



KATHLEEN NEEL, CLERK & RECORDER
LIQUOR LICENSING
(970) 453-3472
Summit County Government
208 East Lincoln Ave. | P.O. Box 1538
Breckenridge, CO 80424
liquorlicensing@summitcountyco.gov

LIQUOR LICENSE REVIEW - RENEWAL

Licensee Organization:	<u>Keystone Neighbourhood Co.</u>
Establishment Name (DBA):	<u>Keystone Neighbourhood Co.</u>
Physical Address:	<u>140 Ida Belle Drive Suite #F4 Keystone, CO 80435</u>
Mailing Address:	<u>140 Ida Belle Drive Suite #F4 Keystone, CO 80435</u>
Licensee Name/Representative/Agent:	<u>Maja Russer</u>
Date of Application:	<u>March 25, 2021</u>
Type of License:	<u>Optional Premise</u>
Registered Manager:	<u>Maja Russer</u>

STAFF COMMENTS:

SHERIFF'S OFFICE COMMENTS:

See attached letter, no concerns.

CLERK & RECORDER COMMENTS:

Complete application and proper fees submitted.

BOCC INFORMATION:

LOCAL LICENSING AUTHORITY:

Summit County Board of Commissioners

MEETING AGENDA DATE:

Tuesday, April 13, 2021

KEYSTONE NEIGHBOURHOOD CO
140 IDA BELLE DR UNIT F4
Keystone CO 80435-7780

Fees Due		
Renewal Fee		Waived due to 20B-001
Storage Permit	\$100 X _____	\$
Sidewalk Service Area	\$75.00	\$
Additional Optional Premise Hotel & Restaurant	\$100 X _____	Waived due to 20B-001
Related Facility - Campus Liquor Complex	\$160.00 per facility	Waived due to 20B-001
Amount Due/Paid		\$ 175.00

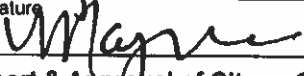
Make check payable to: Colorado Department of Revenue. The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department may collect the payment amount directly from your banking account electronically.

Retail Liquor or Fermented Malt Beverage License Renewal Application

Please verify & update all information below

Return to city or county licensing authority by due date

Licensee Name KEYSTONE NEIGHBOURHOOD CO		Doing Business As Name (DBA) KEYSTONE NEIGHBOURHOOD CO		
Liquor License # 13-36764-0000	License Type Optional Premises (county)	Sales Tax License # 13367640000	Expiration Date 05/13/2021	Due Date 03/29/2021
Business Address 140 IDA BELLE DR STE F4 Keystone CO 80435-7780		County Summit	Phone Number 9704238996	
Mailing Address 140 IDA BELLE DR UNIT F4 Keystone CO 80435-7780		Email maja@keystonencidb.com		
Operating Manager Maja Russer				
1. Do you have legal possession of the premises at the street address above? <input checked="" type="radio"/> Yes <input type="radio"/> No Are the premises owned or rented? <input checked="" type="radio"/> Owned <input type="radio"/> Rented* *If rented, expiration date of lease _____				
2. Are you renewing a storage permit, additional optional premises, sidewalk service area, or related facility? If yes, please see the table in upper right hand corner and include all fees due. Yes <input type="radio"/> No <input checked="" type="radio"/>				
3a. Since the date of filing of the last application, has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC) or any other person with a 10% or greater financial interest in the applicant, 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 <input type="radio"/> No <input checked="" type="radio"/>				
3b. Since the date of filing of the last application, has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC) or any other person with a 10% or greater financial interest in the applicant failed to pay any fees or surcharges imposed pursuant to section 44-3-503, C.R.S.? Yes <input type="radio"/> No <input checked="" type="radio"/>				
4. Since the date of filing of the last application, has there been any change in financial interest (new notes, loans, owners, etc.) or organizational structure (addition or deletion of officers, directors, managing members or general partners)? If yes, explain in detail and attach a listing of all liquor businesses in which these new lenders, owners (other than licensed financial institutions), officers, directors, managing members, or general partners are materially interested. Yes <input type="radio"/> No <input checked="" type="radio"/>				
5. Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been convicted of a crime? If yes, attach a detailed explanation. Yes <input type="radio"/> No <input checked="" type="radio"/>				
6. Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been denied an alcohol beverage license, had an alcohol beverage license suspended or revoked, or had interest in any entity that had an alcohol beverage license denied, suspended or revoked? If yes, attach a detailed explanation. Yes <input type="radio"/> No <input checked="" type="radio"/>				
7. Does the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) have a direct or indirect interest in any other Colorado liquor license, including loans to or from any licensee or interest in a loan to any licensee? If yes, attach a detailed explanation. Yes <input type="radio"/> No <input checked="" type="radio"/>				

Affirmation & Consent		
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.		
Type or Print Name of Applicant/Authorized Agent of Business	Title	
Maja Russer	Director of Events	
Signature	Date	
	3.18.2021	
Report & Approval of City or County Licensing Authority		
The foregoing application has been examined and the premises, business conducted and character of the applicant are satisfactory, and we do hereby report that such license, if granted, will comply with the provisions of Title 44, Articles 4 and 3, C.R.S., and Liquor Rules.		
Therefore this application is approved.		
Local Licensing Authority For	Date	
Signature	Title	Attest

Tax Check Authorization, Waiver, and Request to Release Information

I, Maja Russer am signing this Tax Check Authorization, Waiver and Request to Release Information (hereinafter "Waiver") on behalf of the Keystone Neighbourhood Co (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 its 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) <u>Keystone Neighbourhood Co</u>		
Address <u>140 Ida Belle Dr. Suite F-4</u>		
City <u>Keystone</u>	State <u>CO</u>	Zip <u>80435</u>
Business/Work Phone Number		
Printed name of person signing on behalf of the Applicant/Licensee <u>Maja Russer</u>		
Applicant/Licensee's Signature (Signature authorizing the disclosure of confidential tax information) <u>Maja Russer</u>		Date signed <u>3-18-2021</u>

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).

JAIME FITZSIMONS
SHERIFF



PETER HAYNES
UNDERSHERIFF

OFFICE OF THE SUMMIT COUNTY SHERIFF
501 North Park Avenue • PO Box 210 • Breckenridge, Colorado 80424
Office: (970) 453-2232 • Fax: (970) 453-7329 • www.SummitSheriffCO.com

DATE: February 23, 2021
TO: Office of the Clerk & Recorder
RE: Establishment Application for Liquor License

The Summit County Sheriff's Office has completed a background check on:

Applicant: Keystone Neighbourhood Co.
DBA: Keystone Neighbourhood Company
License Type: Optional Premise
140 Ida Belle Drive Suite #F4
Keystone, CO 80435

We have no record of negative information on the above establishment.

The Summit County Sheriff's Office recommendation is:

No reason found to disapprove this establishment at this time.

Disapproval

Area of Concern

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

Alicia Miller
Records Clerk

A handwritten signature in blue ink, appearing to read "Peter Haynes", written over a horizontal line.

Peter Haynes
Undersheriff