



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: The Whiskey Bar at Copper Mountain LLC
Establishment Name (DBA): High Rockies Whiskey and Wine Bar
Physical Address: 260 Ten Mile Circle Copper Mountain, CO 80443
Mailing Address: P.O. Box 1156 Frisco, CO 80443
Licensee Name/Representative/Agent: Lindsay Atkins
Current Registered Manager: Lindsay Atkins
Date of Application: January 15, 2020

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

STAFF COMMENTS:

SHERIFF'S OFFICE COMMENTS:

See attached approval letter.

CLERK & RECORDER COMMENTS:

Complete application and proper fees submitted. No new owners, ownership going to 100% to one of the existing owners.

BOCC INFORMATION:

LOCAL LICENSING AUTHORITY:

Summit County Board of Commissioners

MEETING AGENDA DATE:

Tuesday, February 11, 2020

Report of Changes

Corporation, Limited Liability Company and Partnership Liquor and 3.2 Beer Licenses

LLC/Partnership
 Corporation

**See Instructions and
Fee Schedule on Page 2**

1. Corporate/LLC Partnership Name The Whiskey Bar at Copper Mountain, LLC		2. State Tax Account Number 31064057-0000		3. State Liquor License Number 03-08959	
4. Trade Name High Rockies Whiskey and Wine Bar				5. Telephone Number (979) 248-0132	
6. Address of Licensed Premises 260 Ten Mile Circle		City Copper Mountain	State CO	ZIP 80443	
7. Mailing Address if different than above P.O. Box 741		City Frisco	State CO	ZIP 80443	
8. LIST ALL officers, directors (corporation) or Managing Members (LLC) or General Partner(s). Each officer, Director, Managing Member or Partner MUST FILL OUT a DR 8404-I (Individual History Record).					
Position Held	Names	Home Address	DOB	Replaces	
Owner	Lindsay R. Atkins	[REDACTED]	[REDACTED]	Jennifer McCready	
9. LIST ALL 10% (or more) Stockholders or 10% (or more) Members or 10% (or more) Limited Partners. Each person listed Must Fill out a DR 8404-I (Individual History Record)					
Stockholders/Members/Partners owning 10% (or more) of business	% Owned	Home Address	DOB	Replaces	
Lindsay R. Atkins	100	[REDACTED]	[REDACTED]	Jennifer McCready	
10. Registered Agent Lindsay Atkins		Address For Service [REDACTED]			
Oath of Application 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.					
11. Authorized Signature 		Title Owner		Date	
Report of Local Licensing Authority The foregoing changes have been received and examined by the Local Licensing Authority.					
12. Local Licensing Authority For				<input type="checkbox"/> County <input type="checkbox"/> Town/City	
Signature		Title		Date	
Attest				Date	
Do Not Write In This Space – For Department of Revenue Use Only					
Liability Information					
License Account Number	Period	Cash Fund	Total		



Colorado Secretary of State
 Date and Time: 08/22/2017 09:01 AM
 ID Number: 20171625116
 Document number: 20171625116
 Amount Paid: \$50.00

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.sos.state.co.us.

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Organization

filed pursuant to § 7-80-203 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is

The Whiskey Bar at Copper Mountain, LLC

(The name of a limited liability company must contain the term or abbreviation "limited liability company", "ltd. liability company", "limited liability co.", "ltd. liability co.", "limited", "l.l.c.", "llc", or "ltd.". See §7-90-601, C.R.S.)

(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

2. The principal office address of the limited liability company's initial principal office is

Street address

260 Ten Mile Circle

(Street number and name)

Copper Mountain

(City)

CO

(State)

80443

(ZIP/Postal Code)

United States

(Country)

(Province - if applicable)

Mailing address

(leave blank if same as street address)

PO Box 1156

(Street number and name or Post Office Box information)

Frisco

(City)

CO

(State)

80443

(ZIP/Postal Code)

United States

(Country)

(Province - if applicable)

3. The registered agent name and registered agent address of the limited liability company's initial registered agent are

Name

(if an individual)

Atkins

(Last)

Lindsay

(First)

(Middle)

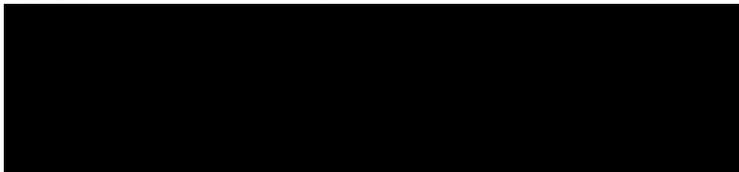
(Suffix)

or

(if an entity)

(Caution: Do not provide both an individual and an entity name.)

