



**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 - MODIFICATION

**Licensee Organization:** Keystone Food & Beverage Co.  
**Establishment Name (DBA):** Ski Tip Ranch  
**Physical Address:** 0764 Montezuma Road Keystone, CO 80435  
**Mailing Address:** P.O. Box 38 K79 Keystone, CO 80435  
**Licensee Name/Representative/Agent:** Jody Churich  
**Date of Application:** March 1, 2020  
**Type of License:** Hotel & Restaurant  
**Type of Modification Sought:** Manager Registration  
**Current Registered Manager:** Christopher Rudolf  
**New Registered Manager:** Nicole Krier

### **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 28, 2020

## Permit Application and Report of Changes

**Current License Number** 05132210015  
**All Answers Must Be Printed in Black Ink or Typewritten**  
**Local License Fee \$** 75.00

1. Applicant is a <input checked="" type="checkbox"/> Corporation ..... <input type="checkbox"/> Individual <input type="checkbox"/> Partnership ..... <input type="checkbox"/> Limited Liability Company		Present License Number  05132210015
2. Name of Licensee Keystone Food & Beverage Co.	3. Trade Name Ski Tip Lodge	
4. Location Address 0764 Montezuma Rd.		
City Keystone	County Summit	ZIP 80435

**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 12-47-301(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 Resort Complex \$75.00 x _____ Total Fee _____</li> <li><input type="checkbox"/> Tavern Conversion ..... No Fee</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

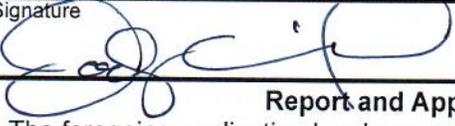
The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue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

<b>TOTAL AMOUNT DUE</b>	<b>\$</b>	<b>75.00 .00</b>
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<b>Change of Manager</b>	<p><b>8. Change of Manager or to Register the Manager</b> of a Tavern, Hotel and Restaurant, Lodging &amp; Entertainment liquor license or licenses pursuant to section 12-47-301(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>Christopher Rudolf</u>                  New manager's name <u>Nicole Krier</u></p> <p>(b) Date of Employment <u>11/29/2019</u>                  Has manager ever managed a liquor licensed establishment?..... Yes <input type="checkbox"/> No <input checked="" 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 or Related Facility</b>	<p><b>9. Modification of Premises, Addition of an Optional Premises, or Addition of Related Facility</b></p> <p>NOTE: 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>NOTE: THE TOTAL STATE FEE FOR TEMPORARY MODIFICATION IS \$300.00</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 or Resort Complex Related Facility, 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>
<b>Tavern Conversion</b>	<p><b>10. Tavern Conversion</b></p> <p><i>(Note* Must be completed by August 10, 2017 as the Tavern conversion will no longer be permitted. Only Tavern licenses issued before August 10, 2016, that do not fit the definition of a tavern as defined in section 12-47-103(38), C.R.S. may convert to a different license type.)</i> Please pick one of the following choices:</p> <p>(a) I wish to convert my existing Tavern Liquor License # _____ to a Lodging and Entertainment Liquor License?..... Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(b) I wish to convert my existing Tavern Liquor License # _____ to a _____ Liquor License?..... 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 	Title VP & GM Keystone Resort	Date 01/03/2020
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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 12, Articles 46 and 47, 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 12, Article 47, C.R.S., as amended.

Signature	Title	Date
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# OFFICE OF THE SUMMIT COUNTY SHERIFF

**SHERIFF**

Jaime FitzSimons

**UNDERSHERIFF**

Joel Cochran

**DIVISION COMMANDERS**

Commander Peter Haynes –  
Operations  
Commander David Bertling –  
Detentions  
Director Lesley Hall-  
Animal Control & Shelter

**ADMINISTRATION**

Cristina Cevallos  
Teri Furl  
Erin Opsahl

**CIVIL**

**RECORDS**

Mary White  
Cassie Klausner  
Carol Rafferty

**PATROL SUPERVISORS**

Lieutenant Tom Whelan  
Sr. Sgt. Dave Martinez  
Sgt. Mark Gafari  
Sgt. Jake Straw

**JAIL SUPERVISORS**

Lieutenant Cynthia Gilbert  
Lieutenant Sylvia Simms  
Sr. Sgt. Ron Hochmuth  
Sgt. John Velasquez  
Sgt. Dustin Roth  
Sgt. Robin Kintz

**INVESTIGATIONS**

Sgt. Robert Pearce

**SPECIAL OPERATIONS**

Sgt. Mark Watson

**ANIMAL CONTROL and SHELTER**

Meg Leroux  
Jesslyn Swirka

*“Professionally  
Serving Our  
Community Since  
1861”*

DATE: January 16, 2020  
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 Food & Beverage Co.

