



DENVER
THE MILE HIGH CITY

Michael B. Hancock
Mayor

CITY AND COUNTY OF DENVER

DEPARTMENT OF EXCISE AND LICENSE

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

June 2, 2013

Re: R and Z Holdings, 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,

Tom Downey
Director of 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.
Denver Neighborhood Association, Inc.
Neighborhood Advisory Committee to the Botanic Gardens

**COLORADO LIQUOR
 RETAIL LICENSE APPLICATION**

NEW LICENSE TRANSFER OF OWNERSHIP LICENSE RENEWAL

• ALL ANSWERS MUST BE PRINTED IN BLACK INK OR TYPEWRITTEN
 • APPLICANT MUST CHECK THE APPROPRIATE BOX(ES)
 • LOCAL LICENSE FEE \$ _____
 • APPLICANT SHOULD OBTAIN A COPY OF THE COLORADO LIQUOR AND BEER CODE (Call 303-370-2165)

1. Applicant is applying as a
 Corporation
 Partnership (includes Limited Liability and Husband and Wife Partnerships)
 Individual
 Limited Liability Company
 Association or Other

2. Applicant If an LLC, name of LLC; if partnership, at least 2 partner's names; if corporation, name of corporation
R and Z Holdings Inc. Fein Number 46-2077331

2a. Trade Name of Establishment (DBA) State Sales Tax No. Business Telephone
Capitol Heights Pharmacy 27708411 303-388-3679

3. Address of Premises (specify exact location of premises)
1200 Madison St.

City Denver County Denver State CO ZIP Code 80206

4. Mailing Address (Number and Street) City or Town State ZIP Code
1200 Madison St. Denver CO 80206

5. If the premises currently have a liquor or beer license, you MUST answer the following questions:

Present Trade Name of Establishment (DBA) Present State License No. Present Class of License Present Expiration Date
Capitol Heights Pharmacy 42-91721-0000 Drug Store Aug 17 2013

LIAB	SECTION A	NONREFUNDABLE APPLICATION FEES	LIAB	SECTION B (CONT.)	LIQUOR LICENSE FEES
2300	<input type="checkbox"/>	Application Fee for New License	1985	<input type="checkbox"/>	Resort Complex License (City)
2302	<input type="checkbox"/>	Application Fee for New License - w/Concurrent Review	1986	<input type="checkbox"/>	Resort Complex License (County)
2310	<input checked="" type="checkbox"/>	Application Fee for Transfer	1988	<input type="checkbox"/>	Add Related Facility to Resort Complex ... \$ 75.00 X _____ Total _____
			1990	<input type="checkbox"/>	Club License (City)
			1991	<input type="checkbox"/>	Club License (County)
			2010	<input type="checkbox"/>	Tavern License (City)
			2011	<input type="checkbox"/>	Tavern License (County)
			2012	<input type="checkbox"/>	Manager Registration - Tavern
			2020	<input type="checkbox"/>	Arts License (City)
			2021	<input type="checkbox"/>	Arts License (County)
			2030	<input type="checkbox"/>	Racetrack License (City)
			2031	<input type="checkbox"/>	Racetrack License (County)
			2040	<input type="checkbox"/>	Optional Premises License (City)
			2041	<input type="checkbox"/>	Optional Premises License (County)
			2045	<input type="checkbox"/>	Vintners Restaurant License (City)
			2046	<input type="checkbox"/>	Vintners Restaurant License (County)
			2220	<input type="checkbox"/>	Add Optional Premises to H & R
			2370	<input type="checkbox"/>	Master File Location Fee
			2375	<input type="checkbox"/>	Master File Background

DO NOT WRITE IN THIS SPACE - FOR DEPARTMENT OF REVENUE USE ONLY

LIABILITY INFORMATION

County	City	Industry Type	License Account Number	Liability Date	License Issued Through
				FROM	(Expiration Date)
				TO	
State _____-750 (999)	City 2180-100 (999)	County 2190-100 (999)	Managers Reg _____-750 (999)		

Cash Fund New License	Cash Fund Transfer License	TOTAL
2300-100 (999)	2310-100 (999)	
		\$

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*
Kristin Holmes	[REDACTED]	[REDACTED]	owner	50%
Chris Holmes	[REDACTED]	[REDACTED]	owner	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
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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 <i>K. Holmes</i>	Title <i>owner</i>	Date <i>3/10/13</i>
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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.
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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
- | | | |
|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|
- (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