="checkbox"/> <input checked="" type="checkbox"/>
or Waiver by local ordinance? <input type="checkbox"/> <input type="checkbox"/> Other: _____					
11. 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.					<input type="checkbox"/> <input checked="" type="checkbox"/>
12. 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.					<input type="checkbox"/> <input checked="" type="checkbox"/>
13 a. For additional Retail Liquor Store only. Was your Retail Liquor Store License issued on or before January 1, 2016?					<input type="checkbox"/> <input type="checkbox"/>
13 b. Are you a Colorado resident?					<input checked="" type="checkbox"/> <input type="checkbox"/>
14. 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 <u>current</u> financial interest in said business including any loans to or from a licensee.					<input type="checkbox"/> <input checked="" type="checkbox"/>
15. Does the applicant, as listed on line 2 of this application, have legal possession of the premises by ownership , lease or other arrangement?					<input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Ownership <input checked="" type="checkbox"/> Lease <input type="checkbox"/> 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 TKL FRUITS LLC TODD MILNER		Tenant LUKAZ LLC		Expires 9/30/23	
b. Is a percentage of alcohol sales included as compensation to the landlord? If yes, complete question 16.					<input type="checkbox"/> <input checked="" type="checkbox"/>
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 8 1/2" X 11".					
16. 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		Date of Birth	FEIN or SSN
Last Name		First Name		Date of Birth	FEIN or SSN
					Interest/Percentage
					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.					
17. Optional Premises or Hotel and Restaurant Licenses with Optional Premises: Has a local ordinance or resolution authorizing optional premises been adopted?					<input type="checkbox"/> <input checked="" type="checkbox"/>
Number of additional Optional Premise areas requested. (See license fee chart)					<input type="text"/>
18. 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.					
19. 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?					<input type="checkbox"/> <input checked="" type="checkbox"/>
If "yes" a copy of license must be attached.					

Name LUXA 2 LLC	Type of License H+R (city)	Account Number N/A-NW
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20. Club Liquor License applicants answer the following: **Attach a copy of applicable documentation** Yes No

a. Is the applicant organization operated solely for a national, social, fraternal, patriotic, political or athletic purpose and not for pecuniary gain? ☐ ☐

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? ☐ ☐

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? ☐ ☐

21. 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)

22. Campus Liquor Complex applicants answer the following:

a. Is the applicant an institution of higher education? ☐ ☐

b. Is the applicant a person who contracts with the institution of higher education to provide food services? ☐ ☐

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

23. For all on-premises applicants.

a. Hotel and Restaurant, Lodging and Entertainment, Tavern License and Campus Liquor Complex, the Registered Manager must also submit an Individual History Record
- DR 8404-I and fingerprint submitted to approved State Vendor through the Vendor's website. See application checklist, Section IV, for details.

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

Last Name of Manager ULEHA Yazquez	First Name of Manager MICHAEL Isabel
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24. 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 ☐ ☒

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

a. Is the related facility located within the boundaries of the Campus Liquor Complex?
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 N/A	First Name of Manager N/A
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26. Tax Information. Yes No

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? ☐ ☒

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.? ☐ ☒

27. 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.

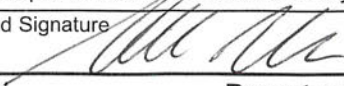
Name MICHAEL ULEHA		Position OWNER	%Owned 100
Name	Home Address, City & State	DOB	Position
Name	Home Address, City & State	DOB	Position
Name	Home Address, City & State	DOB	Position
Name	Home Address, City & State	DOB	Position

** 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.

Name LUXA 2 LLC	Type of License H+R (City)	Account Number N/A-NEW
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 Code which affect my license.		
Authorized Signature 	Printed Name and Title VELELLA MICHAEL, OWNER	Date 5/15/23
Report and Approval of Local Licensing Authority (City/County)		
Date application filed with local authority 5/27/23	Date of local authority hearing (for new license applicants; cannot be less than 30 days from date of application) 6/27/23	
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: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Fingerprinted <input checked="" type="checkbox"/> 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) <ul style="list-style-type: none"> <input type="checkbox"/> Date of inspection or anticipated date _____ <input checked="" type="checkbox"/> Will conduct inspection upon approval of state licensing authority 		
<input type="checkbox"/> 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 <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> 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 <input type="checkbox"/> <input type="checkbox"/>
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.		
<input type="checkbox"/> 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 <input type="checkbox"/> <input type="checkbox"/>
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 TOWN of FRISCO	Telephone Number (970) 668-9122	<input checked="" type="checkbox"/> Town, City <input type="checkbox"/> County
Signature	Print	Title TOWN CLERK
Signature	Print	Title
		Date 6/27/23