DBA: Ski Tip Ranch

Registered Manager Applicant: Nicole [REDACTED] Krier [REDACTED]

License Type: Hotel & Restaurant

0764 Montezuma Road

Keystone, CO 80435

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

The Summit County Sheriff’s Office recommendation is:

  X   No reason found to disapprove this establishment at this time.

       Disapproval

       Area of Concern

*Cassie Klausner*

Cassie Klausner  
Records Clerk

*Joel Cochran*

Joel Cochran  
UnderSheriff

## 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

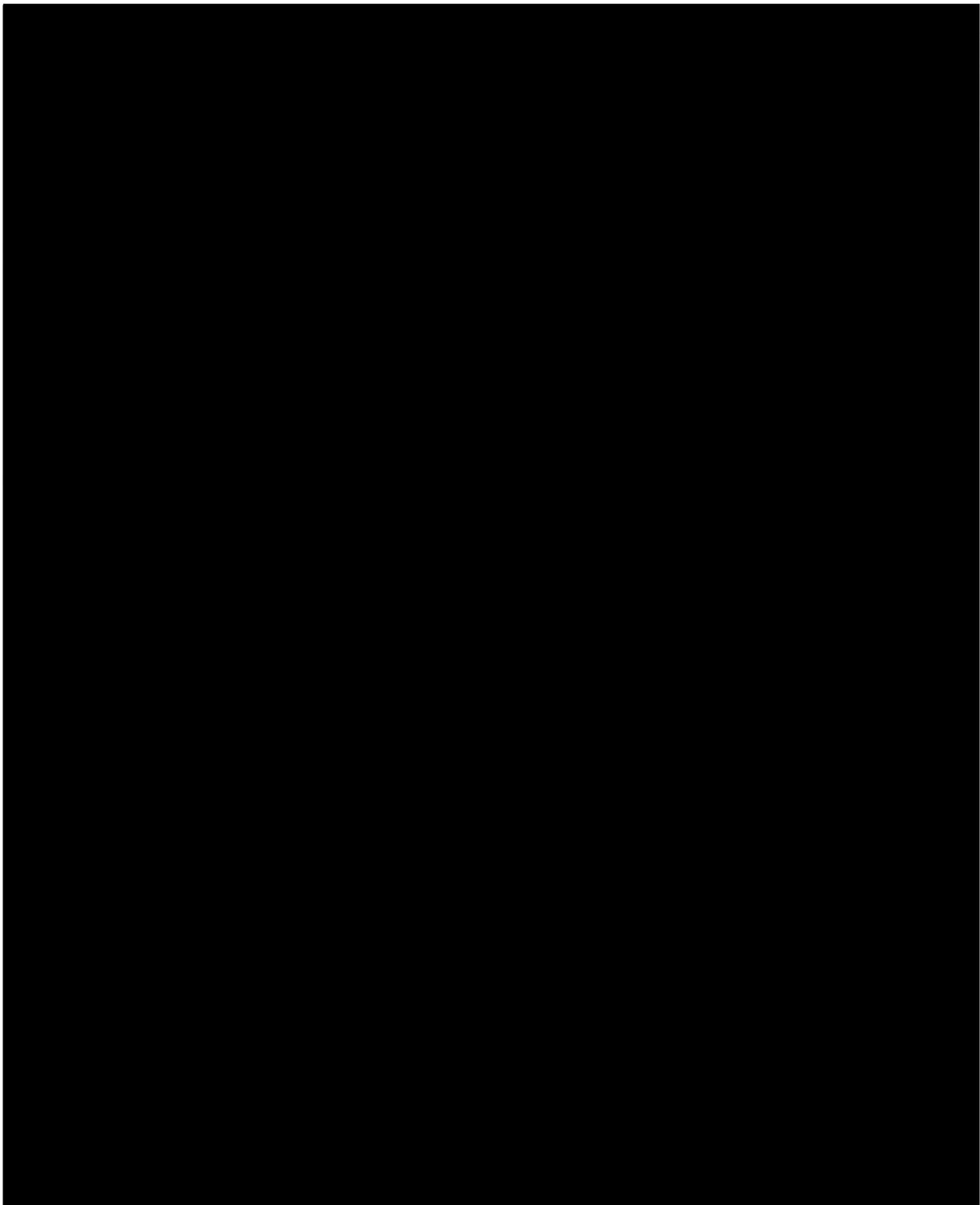
**Notice:** This individual history record requires information that is necessary for the licensing investigation or inquiry. All questions must be answered in their entirety or the license application may be delayed or denied. If a question is not applicable, please indicate so by "N/A". **Any deliberate 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

