

| | | | | |
|--|---------------------------------|-------------------------------------|--|--------------------------|
| 7. Is the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation) or manager under the age of twenty-one years? | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| 8. Has the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation) or manager ever (in Colorado or any other state): | | | | |
| (a) Been denied an alcohol beverage license? | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| (b) Had an alcohol beverage license suspended or revoked? | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| (c) Had interest in another entity that had an alcohol beverage license suspended or revoked? | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| If you answered yes to 8a, b or c, explain in detail on a separate sheet. | | | | |
| 9. Has a liquor license application (same license class), that was located within 500 feet of the proposed premises, been denied within the preceding two years? If "yes", explain in detail. | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 10. Are the premises to be licensed 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? | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Waiver by local ordinance? Other: _____ | | or <input type="checkbox"/> | <input type="checkbox"/> | |
| 11. Has a liquor or beer license ever been issued to the applicant (including any of the partners, if a partnership; members or manager if a Limited Liability Company; or officers, stockholders or directors if a corporation)? If yes, identify the name of the business and list any <u>current</u> financial interest in said business including any loans to or from a licensee. | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 12. Does the Applicant, as listed on line 2 of this application, have legal possession of the premises by virtue of ownership, lease or other arrangement? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| <input checked="" type="checkbox"/> Ownership <input checked="" type="checkbox"/> Lease <input type="checkbox"/> Other (Explain in Detail) _____ | | | | |
| a. If leased, list name of landlord and tenant, and date of expiration, exactly as they appear on the lease: | | | | |
| Landlord Tuneup LLC | Tenant ABCD Bikes LLC | Expires 2/2020 | | |
| b. Is a percentage of alcohol sales included as compensation to the landlord? If yes complete question 13. | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| c. Attach a diagram and outline or designate the area to be licensed (including dimensions) which shows the bars, brewery, walls, partitions, entrances, exits and what each room shall be utilized for in this business. This diagram should be no larger than 8 1/2" X 11". | | | | |
| 13. Who, besides the owners listed in this application (including persons, firms, partnerships, corporations, limited liability companies), will loan or give money, inventory, furniture or equipment to or for use in this business; or who will receive money from this business. Attach a separate sheet if necessary. | | N/A | | |
| Last Name | First Name | Date of Birth | FEIN or SSN | Interest/Percentage |
| | | | | |
| Last Name | First Name | Date of Birth | FEIN or SSN | Interest/Percentage |
| | | | | |
| Attach copies of all notes and security instruments, and any written agreement, or details of any oral agreement, by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment, and any agreement relating to the business which is contingent or conditional in any way by volume, profit, sales, giving of advice or consultation. | | | | |
| 14. Optional Premises or Hotel and Restaurant Licenses with Optional Premises: | | | | |
| Has a local ordinance or resolution authorizing optional premises been adopted? N/A | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Number of additional Optional Premise areas requested. (See license fee chart) | | | | |
| 15. Liquor Licensed Drug Store applicants, answer the following: | | | | |
| (a) Does the applicant for a Liquor Licensed Drug Store have a license issued by the Colorado Board of Pharmacy? If "yes" a copy of license must be attached. | | N/A | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Club Liquor License applicants answer the following: Attach a copy of applicable documentation N/A | | | | |
| (a) Is the applicant organization operated solely for a national, social, fraternal, patriotic, political or athletic purpose and not for pecuniary gain? | | <input type="checkbox"/> | <input type="checkbox"/> | |
| (b) Is the applicant organization a regularly chartered branch, lodge or chapter of a national organization which is operated solely for the object of a patriotic or fraternal organization or society, but not for pecuniary gain? | | <input type="checkbox"/> | <input type="checkbox"/> | |
| (c) How long has the club been incorporated? | | | | |
| (d) Has applicant occupied an establishment for three years (three years required) that was operated solely for the reasons stated above? | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 17. Brew-Pub License or Vintner Restaurant Applicants answer the following: N/A | | | | |
| (a) Has the applicant received or applied for a Federal Permit? (Copy of permit or application must be attached) | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 18a) For all on-premises applicants. (If this is an application for a Hotel, Restaurant or Tavern License, the manager must also submit an individual History Record - DR 8404-I) | | | | |
| Last Name of Manager Crean | First Name of Manager Daniel | Date of Birth 03.11.72 | | |
| 18b. Does this manager act as the manager of, or have a financial interest in, any other liquor licensed establishment in the State of Colorado? If yes, provide name, type of license and account number. | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Name N/A | Type of License - | Account Number - | | |
| 19. Tax Distraint Information. Does the applicant or any other person listed on this application and including its partners, officers, directors, stockholders, members (LLC) or managing members (LLC) and any other persons with a 10% or greater financial interest in the applicant currently have an outstanding tax distraint issued to them by the Colorado Department of Revenue? | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| If yes, provide an explanation and include copies of any payment agreements. | | | | |