Tax Check Authorization, Waiver, and Request to Release Information

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

MICHAEL ULEHLA

Address

City

Home Phone Number

Business/Work Phone Number

970-668-0601

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

5/1/23

Privacy Act Statement

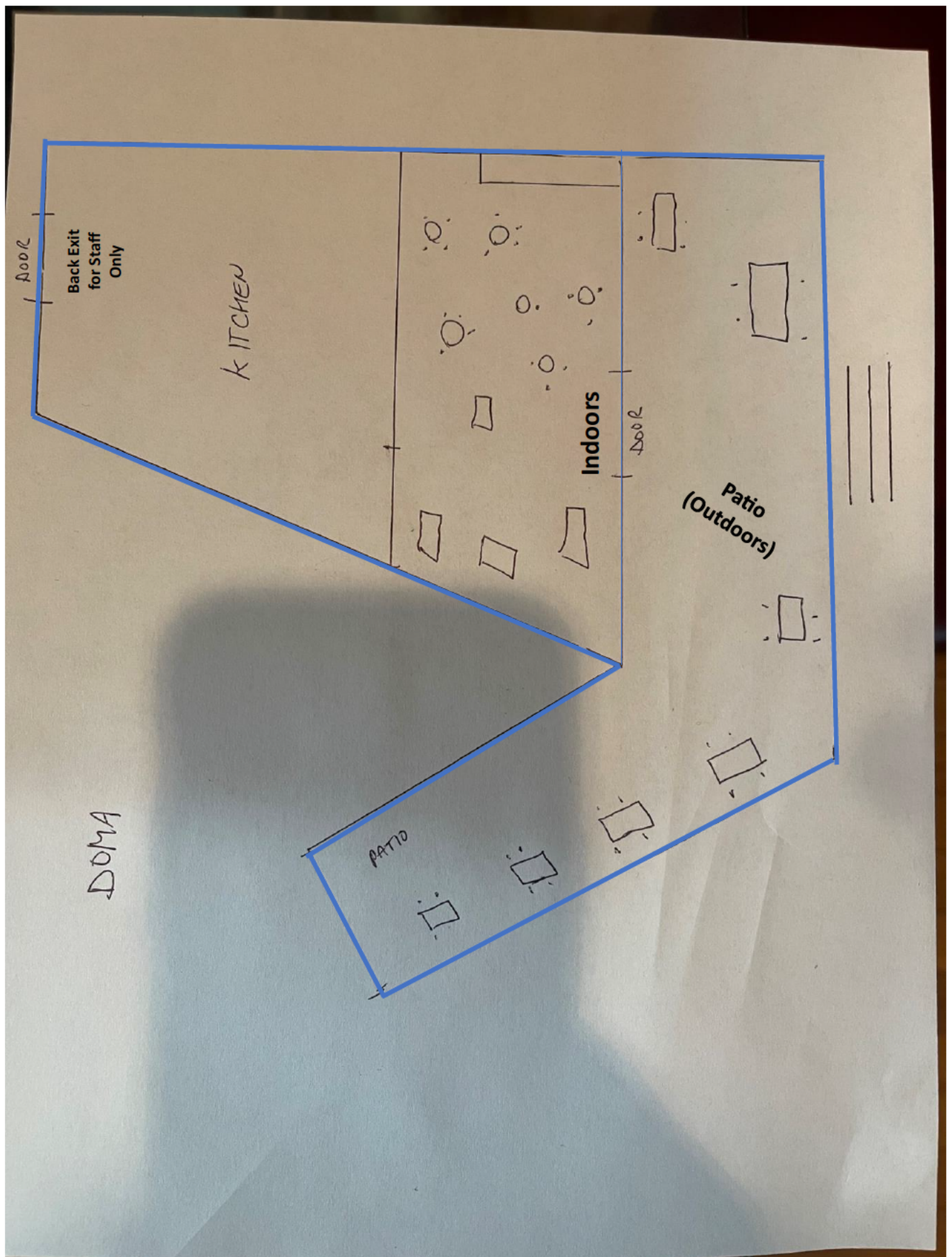
Providing your Social Security Number is voluntary and no right, benefit or privilege provided by law will be denied as a result of refusal to disclose it. § 7 of Privacy Act, 5 USCS § 552a (note).

Nell, Stacey

From: Nell, Stacey
Sent: Wednesday, May 31, 2023 12:52 PM
To: michal ulehla
Subject: RE: Doma

Received – thanks!

From: michal ulehla <michalulehla@hotmail.com>
Sent: Wednesday, May 31, 2023 12:50 PM
To: Nell, Stacey <StaceyN@townoffrisco.com>
Subject: Doma



Submitted by Michael Ulehla 5/31/2023 via email to Town Clerk



Document must be filed electronically.
Paper documents are not accepted.
Fees & forms are subject to change.
For more information or to print copies
of filed documents, visit www.coloradosos.gov.

Colorado Secretary of State
Date and Time: 11/14/2022 12:19 PM
ID Number: 20221844229
Document number: 20228111650
Amount Paid: \$25.00

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Amendment

filed pursuant to §7-90-301, et seq. and §7-80-209 of the Colorado Revised Statutes (C.R.S.)

1. For the entity, its ID number and entity name are

ID number 20221844229
(Colorado Secretary of State ID number)

Entity name Doma

2. The new entity name (if applicable) is LuKa2 LLC

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

☐ This document contains additional amendments or other information.

4. (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 such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such 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 identified in this document as one who has caused it to be delivered.

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

Ulehla Michal _____
(Last) (First) (Middle) (Suffix)

po box 755
(Street name and number or Post Office Box information)

Frisco CO 80443
(City) (State) (Postal/Zip Code)

(Province - if applicable) United States
(Country - if not US)

(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).



