



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: Myla Rose Saloon LLC
Establishment Name (DBA): Myla Rose Saloon
Physical Address: 4192 CO Highway 9 Breckenridge, CO 80424
Mailing Address: P.O. Box 1058 BK10 Breckenridge, CO 80424
Licensee Name/Representative/Agent: Michael McNamara II
Date of Application: July 25, 2020
Type of License: Hotel & Restaurant
Registered Manager: Michael McNamara II

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, August 11, 2020

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 MYLA ROSE SALOON LLC		Doing Business As Name (DBA) MYLA ROSE SALOON		
Liquor License # 4705783	License Type HOTEL & RESTAURANT	Sales Tax License # 30585855	Expiration Date 6/25/2020	Due Date 7/11/2020
Business Address 4192 HIGHWAY 9 BRECKENRIDGE, CO 80424				Phone Number 970.453.9491
Mailing Address P.O. BOX 7789 BRECKENRIDGE, CO 80424			Email MANAGER@MYLAROSEALOON.COM	
Operating Manager MAC McNAMARA				
1. Do you have legal possession of the premises at the street address above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are the premises owned or rented? <input type="checkbox"/> Owned <input checked="" type="checkbox"/> Rented* *If rented, expiration date of lease 10/1/2022				
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
MICHAEL "MTC" McNAMARA II	G.M.	
Signature	Date	
<i>M. McNamara</i>	7/23/20	
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, MICHAEL McNAMARA II am signing this Tax Check Authorization, Waiver and Request to Release Information (hereinafter "Waiver") on behalf of MYLA ROSE SALOON (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) MYLA ROSE SALOON		Social Security Number/Tax Identification Number [REDACTED]	
Address 4192 HWY 9			
City BRECKENRIDGE		State CO	Zip 80424
Home Phone Number 970-471-3619		Business/Work Phone Number 970-453-9491	
Printed name of person signing on behalf of the Applicant/Licensee MICHAEL McNAMARA II			
Applicant/Licensee's Signature (Signature authorizing the disclosure of confidential tax information) <i>M. McNamara II</i>			Date signed 7-23-20

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).



OFFICE OF THE SUMMIT COUNTY SHERIFF

SHERIFF

Jaime FitzSimons

UNDERSHERIFF**DIVISION COMMANDERS**

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

ADMINISTRATION

Cristina Cevallos
Teri Furll
Erin Opsahl

CIVIL

Kenneth Wu

RECORDS

Mary White
Cassie Klausner

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: August 3, 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: Myla Rose Saloon LLC

DBA: Myla Rose Saloon

License Type: Hotel & Restaurant

4192 CO Highway 9

[Unincorporated] Breckenridge, 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

Jaime FitzSimons

Sheriff