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 or Tavern 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 ABC Bikes LLC PISA - Double Shot Cyclery | | Home Phone Number [REDACTED] | Cellular Number Same | |
| 2. Your Full Name (last, first, middle) Crean Daniel D. | | 3. List any other names you have used | | |
| 4. Mailing address (if different from residence) | | Email Address Dan@DoubleShotCyclery.com | | |
| 5. List current residence address. Include any previous addresses within the last five years. (Attach separate sheet if necessary) | | | | |
| Street and Number | | City, State, Zip | | From |
| To | | | | |
| Current | 415 S. 14th St #1 | Gunnison, CO, 81230 | 1/06 | Current |
| Previous | | | | |
| 6. List all employment within the last five years. Include any self-employment. (Attach separate sheet if necessary) | | | | |
| Name of Employer or Business | Address (Street, Number, City, State, Zip) | Position Held | From | To |
| Mavic | 17 Parkridge Rd Haverhill, MA 01835 | Sales | 10/05 | 7/13 |
| Self employed as owner of Double Shot Cyclery | 222 N. Main St. Gunnison, CO, 81230 | owner | 7/13 | Present |
| 7. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry. | | | | |
| Name of Relative | Relationship to You | Position Held | Name of Licensee | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 8. Have you ever applied for, held, or had an interest in a Colorado Liquor or Beer License, or loaned money, furniture, fixtures, equipment or inventory to any licensee? (If yes, answer in detail.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| | | | | |
| 9. Have you ever received a violation notice, suspension, or revocation for a liquor law violation, or have you applied for or been denied a liquor or beer license anywhere in the United States? (If yes, explain in detail.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| | | | | |

20. 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 8404-1 (Individual History Record), and submit fingerprint cards to the local licensing authority.

| Name | Home Address, City & State | DOB | Position | % Owned |
|--------------|--|------------|---------------|---------|
| Daniel Crean | 415 S 14th St. #1 Gunnison CO 81230 | [REDACTED] | Owner-Manager | 100 |
| Name | Home Address, City & State | DOB | Position | % Owned |
| Name | Home Address, City & State | DOB | Position | % Owned |
| Name | Home Address, City & State | DOB | Position | % Owned |

** If Applicant is owned 100% by a parent company, please list the designated principal officer on question #20
 ** Corporations - The President, Vice-President, Secretary and Treasurer must be accounted for on question #20 (Include ownership percentage if applicable)
 ** 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, and does not have ownership in a prohibited liquor license pursuant to Title 47 or 48, C.R.S.