Document must be filed electronically.
 Paper documents are not accepted.
 Fees & forms are subject to change.
 For more information or to print copies
 of filed documents, visit www.coloradosos.gov.

Colorado Secretary of State
 Date and Time: 11/14/2022 12:19 PM
 ID Number: 20221844229
 Document number: 20228111650
 Amount Paid: \$25.00

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

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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 identified in this document as one who has caused it to be delivered.

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

Ulehla Michal
(Last) (First) (Middle) (Suffix)

po box 755
(Street name and number or Post Office Box information)

Frisco CO 80443
(City) (State) (Postal/Zip Code)

United States
(Province – if applicable) (Country – if not US)

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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,

LuKa2 LLC

is a

Limited Liability Company

formed or registered on 08/28/2022 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 20221844229 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/22/2022 that have been posted, and by documents delivered to this office electronically through 12/26/2022 @ 09:14:19 .

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 12/26/2022 @ 09:14:19 in accordance with applicable law. This certificate is assigned Confirmation Number 14560066 .



Jena Griswold

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."



AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a Liquor License in Summit County, Colorado, I am required to furnish information regarding my background and general character. In this regard, I hereby authorize the Town of Frisco Town Council and/or their representatives to make appropriate inquiries of the Town of Frisco Police Department, Colorado Bureau of Investigations, and the Federal Bureau of Investigations, pursuant to C.R.S. 44-3-307 regarding my "good moral character" and specifically, my criminal justice history (if any) in their records. I also authorize the Town of Frisco Police Department to release to the Town Clerk or Town Deputy Clerk any and all information that they may have concerning me, including information of a confidential or privileged nature, in connection with my liquor license application. I hereby release Town of Frisco, its officers and employees from any liability or damage which may result from obtaining and/or furnishing this information in connection with my liquor license application. I declare, under penalty of perjury in the second degree, that the attached Liquor License application and all attachments are true, correct, and complete to the best of my knowledge.

A handwritten signature in black ink, appearing to read "Michael Uehla", written over a horizontal line.

Applicant Signature

The name "UEHLA MICHAEL" written in a stylized, handwritten font in black ink, positioned above a horizontal line.

Applicant Printed Name

The date "5/1/23" written in a handwritten font in black ink, positioned above a horizontal line.

Date

From: [TOF Business License](#)
To: [Nell, Stacey](#)
Subject: RE: Business License & Sales Tax Check: Doma
Date: Monday, May 15, 2023 10:33:07 AM
Attachments: [image002.png](#)
[image006.png](#)

Hi Stacey,

They are paid in full for both sales tax and business license fees.

Thanks,

Business License Team



Mailing PO Box 4100, Frisco, CO 80443
Physical 1 Main Street, Frisco, CO 80443
Email BusinessLicense@TownofFrisco.com
Office 970-668-9128
FriscoGov.com
TownofFrisco.com



From: Nell, Stacey <StaceyN@townoffrisco.com>
Sent: Monday, May 15, 2023 10:25 AM
To: TOF Business License <businesslicense@townoffrisco.com>
Subject: Business License & Sales Tax Check: Doma

Hi Sole & Emily!

This business used to house Spinelli's, but is now called Doma and under new ownership.
They are applying for a new liquor license.
Could you confirm they are current/in good standing?

Luka2 LLC
DBA: Doma
Address: 842 Summit Boulevard Unit #38
Owner/Applicant: Michal Ulehla

Thanks,

Stacey Nell, CERA

Town Clerk & Executive Assistant to the Town Manager



Mailing PO Box 4100, Frisco, CO 80443

Physical 1 Main Street, Frisco, CO 80443

Office: (970) 668-9122

Email townclerk@townoffrisco.com

Email staceyn@townoffrisco.com

FriscoGov.com | TownofFrisco.com

From: [Faessen, Peggy](#)
To: [Nell, Stacey](#)
Subject: RE: Water Bill Status Check: Doma
Date: Monday, May 15, 2023 10:45:43 AM
Attachments: [image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)

Yes – paid through the HOA – and water is current. Thank you!

Peggy H. Faessen | Finance Specialist II



Mailing PO Box 4100, Frisco, CO 80443
Physical 1 Main Street, Frisco, CO 80443
Email PeggyF@TownofFrisco.com
Office 970-668-9136
FriscoGov.com
TownofFrisco.com



From: Nell, Stacey <StaceyN@townoffrisco.com>
Sent: Monday, May 15, 2023 10:23 AM
To: Faessen, Peggy <PeggyF@townoffrisco.com>
Subject: Water Bill Status Check: Doma

Hi Peggy,

This business used to house Spinelli's, but is now called Doma and under new ownership.

They are applying for a new liquor license.

Could you confirm they are current?

(I anticipate your answer being similar to Summit Thai since they're in the same strip mall, but I'd like to double-check just in case...)

