



**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

**Licensee Organization:** Spoon Café LLC  
**Establishment Name (DBA):** Spoon Café  
**Physical Address:** 195 River Run Road Keystone, CO 80435  
**Mailing Address:** P.O. Box 877 Dillon, CO 80435  
**Licensee Name/Representative/Agent:** Meir Zuchman  
**Current Registered Manager:** Jeremiah Diaz  
**New Registered Manager Applicant:** Meir Zuchman  
**Date of Application:** December 27, 2019

<b>INDIVIDUAL</b>	<b>PARTNERSHIP</b>	<b>CORPORATION</b>	<b>LLC</b>
<b>RENEWAL</b>	<b>NEW</b>	<b>TRANSFER</b>	<b>MODIFICATION</b>
<b>TASTINGS PERMIT</b>	<b>MANAGER REGISTRATION</b>	<b>ADDITION OF RELATED FACILITY</b>	<b>TRADE NAME CHANGE</b>
<b>HOTEL AND RESTAURANT</b>	<b>FERMENTED MALT BEVERAGE - OFF</b>		
<b>TAVERN</b>	<b>RESORT COMPLEX</b>		
<b>BEER AND WINE</b>	<b>LIQUOR STORE</b>		

**STAFF COMMENTS:**

**SHERIFF'S OFFICE COMMENTS:**

See attached approval letter.

**CLERK & RECORDER COMMENTS:**

Complete application and proper fees submitted.

**BOCC INFORMATION:**

**LOCAL LICENSING AUTHORITY:**

Summit County Board of Commissioners

**MEETING AGENDA DATE:**

Tuesday, January 14, 2020

## Permit Application and Report of Changes

**Current License Number** 42-58440-0000  
**All Answers Must Be Printed in Black Ink or Typewritten**  
**Local License Fee \$** 75.00

1. Applicant is a <input type="checkbox"/> Corporation ..... <input type="checkbox"/> Individual <input type="checkbox"/> Partnership..... <input checked="" type="checkbox"/> Limited Liability Company		Present License Number  <u>42-58440-0000</u>
2. Name of Licensee <u>SPOON CAFE LLC</u>	3. Trade Name <u>SPOON CAFE</u>	
4. Location Address <u>195 RIVER END ROAD</u>		
City <u>KEYSTONE</u>	County <u>SUMMIT</u>	ZIP <u>80435</u>

**SELECT THE APPROPRIATE SECTION BELOW AND PROCEED TO THE INSTRUCTIONS ON PAGE 2.**

Section A – Manager reg/change	Section C
<ul style="list-style-type: none"> <li>• License Account No. _____</li> <li><input checked="" type="checkbox"/> Manager's Registration (Hotel &amp; Restr.).....\$75.00</li> <li><input type="checkbox"/> Manager's Registration (Tavern).....\$75.00</li> <li><input type="checkbox"/> Manager's Registration (Lodging &amp; Entertainment).....\$75.00</li> <li><input type="checkbox"/> Change of Manager (Other Licenses pursuant to section 44-3-301(8), C.R.S.) NO FEE</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Retail Warehouse Storage Permit (ea).....\$100.00</li> <li><input type="checkbox"/> Wholesale Branch House Permit (ea)..... 100.00</li> <li><input type="checkbox"/> Change Corp. or Trade Name Permit (ea) ..... 50.00</li> <li><input type="checkbox"/> Change Location Permit (ea)..... 150.00</li> <li><input type="checkbox"/> Change, Alter or Modify Premises \$150.00 x _____ Total Fee _____</li> <li><input type="checkbox"/> Addition of Optional Premises to Existing H/R \$100.00 x _____ Total Fee _____</li> <li><input type="checkbox"/> Addition of Related Facility to an Existing Resort or Campus Liquor Complex \$160.00 x _____ Total Fee _____</li> <li><input type="checkbox"/> Campus Liquor Complex Designation <span style="float: right;">No Fee</span></li> <li><input type="checkbox"/> Sidewalk Service Area <span style="float: right;">\$75.00</span></li> </ul>
Section B – Duplicate License	
<ul style="list-style-type: none"> <li>• Liquor License No. _____</li> <li><input type="checkbox"/> Duplicate License ..... \$50.00</li> </ul>	