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 | Printed Name and Title Daniel D. Crean Owner | Date 03.31.16 |
|--------------------------|---|------------------|

Report and Approval of Local Licensing Authority (City/County)

| | |
|---|--|
| Date application filed with local authority 04/13/16 | 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.) 7 P.M. 05/24/16 |
|---|--|

The Local Licensing Authority Hereby Affirms that each person required to file DR 8404-1 (Individual History Record) has:

Been fingerprinted
 Been subject to background investigation, including NCIC/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

(Check One)
 Date of inspection or anticipated date _____
 Will conduct inspection 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 City of Gunnison | Telephone Number 970-641-8140 | <input checked="" type="checkbox"/> Town, City <input type="checkbox"/> County |
| Signature | Print Gail A. Davidson | Title City Clerk |
| Signature (attest) | Print | Title |
| | | Date |

10. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? (If yes, explain in detail.) Yes No

11. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? (If yes, explain in detail.) Yes No

12. Have you ever had any professional license suspended, revoked, or denied? (If yes, explain in detail.) Yes No

Personal and Financial Information

Unless otherwise provided by law, the personal information required in question #13 will be treated as confidential. The personal information required in question #13 is solely for identification purposes.

13a. Date of Birth b. Social Security Number c. Place of Birth d. U.S. Citizen Yes No

e. If Naturalized, state where f. When g. Name of District Court

h. Naturalization Certificate Number i. Date of Certification j. If an Alien, Give Alien's Registration Card Number k. Permanent Residence Card Number

l. Height m. Weight n. Hair Color o. Eye Color p. Gender q. Race r. Do you have a current Driver's License/ID? If so, give number and state. Yes No # State CO

14. Financial Information.

a. Total purchase price or investment being made by the applying entity, corporation, partnership, limited liability company, other. \$ 8000

b. List the total amount of the personal investment, made by the person listed on question #2, in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases or fees paid. \$ 8000
 * If corporate investment only please skip to and complete section (d)
 ** Section b should reflect the total of sections c and e

c. Provide details of the personal investment described in 14b. You must account for all of the sources of this investment. (Attach a separate sheet if needed)

| Type: Cash, Services or Equipment | Account Type | Bank Name | Amount |
|-----------------------------------|--------------|-----------------------|------------|
| Cash | Checking | XXXXXXXXXX | \$8,000.00 |
| | | | |
| | | | |

d. Provide details of the corporate investment described in 14 b. You must account for all of the sources of this investment. (Attach a separate sheet if needed)

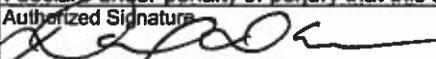
| Type: Cash, Services or Equipment | Loans | Account Type | Bank Name | Amount |
|-----------------------------------|-------|--------------|-----------|--------|
| N/A | | | | |
| | | | | |
| | | | | |

e. Loan Information (Attach copies of all notes or loans)

| Name of Lender | Address | Term | Security | Amount |
|----------------|---------|------|----------|--------|
| N/A | | | | |
| | | | | |
| | | | | |

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 Daniel D. Crean Title Owner Date 03-30-16

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

ABCD Bikes LLC

is a

Limited Liability Company

formed or registered on 05/03/2010 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20101254677 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/31/2016 that have been posted, and by documents delivered to this office electronically through 04/01/2016 @ 12:02:13 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 04/01/2016 @ 12:02:13 in accordance with applicable law. This certificate is assigned Confirmation Number 9580540 .



A handwritten signature in cursive script that reads "Wayne W. Williams".

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



Colorado Secretary of State
 Date and Time: 05/03/2010 08:05 PM
 ID Number: 20101254677

Document must be filed electronically.
 Paper documents will not be accepted.

Document processing fee
 Fees & forms/cover sheets
 are subject to change.

\$50.00

Document number: 20101254677
 Amount Paid: \$50.00

To access other information or print
 copies of filed documents,
 visit www.sos.state.co.us and
 select Business Center.

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Organization

filed pursuant to § 7-80-203 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is

ABCD Bikes

(The name of a limited liability company must contain the term or abbreviation "limited liability company", "ltd. liability company", "limited liability co.", "ltd. liability co.", "limited", "l.l.c.", "llc", or "ltd.". See §7-90-601, C.R.S.)