Luka2 LLC

DBA: Doma

Address: 842 Summit Boulevard Unit #38

Owner/Applicant: Michal Ulehla

Thanks,

Stacey Nell, CERA

Town Clerk & Executive Assistant to the Town Manager



Mailing PO Box 4100, Frisco, CO 80443

Physical 1 Main Street, Frisco, CO 80443

Office: (970) 668-9122

Email townclerk@townoffrisco.com

Email staceyn@townoffrisco.com

FriscoGov.com | TownofFrisco.com

From: [Kent, Katie](#)
To: [Nell, Stacey](#)
Subject: RE: Luka2 LLC (dba Doma) - Zoning & Violations Status Check
Date: Tuesday, June 6, 2023 4:50:08 PM
Attachments: [image002.png](#)
[image003.png](#)

Hi Stacy,
Confirmed with Planning and Building that there are no concerns on our end for this license.
Thank you for checking and let me know if you need anything else!
-Katie

Katie Kent | Community Development Director



Mailing- PO Box 4100, Frisco, CO 80443
Physical- 1 Main Street, Frisco, CO 80443
Email- KatieK@TownofFrisco.com
Phone- 970-668-9130
FriscoGov.com
TownofFrisco.com

From: Nell, Stacey <StaceyN@townoffrisco.com>
Sent: Monday, June 5, 2023 5:57 PM
To: Kent, Katie <katiek@townoffrisco.com>
Subject: Luka2 LLC (dba Doma) - Zoning & Violations Status Check

Hi Katie,

Anytime I have a renewal or new application, I always give CDD the information to check and make sure before we move forward liquor license-wise, that we're checking any internal controls that we can.

This business took over where Spinelli's used to be next to Safeway.
Same owners as Bagalis and Bread & Salt in town.

Luka2 LLC
DBA: Doma
Address: 842 Summit Boulevard Unit #38
Owner/Applicant: Michal Ulehla

Does CDD have any concerns that would cause the Town to *not* move forward with an issuance of a Hotel & Restaurant license at this location?

The license they've applied for is a "Hotel & Restaurant" license which allows on-premise consumption only, beer/wine/liquor, they can only apply for a Takeout & Delivery permit if they are approved initially by Council and there are requirements they need to follow for that if they choose that route down the road.

It's not like they can sell cases of beer – it's more for the one-off to-go cocktail or two with a takeout order of pizza/sandwiches.

Let me know if you have any questions!

Stacey Nell, CERA

Town Clerk & Executive Assistant to the Town Manager



Mailing PO Box 4100, Frisco, CO 80443

Physical 1 Main Street, Frisco, CO 80443

Office: (970) 668-9122

Email townclerk@townoffrisco.com

Email staceyn@townoffrisco.com

FriscoGov.com | TownofFrisco.com



AFFIDAVIT OF CIRCULATOR

I, ANGEL GONZALEZ, do hereby certify that I was the Circulator of the attached petition(s) and further, that I personally witnessed each signature appearing on the petition(s). To the best of my knowledge, each signature thereon is the signature of the person whose name it purports to be, each address given opposite each name is the true address of the person that signed, that each person who signed the petition had the opportunity to read, or have read to them, the petition, in its' entirety and understands its meaning. I also hereby affirm that no promises threats, or inducements were employed, whatsoever, in connection with the presentation of this petition and that every signature appearing hereon was completely freely and voluntarily given.

ANGEL GONZALEZ
Circulator - Printed Name

[Signature]
Circulator - Signature

06-22-23
Date



AFFIDAVIT OF CIRCULATOR

I, Joyce De La Torre, do hereby certify that I was the Circulator of the attached petition(s) and further, that I personally witnessed each signature appearing on the petition(s). To the best of my knowledge, each signature thereon is the signature of the person whose name it purports to be, each address given opposite each name is the true address of the person that signed, that each person who signed the petition had the opportunity to read, or have read to them, the petition, in its' entirety and understands its meaning. I also hereby affirm that no promises threats, or inducements were employed, whatsoever, in connection with the presentation of this petition and that every signature appearing hereon was completely freely and voluntarily given.

Joyce De La Torre

Circulator - Printed Name



Circulator - Signature

06-22-2023

Date



AFFIDAVIT OF CIRCULATOR

I, Novotna Petrz, do hereby certify that I was the Circulator of the attached petition(s) and further, that I personally witnessed each signature appearing on the petition(s). To the best of my knowledge, each signature thereon is the signature of the person whose name it purports to be, each address given opposite each name is the true address of the person that signed, that each person who signed the petition had the opportunity to read, or have read to them, the petition, in its' entirety and understands its meaning. I also hereby affirm that no promises threats, or inducements were employed, whatsoever, in connection with the presentation of this petition and that every signature appearing hereon was completely freely and voluntarily given.

Novotna Petra
Circulator - Printed Name

[Signature]
Circulator - Signature

6.22.23
Date

TO THE TOWN OF FRISCO LIQUOR LICENSING AUTHORITY

[illegible]

TO THE TOWN OF FRISCO LIQUOR LICENSING AUTHORITY

Date	Signature	Printed Name	Physical Address	Age	For	Against	
6/16/23	[Signature]	Ross A Sheehy			V		
6/16/23	[Signature]	H Wilson				V	
6/16/23	[Signature]	Paul Guglielmo				V	
6/18/23	[Signature]	Stanley Kunzch				V	

LIQUOR LICENSE PETITION

TO THE TOWN OF FRISCO LIQUOR LICENSING AUTHORITY

I, the undersigned, am aware that an application for a Hotel & Restaurant type of Liquor License has been filed with the Frisco Town Clerk's office, by:

Applicant's LLC/Corporation/Partnership Business Name: Luka2 LLC

Doing Business As – Applicant's Establishment Name: Doma

I, the undersigned, am aware that the applicant's liquor licensed business is proposed to be located at:

Physical Address:

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Date	Signature	Printed Name	Physical Address	Age	For	Against
6-16-23	Kathy Solugh	Kathy Solugh			✓	
6-16-23	Mark Puch	Mark Puch			✓	
6-16-23	Jeanne DeBlorwell	Jeanne DeBlorwell			✓	
6-16-23	STEVE CORNWELL	SAME			✓	
6-16-23	Edmund	Edmund			✓	
6-16-23	Amy Ad	Amy Ad				
6-17-23	Ben Haines	Ben Haines			✓	
6-17-23	Collette Bunge	Collette Bunge			✓	
6-17-23	Gordon Haines	Gordon Haines			✓	
6-17-23	Gordon Haines	Gordon Haines			✓	

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Date	Signature	Printed Name	Physical Address	Age	For, Against
6/17/23	Jess Holley	Jess Holley	[REDACTED]		✓
6/17/23	George Boyanov	George Boyanov			✓
6/17/23	William Leuch	William Leuch			✓
6/17/23	Sandra LeBrons	Sandra LeBrons			✓
6/17/23	Natalie Jose	Natalie Jose			✓
6/17/23	Pablo Lario U.	Pablo Lario U.			✓
6/17/23	Chloe Rut	Chloe Rut			✓
6/17/23	Nicole Vinnaman	Nicole Vinnaman			✓
6/17/23	Shannon Coffey	Shannon Coffey			✓

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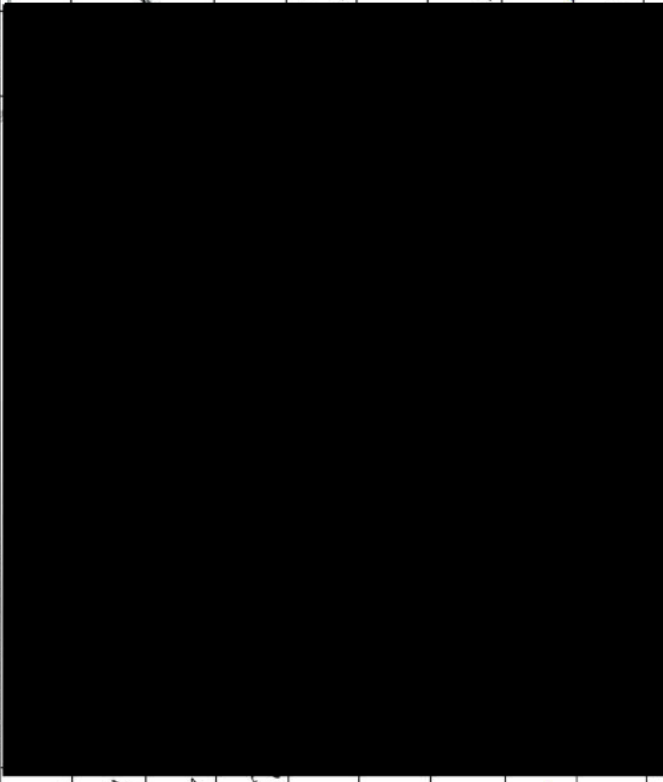








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Date	Signature	Printed Name	Physical Address	Age	For	Against
6-7-23		ANGELICA QUIRING				
6-7-23		Katie Kelly				
6-7-23		Ruth Sladshaw				
6-7-23		Elizabeth Skrzypczak-Adrian				
6-7-23		Tim Adrian			X	
6-7-23		Jake Hersch			X	
6-6-23		Luke Foster			X	
6/7/23		Jane Peterson			X	
6/7/23		Bryan Marshall			X	