SKI TIP

2. Your Full Name (last, first, middle)

KRICK DUYER



**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 Nicole L Krier	Title General Manager	Date 12/15/19
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Biometric Identification and Records Unit  
690 Kipling Street, Suite 4000  
Lakewood, CO 80215

DATE 02/14/2020

SUMMIT COUNTY CLERK & RECORDER  
208 E LINCOLN AVE PO BOX 1538  
BRECKENRIDGE, CO 80424

RE: KRIER, NICOLE LYN  
[REDACTED]

No Colorado record of arrest has been located based on above name and date of birth or through a search of our fingerprint files.

The Colorado Bureau of Investigation's database contains detailed information of arrest records based upon fingerprints provided by Colorado law enforcement agencies. Arrests which are not supported by fingerprints will not be included in this database. On occasion the Colorado criminal history will contain disposition information provided by the Colorado Judicial system. Additionally, warrant information, sealed records, and juvenile records are not available to the public.

Since a record may be established after the time a report was requested, the data is only valid as of the date issued. Therefore, if there is a subsequent need for the record, it is recommended another check be made.

Falsifying or altering this document with the intent to misrepresent the contents of the record is prohibited by law and may be punishable as a felony when done with intent to injure or defraud any person.

Sincerely,  
John Camper, Director  
Colorado Bureau of Investigation



CIVIL APPLICANT RESPONSE



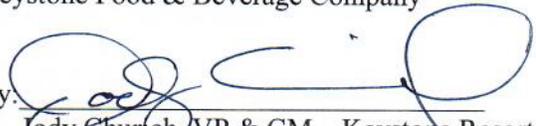
COCBI0000 COLORADO B OF I  
DENVER CO 2020/02/14  
A SEARCH OF THE FINGERPRINTS ON THE ABOVE  
INDIVIDUAL HAS REVEALED NO PRIOR ARREST  
DATA. CJIS DIVISION  
2020/02/14 FEDERAL BUREAU OF INVESTIGATION

COCBI0000  
CO BUREAU OF INVEST  
COLORADO CRIME INFO CTR  
STE 3000  
690 KIPLING ST  
DENVER, CO 80215-8001

**AFFIDAVIT OF DUTIES, LIMITATIONS AND COMPENSATION  
OF REGISTERED MANAGER**

1. I, Jody Church am VP & GM - Keystone Resort of Keystone Food & Beverage Company, a Colorado corporation.
2. I do hereby state that Nicole Krier is the General Manager for the Ski Tip Lodge an establishment which operates under a Hotel and Restaurant Liquor License held by Keystone Food & Beverage Company.
3. As Manager, she is responsible for the proper operation of such establishment, which duties include but are not limited to overseeing:  
  
Compliance with applicable laws, rules and regulations, including Colorado liquor laws; hiring and terminating personnel, including food and beverage staff; conducting personnel training, including training of food and beverage staff; controlling inventory, including food and beverage inventory; receiving revenues, including food and beverage revenues; and maintaining effective service levels.
4. As Manager, she is limited in his ability to bind the corporation to certain legal obligations.
5. As Manager, her compensation package includes a base salary in the amount of \$ [REDACTED] per year.

Keystone Food & Beverage Company

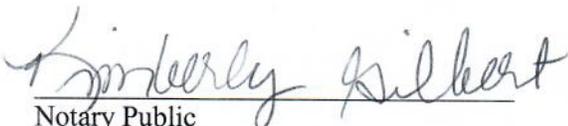
By:   
Jody Church, VP & GM – Keystone Resort

State of Colorado        )  
  ) ss  
County of Summit )

Subscribed and sworn to before me this 3 day of January, 2020, by Jody Church, as VP & GM Keystone Resort of Keystone Food & Beverage Company

