



**DENVER**  
THE MILE HIGH CITY

# CITY AND COUNTY OF DENVER

DEPARTMENT OF EXCISE AND LICENSE

OFFICE OF DIRECTOR  
201 West Colfax Avenue, Dept. 206  
Denver, Colorado 80202

April 27, 2011

Re: Innovative Group, Inc.  
d/b/a Capitol Heights Pharmacy  
1200 Madison Street  
Denver, Colorado 80206

Dear Neighborhood Organization:

Please be advised that an application for a transfer of ownership has been filed with this department regarding a liquor license establishment in your neighborhood. Please review the attached document for information regarding this change.

Objections to this transfer must be based only on the character and reputation of the applicant. Secondly, all objections to this application must be registered with the Director of Excise and Licenses at 201 West Colfax Avenue, Department 206, Denver, Colorado 80202- by the close of business twenty (20) calendar days from the date of this letter.

To review this application for a transfer of ownership, please visit the Department of Excise & Licenses at 201 West Colfax Avenue, Department #206, between the hours of 8:00 am and 4:00 pm.

Sincerely,

Daniel R. Roberts  
Director, Excise and Licenses

cc: Councilwoman Jeanne Robb  
Division Chief of Patrol David Quinones  
Inter-Neighborhood Cooperation  
Capitol Hill United Neighborhoods, Inc.  
Congress Park Neighbors, Inc.  
Neighborhood Advisory Committee to the Botanic Gardens



19. If applicant is a corporation, partnership, association or limited liability company, applicant **must list** ALL OFFICERS, DIRECTORS, GENERAL PARTNERS, AND MANAGING MEMBERS. In addition applicant **must list** any stockholders, partners, or members with **OWNERSHIP OF 10% OR MORE** IN THE APPLICANT. ALL PERSONS LISTED BELOW must also attach form DR 8404-I (Individual History record), and submit finger print cards to their local licensing authority.

NAME	HOME ADDRESS, CITY & STATE	DOB	POSITION	% OWNED*
VIKAS DHANKER	3446, Willow St. Denver, CO - 80238	09/03/76	President	50%
ANURADHA SINGH	3446, Willow St. Denver, CO 80238	04/14/77	Secretary	50%

\*If total ownership percentage disclosed here does not total 100% applicant must check this box  
 Applicant affirms that no individual other than these disclosed herein, owns 10% or more of the applicant

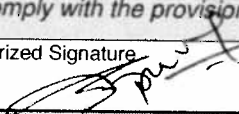
**Additional Documents to be submitted by type of entity**

- CORPORATION**     Cert. of Incorp.     Cert. of Good Standing (if more than 2 yrs. old)     Cert. of Auth. (if a foreign corp.)  
 **PARTNERSHIP**     Partnership Agreement (General or Limited)     Husband and Wife partnership (no written agreement)  
 **LIMITED LIABILITY COMPANY**     Articles of Organization     Cert. of Authority (if foreign company)     Operating Agrmt.  
 **ASSOCIATION OR OTHER**    Attach copy of agreements creating association or relationship between the parties

Registered Agent (if applicable) \_\_\_\_\_ Address for Service \_\_\_\_\_

**OATH OF APPLICANT**

*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. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Colorado Liquor or Beer Code which affect my license.*

Authorized Signature  Title President Date 04/05/11

**REPORT AND APPROVAL OF LOCAL LICENSING AUTHORITY (CITY/COUNTY)**

Date application filed with local authority \_\_\_\_\_ Date of local authority hearing (for new license applicants; cannot be less than 30 days from date of application 12-47-311 (1) C.R.S. \_\_\_\_\_

**THE LOCAL LICENSING AUTHORITY HEREBY AFFIRMS:**

That each person required to file DR 8404-I (Individual History Record) has:

	Yes	No
<input type="checkbox"/> Been fingerprinted .....	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Been subject to background investigation, including NCIC/CCIC check for outstanding warrants .....	<input type="checkbox"/>	<input type="checkbox"/>

That the local authority has conducted, or intends to conduct, an inspection of the proposed premises to ensure that the applicant is in compliance with, and aware of, liquor code provisions affecting their class of license .....

(Check One)

- Date of Inspection or Anticipated Date \_\_\_\_\_  
 Upon approval of state licensing authority.

The foregoing application has been examined, and the premises, business to be conducted, and character of the applicant are satisfactory. We do report that such license, if granted, will meet the reasonable requirements of the neighborhood and the desires of the adult inhabitants, and will comply with the provisions of Title 12, Article 46 or 47, C.R.S. **THEREFORE, THIS APPLICATION IS APPROVED.**

Local Licensing Authority for	Telephone Number	<input type="checkbox"/> TOWN, CITY <input type="checkbox"/> COUNTY
Signature	Title	Date
Signature (attest)	Title	Date