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Date	Signature	Printed Name	Physical Address	Age	For	Against
6/6/2023		Yvonne Zook			<input checked="" type="checkbox"/>	<input type="checkbox"/>
6/6/2023		Kim Adrip			<input checked="" type="checkbox"/>	<input type="checkbox"/>
6/6/2023		Stephanie Strauss			<input checked="" type="checkbox"/>	<input type="checkbox"/>
6/6/2023		Kevin Berg			<input checked="" type="checkbox"/>	<input type="checkbox"/>
6/7/2023		Tom Flanagan			<input checked="" type="checkbox"/>	<input type="checkbox"/>
6/7/2023		Sheila Flanagan			<input checked="" type="checkbox"/>	<input type="checkbox"/>
6/7/2023		Gerardo Perez			<input checked="" type="checkbox"/>	<input type="checkbox"/>
6/7/2023		Silvia Perez			<input checked="" type="checkbox"/>	<input type="checkbox"/>
6/7/2023		Bryant Dattenberber			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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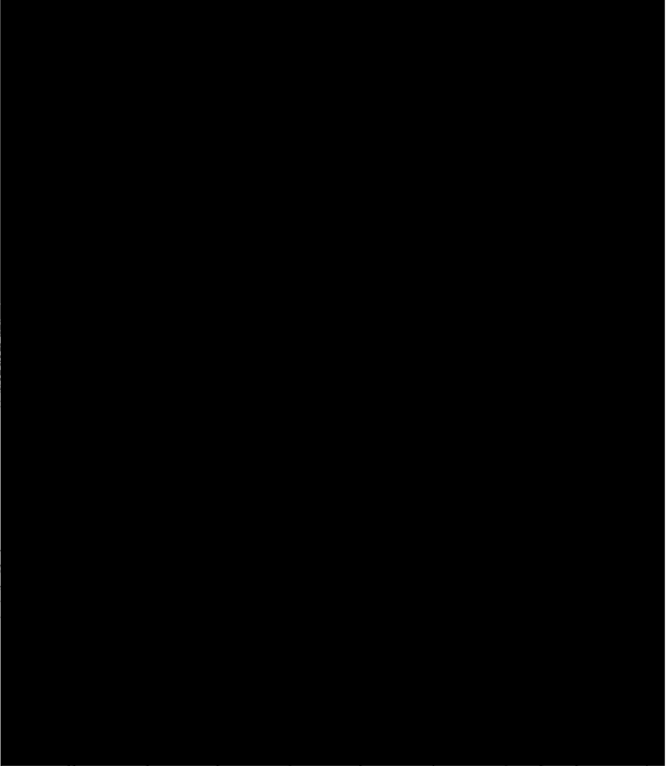
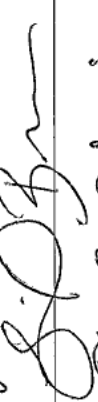


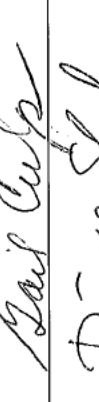




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Date	Signature	Printed Name	Physical Address	Age	For	Against
6/7/23		Erik Benson			✓	
6/8/23		Jacqueline Benson			✓	
6/7/23		Doug Robinson			✓	
6/8/23		Janice Gordan				
6/8/23		Stegibel			✓	
6/8/23		Gail Culp			✓	
6/8/23		Diane Ebel			✓	
6/9/23		Cristy L. Meyer			✓	
6/9/23		Mark M. Meyer			✓	
6/9/23		Mark M. Meyer			✓	

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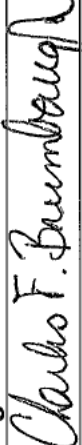
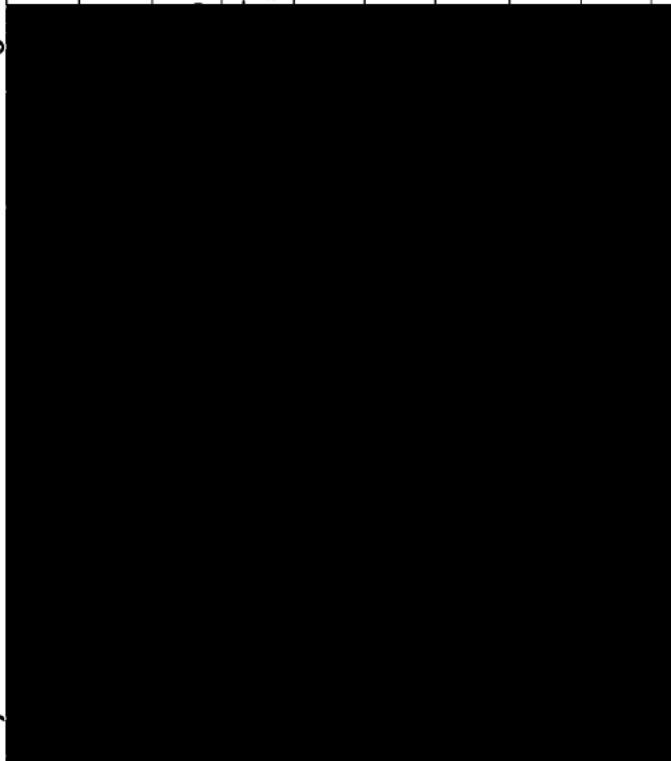
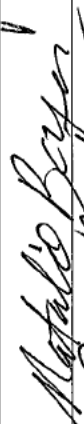


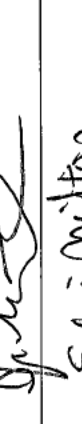
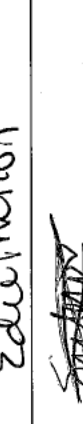
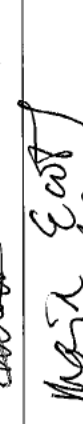
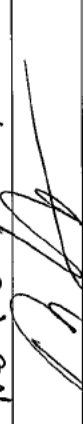

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Date	Signature	Printed Name	Physical Address	Age	For	Against
6-9-23		Charles F. Brumbaugh			✓	
6-9-23		Natalie Boyer			✓	
6/9/23		DAVID LOVE			✓	
6/9/23		MIMI MILTON			✓	
6/9/23		Jon Littleford			✓	
6/9/23		Edie Milton			✓	
6/10/23		FLORENCE SUBSTIE			✓	
6/10/23		MARIA SCOTT			✓	
6/10/23		Mike Scott			✓	