Street address



Mailing address

(leave blank if same as street address)

PO Box 1156

(Street number and name or Post Office Box information)

Frisco CO 80443
(City) (State) (ZIP Code)

(The following statement is adopted by marking the box.)

The person appointed as registered agent has consented to being so appointed.

4. The true name and mailing address of the person forming the limited liability company are

Name
(if an individual) Atkins Lindsay
(Last) (First) (Middle) (Suffix)
or

(if an entity)
(Caution: Do not provide both an individual and an entity name.)

Mailing address Po Box 1156
(Street number and name or Post Office Box information)

Frisco CO 80443
(City) (State) (ZIP/Postal Code)
United States
(Province - if applicable) (Country)

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

The limited liability company has one or more additional persons forming the limited liability company and the name and mailing address of each such person are stated in an attachment.

5. The management of the limited liability company is vested in
(Mark the applicable box.)

one or more managers.

or

the members.

6. (The following statement is adopted by marking the box.)

There is at least one member of the limited liability company.

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

This document contains additional information as provided by law.

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

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

<u>Atkins</u>	<u>Lindsay</u>		
<small>(Last)</small>	<small>(First)</small>	<small>(Middle)</small>	<small>(Suffix)</small>
<u>PO Box 1156</u>			
<small>(Street number and name or Post Office Box information)</small>			
<hr/>			
<u>Frisco</u>	<u>CO</u>	<u>80443</u>	
<small>(City)</small>	<small>(State)</small>	<small>(ZIP/Postal Code)</small>	
<u></u>	<u>United States</u>		
<small>(Province – if applicable)</small>	<small>(Country)</small>		

(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).

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,

The Whiskey Bar at Copper Mountain, LLC

is a

Limited Liability Company

formed or registered on 08/22/2017 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 20171625116 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/10/2019 that have been posted, and by documents delivered to this office electronically through 12/15/2019 @ 11:32:21 .

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 12/15/2019 @ 11:32:21 in accordance with applicable law. This certificate is assigned Confirmation Number 11963964 .



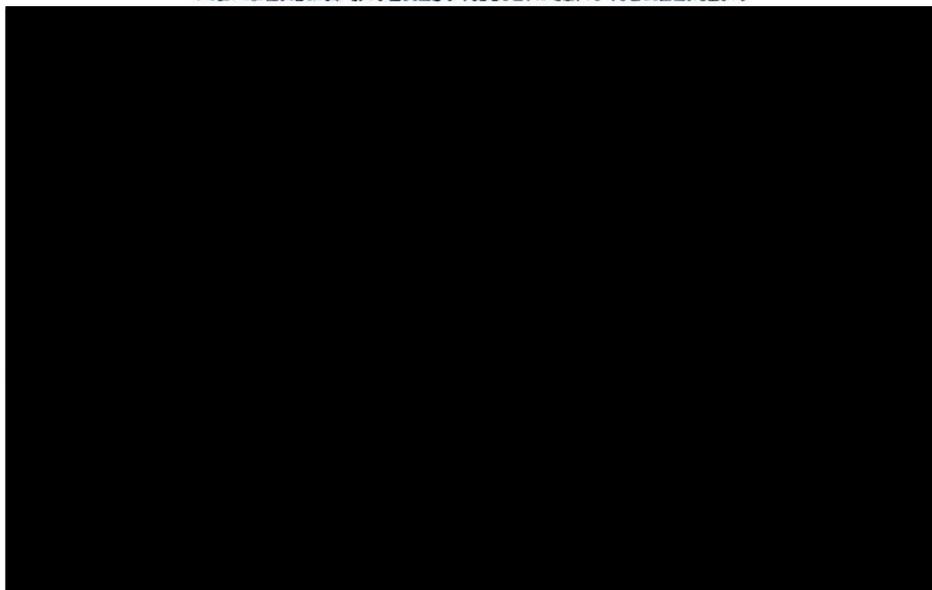
Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site 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 Web site, <http://www.sos.state.co.us/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 Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

MEMBERSHIP INTEREST ASSIGNMENT AGREEMENT





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 20, 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: The Whiskey Bar at Copper Mountain LLC

DBA: High Rockies Whiskey and Wine Bar

License Type: Hotel & Restaurant

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

Cassie Klausner

Records Clerk

Joel Cochran

UnderSheriff