**Do Not Write in This Space – For Department of Revenue Use Only**

Date License Issued	License Account Number	Period

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 of Revenue may collect the payment amount directly from your bank account electronically.	<b>TOTAL AMOUNT DUE</b>	\$ <span style="float: right;">.00</span>
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	<b>Change of Manager</b>	<p><b>8. Change of Manager</b> or to <b>Register the Manager</b> of a Tavern, Hotel and Restaurant, Lodging &amp; Entertainment liquor license or licenses pursuant to section 44-3-301(8).</p> <p>(a) Change of Manager (attach Individual History DR 8404-I H/R, Tavern and Lodging &amp; Entertainment only)          Former manager's name <u>JEREMIAH DIAZ</u>          New manager's name <u>MEIR ZUCHMAN</u></p> <p>(b) Date of Employment <u>12/5/2007</u></p> <p>Has manager ever managed a liquor licensed establishment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>          Does manager have a financial interest in any other liquor licensed establishment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>          If yes, give name and location of establishment _____</p>
	<b>Modify Premises or Addition of Optional Premises, Related Facility, or Sidewalk Service Area</b>	<p><b>9. Modification of Premises, Addition of an Optional Premises, Addition of Related Facility, or Addition of a Sidewalk Service Area</b></p> <p><b>NOTE:</b> Licensees may not modify or add to their licensed premises until approved by state and local authorities.</p> <p>(a) Describe change proposed _____          _____          _____</p> <p>(b) If the modification is temporary, when will the proposed change:          Start _____ (mo/day/year) End _____ (mo/day/year)</p> <p><b>NOTE: THE TOTAL STATE FEE FOR TEMPORARY MODIFICATION IS \$300.00</b></p> <p>(c) Will the proposed change result in the licensed premises now being located 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?          (If yes, explain in detail and describe any exemptions that apply) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(d) Is the proposed change in compliance with local building and zoning laws? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(e) If this modification is for an additional Hotel and Restaurant Optional Premises has the local authority authorized by resolution or ordinance the issuance of optional premises? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(f) Attach a diagram of the current licensed premises and a diagram of the proposed changes for the licensed premises.</p> <p>(g) Attach any existing lease that is revised due to the modification.</p> <p>(h) For the addition of a Sidewalk Service Area per Regulation 47-302(A)(4), include 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.</p>
	<b>Campus Liquor Complex Designation</b>	<p><b>10. Campus Liquor Complex Designation</b></p> <p>An institution of higher education or a person who contracts with the institution to provide food services</p> <p>(a) I wish to designate my existing _____ Liquor License # _____ to a Campus Liquor Complex Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<b>Additional Related Facility</b>	<p><b>11. Additional Related Facility</b></p> <p>To add a Related Facility to an existing Resort or Campus Liquor Complex, include the name of the Related Facility and include the address and an outlined drawing of the Related Facility Premises.</p> <p>(a) Address of Related Facility _____</p> <p>(b) Outlined diagram provided Yes <input type="checkbox"/> No <input type="checkbox"/></p>

**Oath of Applicant**

I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge

Signature <i>M. Zuer</i>	Title <i>PRESIDENT</i>	Date <i>12/27/19</i>
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**Report and Approval of LOCAL Licensing Authority (CITY / COUNTY)**

The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the applicable provisions of Title 44, Articles 4 and 3, C.R.S., as amended. **Therefore, This Application is Approved.**

Local Licensing Authority (City or County)	Date filed with Local Authority
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Signature	Title	Date
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**Report of STATE Licensing Authority**

The foregoing has been examined and complies with the filing requirements of Title 44, Article 3, C.R.S., as amended.

Signature	Title	Date
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Clerk & Recorder

### AFFIDAVIT REGARDING SOURCE OF FUNDS

I, MEIR ZUCHMAN, HEREBY CERTIFY THAT I HAVE INVESTED  
\$ [REDACTED] IN THE BUSINESS OF SPOON CAFE LLC.  
THE SOURCE OF MY INVESTMENT IS FROM [REDACTED]

(attach a copy of any notes, loans, bank statements or personal documents to document and verify the above information.)

Signature: *Meir Zuchman*  
Date: 12/27/19

State of Colorado )  
                                  )  
County of Summit )

Subscribed and sworn to before me this 27<sup>th</sup> day of December, 2019.