(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

2. The principal office address of the limited liability company's initial principal office is

Street address

222 N Main St

(Street number and name)

Gunnison

(City)

CO

(State)

81230

(ZIP/Postal Code)

United States

(Country)

(Province - if applicable)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City)

(State)

(ZIP/Postal Code)

(Province - if applicable)

(Country)

3. The registered agent name and registered agent address of the limited liability company's initial registered agent are

Name

(if an individual)

Crean

(Last)

Daniel

(First)

D

(Middle)

(Suffix)

OR

(if an entity)

(Caution: Do not provide both an individual and an entity name.)

Street address

222 N Main St

(Street number and name)

Gunnison

(City)

CO

(State)

81230

(ZIP Code)

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF DOCUMENT FILED

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, the attached document is a true and complete copy of the

Articles of Organization

with Document # 20101254677 of
ABCD Bikes LLC

Colorado Limited Liability Company

(Entity ID # 20101254677)

consisting of 3 pages.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/31/2016 that have been posted, and by documents delivered to this office electronically through 04/01/2016@ 12:04:01.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 04/01/2016 @ 12:04:01 in accordance with applicable law. This certificate is assigned Confirmation Number 9580548



A handwritten signature in cursive script that reads "Wayne W. Williams".

Secretary of State of the State of Colorado

*****End of Certificate*****
Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/bi/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City) CO _____
(State) (ZIP Code)

(The following statement is adopted by marking the box.)

The person appointed as registered agent has consented to being so appointed.

4. The true name and mailing address of the person forming the limited liability company are

Name
(if an individual)

Crean Daniel D
(Last) (First) (Middle) (Suffix)

OR

(if an entity)
(Caution: Do not provide both an individual and an entity name.)

Mailing address

415 S 14th St #1
(Street number and name or Post Office Box information)

Gunnison CO 81230
(City) (State) (ZIP/Postal Code)
United States
(Province - if applicable) (Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

The limited liability company has one or more additional persons forming the limited liability company and the name and mailing address of each such person are stated in an attachment.

5. The management of the limited liability company is vested in

(Mark the applicable box.)

one or more managers.

OR

the members.

6. (The following statement is adopted by marking the box.)

There is at least one member of the limited liability company.

7. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

8. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are _____
(mm/dd/yyyy hour:minute am/pm)

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is named in the document as one who has caused it to be delivered.

9. The true name and mailing address of the individual causing the document to be delivered for filing are

| | | | |
|--|----------------|--------------------------|------------------|
| Crean | Daniel | D | |
| <i>(Last)</i> | <i>(First)</i> | <i>(Middle)</i> | <i>(Suffix)</i> |
| 415 S 14th St #1 | | | |
| <i>(Street number and name or Post Office Box information)</i> | | | |
| <hr/> | | | |
| Gunnison | CO | 81230 | |
| <i>(City)</i> | <i>(State)</i> | <i>(ZIP/Postal Code)</i> | |
| <i>(Province – if applicable)</i> | United States | | <i>(Country)</i> |

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

- This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Disclaimer:

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).

8'

(outside)

~~table~~

~~table~~

~~table~~

25'

FRONT DOOR

101

101

TABLES

75'