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Date	Signature	Printed Name	Physical Address	Age	For	Against
6/17/23		Nadia Hooper			X	
6/15/23		Charis Merritt			X	
6/13/20		Crystal M. Hooper				
6/14/23		Kristyla Francis			X	
6/15/23		Nicole Wyckoff			X	
6/15/23		Dawn Truesdale			X	
6/15/23		Theresa Skaj			X	
6/15/23		Theresa Skaj			X	

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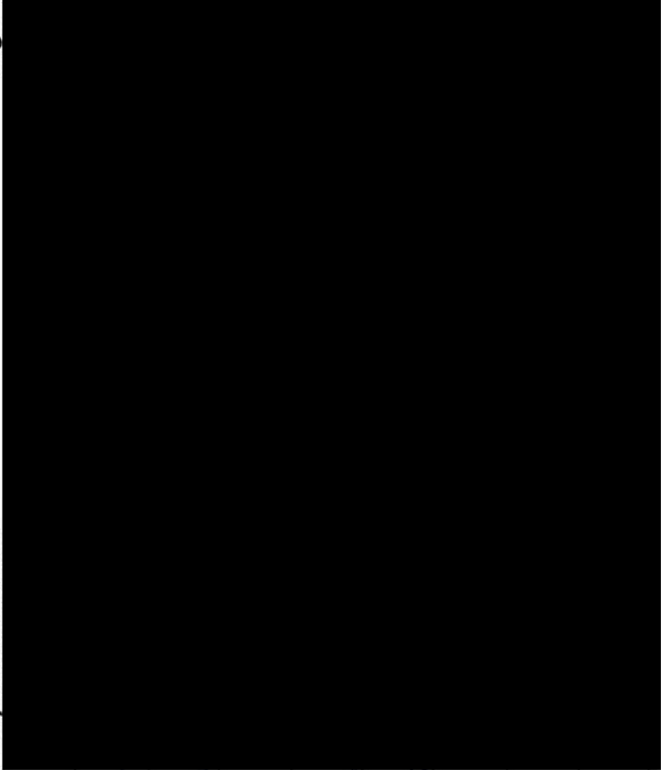








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Date	Signature	Printed Name	Physical Address	Age	For	Against
6/7/23		LINSEY JOYCE			✓	
6/7/23		Megan Nuttelman			✓	
6/7/23		TIMOTHY ANDERSON			✓	
6/7/23		Danese Joyce			✓	
6/7/23		Danese Joyce			✓	
6/12/23		Suzanne Albonsillo			✓	
6/14/23		Kate Berg			✓	
6/14/23		Megan Testin			✓	
6/15/23		David Axelrod			✓	

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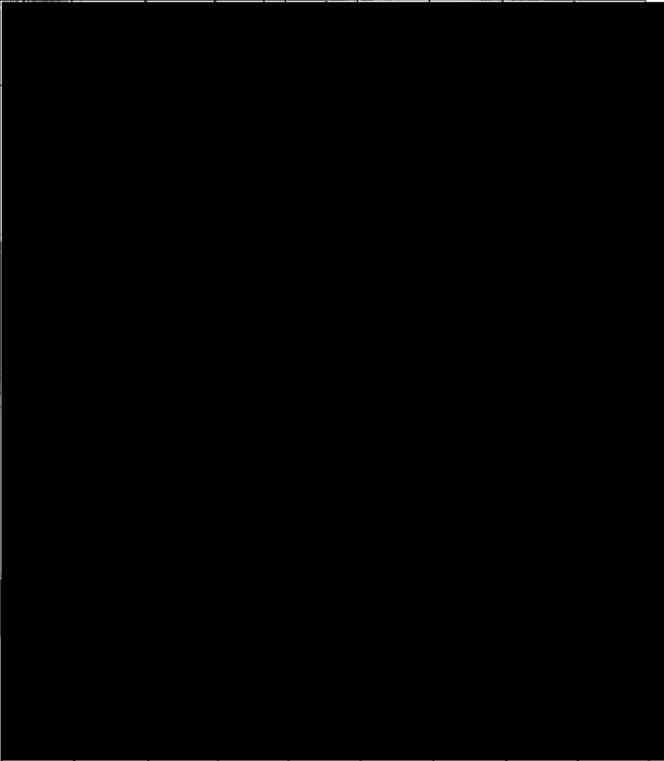





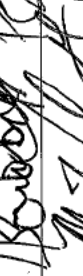



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Date	Signature	Printed Name	Physical Address	Age	For/ Against
6/14/23		STEVE DAY.			✓
6/14/23		KURT WARD			✓
6/14/23		JULIE BECK			✓
6/14/23		Wj Conard			✓
6/14/23		Lisa Towsey			
6/14/23		Bobby Ryan			✓
6/14/23		Michael Goms			✓
6/14/23		Susan Griacome			✓
6/14/23		Jose Demery			✓
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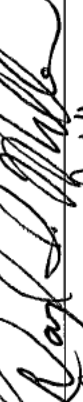

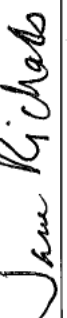

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Date	Signature	Printed Name	Physical Address	Age	For	Against
6/14/23		Ryan Wagner			X	
6/14		AARON CORICH-KLEIN			X	
6/14		Sarah Graham			X	
6/15		Tess Sealize			✓	
6/15		Jane Graham			X	
6/15		DARYL I. NELSON			X	
6-15-23		RAINE NE MILLER			X	
"		JANE RICHARDS			X	
6/15/23		Duma Ruiz			X	

