July 29, 2009

Re:
SCP Investments, LLC
Thirty Fourteen
3014 E. Colfax Ave.
Denver, Colorado 80206

Dear Registered Neighborhood Organization:

Please be advised that an application for a transfer of ownership has been filed with this Department regarding a Tavern Liquor License in your neighborhood. Please review the enclosed documents for information regarding this change.

This notification is informational only. As you know, under the Colorado Liquor Code, the preliminary consideration in transfers is not "needs and desires" but "character, record and reputation." The Department makes its decision on "character, record and reputation" based on information contained in the application and in our investigation -- prior revocations, any criminal convictions, prior liquor violations, prior licenses, a review of the transferees' criminal record and background, etc.

To review the file on this application for transfer, please visit the Department of Excise & Licenses at 201 West Colfax Avenue (2nd Floor) between the hours of 8:00 a.m. and 4:00 p.m.

Sincerely,

Tina M. Hall
Department of Excise and Licenses
720-865-2734

[Signature]

Councilwoman Jeanne Robb
Division Chief Mary Beth Klee
Capital Hill United Neighborhood, Inc.
Colfax Business Community
Colfax on the Hill, Inc.
Community Renaissance Neighbors
Congress Park Neighbors, Inc.
Neighborhood Advisory Committee to the Botanic Gardens
Northeast Community Congress for Education
Points Historical Redevelopment Corp.
South City Park Neighborhood Association
Inter-Neighborhod Cooperation
COLORADO LIQUOR RETAIL LICENSE APPLICATION

1. Applicant is applying as:
   - Corporation
   - Limited Liability Company
   - Limited Liability Partnership
   - Association or Other

2. Applicant If an LLC, name of LLC; If partnership, at least 2 partners' names; If corporation, name of corporation:
   SCP Investments, LLC

3. Address of Premises (specify exact location of premises):
   3014 E Colfax Ave
   City: Denver
   County: CO
   State: CO
   ZIP Code: 80206

4. Mailing Address (Number and Street):
   3014 E Colfax Ave
   City: Denver
   County: CO
   State: CO
   ZIP Code: 80206

5. Total Fee for Application:
   $300.00

LIABILITY INFORMATION

<table>
<thead>
<tr>
<th>County</th>
<th>City</th>
<th>Industry Type</th>
<th>License Account Number</th>
<th>Liability Date</th>
<th>License Issued Through (Expiration Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td>-750</td>
<td>2180-100</td>
<td>1901-100 (999)</td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>City</td>
<td>County</td>
<td>Managers Reg</td>
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</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>-750 (999)</td>
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<tr>
<td></td>
<td></td>
<td>Cash Fund New License</td>
<td>2300-100 (999)</td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cash Fund Transfer License</td>
<td>2310-100 (999)</td>
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<td></td>
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</tbody>
</table>

TOTAL:

$
16. 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 fingerprint cards to their local licensing authority.

<table>
<thead>
<tr>
<th>NAME</th>
<th>HOME ADDRESS, CITY &amp; STATE</th>
<th>JOB</th>
<th>POSITION</th>
<th>% OWNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nick O'Sullivan</td>
<td></td>
<td></td>
<td>Manager</td>
<td>100%</td>
</tr>
</tbody>
</table>

*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)
- [ ] LIMITED LIABILITY COMPANY
  - Articles of Organization  
  - Cert. of Authority (if foreign company)
- [ ] ASSOCIATION OR OTHER
  - Operating Agreement
  - Attach copy of agreements creating association or relationship between the parties.

**Registerd Agent (if applicable)**

| Alison Berry | Address for Service | Photo of Agent
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Woodrow &amp; Sobel, 999 18th St #2550, Denver 80202</td>
<td></td>
</tr>
</tbody>
</table>

**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**

[Signature]

**Title**

Manager

**Date**

7/15/09

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

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**THE LOCAL LICENSING AUTHORITY HEREBY AFFRMS:**

- [ ] That each person required to file DR 8404-I (Individual History Record) has:
  - [ ] Been fingerprinted
  - [ ] Been subject to background investigation, including NICE/CCIC check for outstanding warrants

- [ ] 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

(Rule One)

- [ ] Date of inspection or anticipated date

- [ ] Upon approval of state licensing authority.

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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**

<table>
<thead>
<tr>
<th>Title</th>
<th>Telephone Number</th>
<th>TOWN</th>
<th>CITY</th>
<th>COUNTY</th>
</tr>
</thead>
</table>

[Signature]

**Title**

Date

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[Signature (attest)]

**Title**

Date