My commission expires: April 8, 2023

STACEY NELL  
NOTARY PUBLIC  
STATE OF COLORADO  
NOTARY ID 20154014149  
MY COMMISSION EXPIRES APRIL 08, 2023

*Stacey M. Nell*  
Notary Public



Kathleen Neel, Clerk & Recorder  
LIQUOR LICENSING

208 East Lincoln Ave. | PO Box 1538  
Breckenridge, CO 80424

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 Summit County Colorado Board of County Commissioners or their representatives to make appropriate inquiries of the Summit County Sheriff's Office, pursuant to C.R.S. 12-47-137(2)(a) regarding my "good moral character" and specifically, my criminal justice history (if any) in their records. I also authorize the Sheriff's Office to release to the County representative 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 Summit County, 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.

  
\_\_\_\_\_

**Applicant Signature**

HEIR ZUCHMAN

\_\_\_\_\_  
**Applicant Printed Name**

12/27/19

\_\_\_\_\_  
**Date**

## Individual History Record

To be completed by the following persons, as applicable: sole proprietors; general partners regardless of percentage ownership, and limited partners owning 10% or more of the partnership; all principal officers of a corporation, all directors of a corporation, and any stockholder of a corporation owning 10% or more of the outstanding stock; managing members or officers of a limited liability company, and members owning 10% or more of the company; and any intended registered manager of Hotel and Restaurant, Tavern and Lodging and Entertainment class of retail license

**Notice:** This individual history record requires information that is necessary for the licensing investigation or inquiry. All questions must be answered in their entirety or the license application may be delayed or denied. If a question is not applicable, please indicate so by "N/A". **Any deliberate misrepresentation or material omission may jeopardize the license application.** (Please attach a separate sheet if necessary to enable you to answer questions completely)

1. Name of Business SPOON CAFE	Home Phone Number
2. Your Full Name (last, first, middle) ZUCHMAN MEIR	3. List any other names you have used



8. Have you ever applied for, held, or had an interest in a Colorado Liquor or Beer License, or loaned money, furniture, fixtures, equipment or inventory to any licensee? (If yes, answer in detail.)  Yes  No

Blank space for providing details for question 8.

9. Have you ever received a violation notice, suspension, or revocation for a liquor law violation, or have you applied for or been denied a liquor or beer license anywhere in the United States? (If yes, explain in detail.)  Yes  No

Blank space for providing details for question 9.