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Date	Signature	Printed Name	Physical Address	Age	For	Against
6/7/23	Neil Hansen	Neil Hansen	[REDACTED]	21	✓	
6/17/23	Parker Ford	Parker Ford			✓	
6/17/23	Jonathan Jones	Jonathan Jones			✓	
6/14/23	Brian Peterson	Brian Peterson				
6-14-23	Cody Welch	Cody Welch			✓	
6-15-23	Pamela Milano	Pamela Milano			✓	
6-15-23	Kristen G. Johnson	Kristen G. Johnson			✓	
6/15/23	David Geger	David Geger			✓	
6/15/23	Susan GELGER	Susan GELGER			✓	

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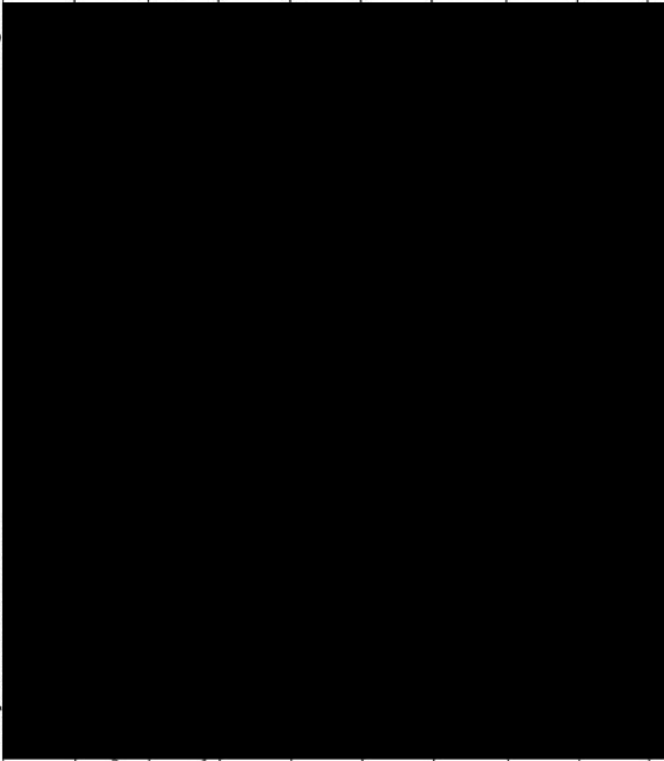
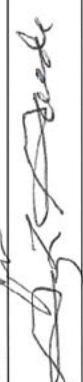







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Date	Signature	Printed Name	Physical Address	Age	For	Against
6/9/23		Clay Jones			X	
6/9/23		GADEN, GARY			X	
6/9/23		GADEN, SHARON			X	
6/9/23		WILKERSON, LAUREL			X	
6/9/23		CHRIS EBY			X	
6/9/23		KAREN BERG			X	
6/15/23		LYNN TYE			X	
6/15/23		FLIP RYS			X	
6/16/23		JAMES T MILLER			X	

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Date	Signature	Printed Name	Physical Address	Age	For	Against
6/14/23	[Signature]	Adriana Camino	[Redacted Address]		X	
6/14/23	[Signature]	Kelly Campbell			X	
6/14/23	[Signature]	Huey, John			X	
6/14/23	[Signature]	Jeannie O'Leary			X	
6/14/23	[Signature]	Emmings			X	
6/14/23	[Signature]	Debra Sullivan			X	
6/14/2023	[Signature]	Cynthia Spaulding			X	
6/14/2023	[Signature]	Clayton R. Miller			X	
6/14/2023	[Signature]	Alexandra Anderson			X	
6/14/2023	[Signature]	Alexandra Anderson			X	

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Physical Address:

I, the undersigned, am at least 21 years of age and am a resident or owner or manager of a business located within the defined neighborhood boundaries of the proposed liquor establishment. I have indicated below whether I consider the granting of the above-mentioned liquor license to be desirable and necessary for the reasonable requirements of the neighborhood (within the approved boundaries approved by the Town Council on June 27, 2023).

Date	Signature	Printed Name	Physical Address	Age	For	Against
6/15/23		Melissa Ruiz			<input checked="" type="checkbox"/>	<input type="checkbox"/>
6/15/2023		Elizabeth Webb			<input checked="" type="checkbox"/>	<input type="checkbox"/>
6/15/23		James Webb			<input checked="" type="checkbox"/>	<input type="checkbox"/>
6-15-23		Sarah Russell			<input checked="" type="checkbox"/>	<input type="checkbox"/>
6-15-23		Lara Russell			<input checked="" type="checkbox"/>	<input type="checkbox"/>
6-15-23		Anna W. Webb			<input checked="" type="checkbox"/>	<input type="checkbox"/>
6-15-23		Abbie Cobb			<input checked="" type="checkbox"/>	<input type="checkbox"/>
6-15-23		JANES MCCALL			<input checked="" type="checkbox"/>	<input type="checkbox"/>
6-16-23		Greg Herron			<input checked="" type="checkbox"/>	<input type="checkbox"/>