



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: ATM Inc.
Establishment Name (DBA): Mulligans Irish Pub
Physical Address: 231 West Ten Mile Circle Unit #W7
Copper Mountain, CO 80443
Mailing Address: P.O. Box 5235 Frisco, CO 80443
Licensee Name/Representative/Agent: John Morain
Date of Application: October 29, 2021
Type of License: Hotel & Restaurant with Optional Premises
Registered Manager: John Grzesowiak

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, November 23, 2021

Submit to Local Licensing Authority

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

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.

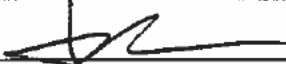
Retail Liquor or Fermented Malt Beverage License Renewal Application

Please verify & update all information below

Return to city or county licensing authority by due date

Licensee Name ATM INC		Doing Business As Name (DBA) Mulligans Irish Pub		
Liquor License # 4267084000	License Type Tavern	Sales Tax License # 26-3717226	Expiration Date 12-31-2021	Due Date
Business Address 231 Ten Mile Rd Copper Mountain CO 80443				Phone Number 970 968 2084
Mailing Address Po Box 5235 Frisco CO 80443			Email MulligansPubCO@yahoo.com	
Operating Manager John Moran		[REDACTED]		

- Do you have legal possession of the premises at the street address above? Yes No
 Are the premises owned or rented? Owned Rented* *If rented, expiration date of lease **Dec 2025**
- 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 No
- 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 No
- 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 No
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 No
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 No
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 No
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 No

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	
<i>Juan Mota</i>	<i>President</i>	
Signature	Date	
	<i>10-29-21</i>	
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

On January 1 2021 John Morain acquired all of John Grzeskowiak's shares in ATM INC. This makes John Morain the sole owner and operator of ATM INC, and John Grzeskowiak is no longer an officer or owner in ATM

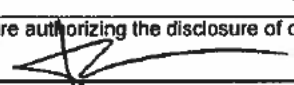
Tax Check Authorization, Waiver, and Request to Release Information

I, John Moran am signing this Tax Check Authorization, Waiver and Request to Release Information (hereinafter "Waiver") on behalf of KTM INC (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) <u>John Moran ATM INC</u>		[Redacted]	
Address <u>231 Ten Mile Rd</u>			
City <u>Copper Mountain</u>		State <u>CO</u>	Zip <u>80443</u>
[Redacted]		Business/Work Phone Number <u>970 968 2084</u>	
Printed name of person signing on behalf of the Applicant/Licensee <u>John Moran</u>			
Applicant/Licensee's Signature (Signature authorizing the disclosure of confidential tax information) 			Date signed <u>10-29-31</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: October 19, 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: ATM Inc.
DBA: Mulligans Irish Pub
License Type: Tavern
231 West Ten Mile Circle #W7
Copper Mountain, CO 80443

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 blue ink signature of Emmanuel Mendoza, written over a horizontal line.

Emmanuel Mendoza
Records Technician

A blue ink signature of Peter Haynes, written over a horizontal line.

Peter Haynes
Undersheriff