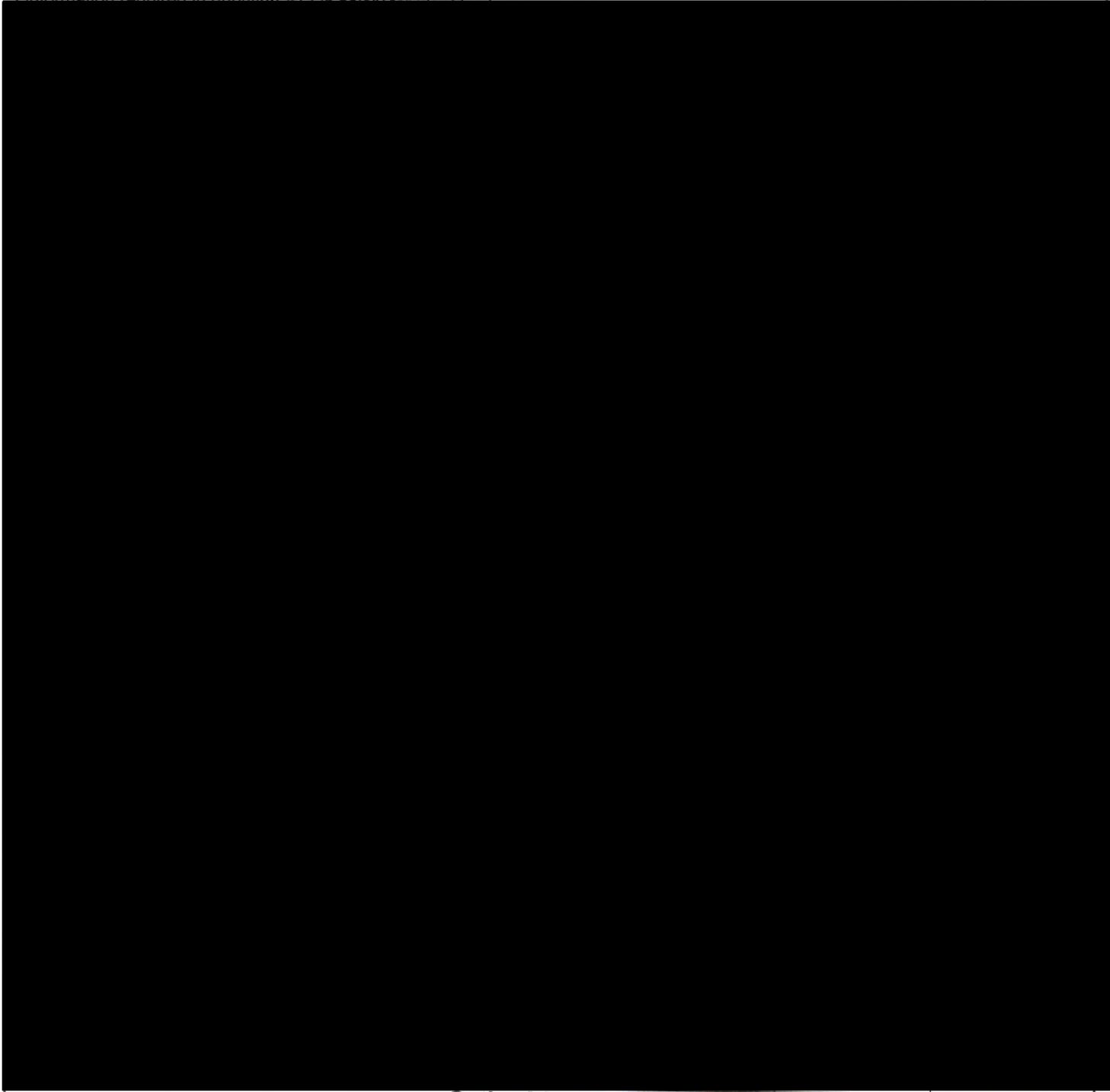
10. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? (If yes, explain in detail.)  Yes  No

11. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? (If yes, explain in detail.)  Yes  No

12. Have you ever had any professional license suspended, revoked, or denied? (If yes, explain in detail.)  Yes  No

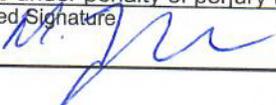
**Personal and Financial Information**

Unless otherwise provided by law, the personal information required in question #13 will be treated as confidential. The personal information required in question #12 is not confidential.



**Oath of Applicant**

I declare under penalty of perjury that this application and all attachments are true, correct, and complete to the best of my knowledge.

Authorized Signature 	Print Signature MEIR ZUCHMAN	Title OWNER/MANAGER	Date 12/27/19
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# OFFICE OF THE SUMMIT COUNTY SHERIFF

**SHERIFF**

Jaime FitzSimons

**UNDERSHERIFF**

Joel Cochran

**DIVISION COMMANDERS**

Commander Mike Schilling –  
Operations

Commander David Bertling –  
Detentions

Director Brian Bovaird-  
Emergency Manager

Director Lesley Hall-  
Animal Control & Shelter

**ADMINISTRATION**

Cristina Cevallos

Teri Furl

Erin Opsahl

**CIVIL**

Diana Tilley

David Wiegand

**RECORDS**

Mary White

Cassie Klausner

Carol Rafferty

**PATROL SUPERVISORS**

Lieutenant Tom Whelan

Sr. Sgt. Dave Martinez

Sgt. Daric Gutzwiller

Sgt. Mark Gafari

**JAIL SUPERVISORS**

Lieutenant Cynthia Gilbert

Lieutenant Sylvia Simms

Sr. Sgt. Ron Hochmuth

Sgt. Brian Hyde

Sgt. John Velasquez

**INVESTIGATIONS**

Sgt. Robert Pearce

**SPECIAL OPERATIONS**

Sgt. Mark Watson

**ANIMAL CONTROL and  
SHELTER**

Meg Leroux

Jesslyn Swirka

*'Professionally Serving Our  
Community Since 1861''*

DATE: December 30, 2019

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: Spoon Café LLC

DBA: Spoon Cafe

License Type: Hotel & Restaurant

195 River Run Road

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

Cassie Klausner  
Records Clerk

Joel Cochran  
UnderSheriff