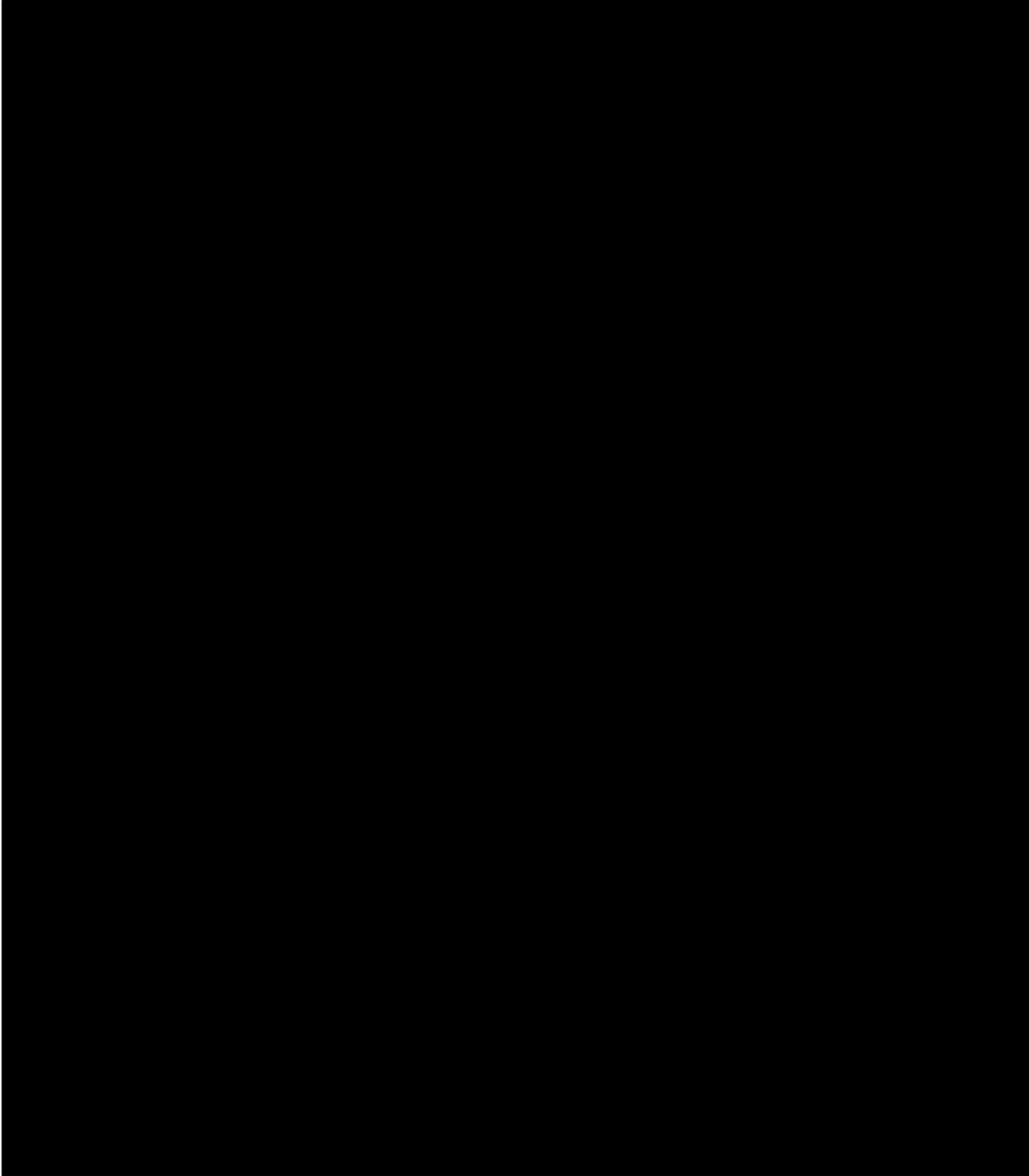
My commission expires:

KIMBERLY GILBERT  
NOTARY PUBLIC - STATE OF COLORADO  
NOTARY ID 20194021477  
MY COMMISSION EXPIRES JUN 10, 2023

  
Notary Public

**MANAGER REGISTRATION INFORMATION**

Name	Nyala Krier
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**AFFIDAVIT REGARDING SOURCE OF FUNDS**

I, Nicole Krier, HEREBY CERTIFY THAT I HAVE INVESTED [REDACTED] IN THE BUSINESS OF Keystone Food & Beverage Company dba Hyatt Place Keystone 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: [Handwritten Signature]  
Date: 12/15/19

State of Colorado )  
County of Summit )

Subscribed and sworn to before me this 20<sup>th</sup> day of December, 2019.

My commission expires: 6/10/23

[Handwritten Signature: Kimberly Gilbert]  
Notary Public

KIMBERLY GILBERT  
NOTARY PUBLIC - STATE OF COLORADO  
NOTARY ID 20194021477  
MY COMMISSION EXPIRES JUN 10, 2023



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**

*Nicole Kier*  
\_\_\_\_\_  
**Applicant Printed Name**

*12/15/19*  
\_\_\_\_\_  
**Date**