SHIRTS

PRIDGE

SINK

KEYS

FREEZER

FRIDGE

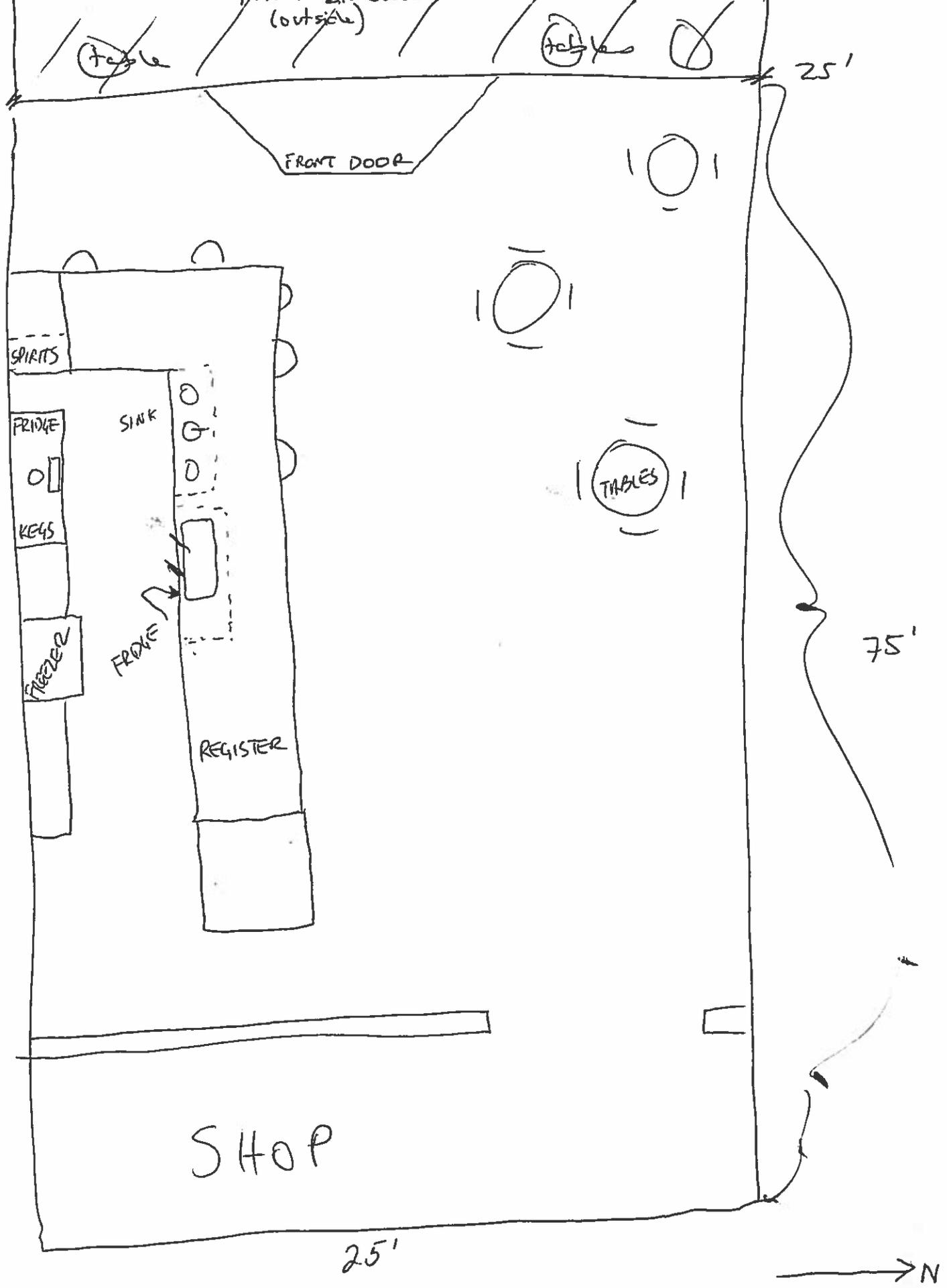
REGISTER

SHOP

25'

→ N

222 N. Main St



Gail Davidson

From: Kathleen Fogo <kathy@fogolaw.com>
Sent: Tuesday, April 12, 2016 11:26 AM
To: Gail Davidson
Subject: RE: New Liquor License Applications

Hi Gail – I have reviewed the liquor license application for ABCD Bikes, LLC, and noted only one minor issue. In the individual history record, 13.q. Race – it is blank. Otherwise all looked good. Thanks, Kathy

From: Gail Davidson [mailto:Gail@cityofgunnison-co.gov]
Sent: Monday, April 11, 2016 3:15 PM
To: Kathleen Fogo <kathy@fogolaw.com>
Subject: New Liquor License Applications

Good afternoon Kathy,

Attached is the hotel & restaurant liquor license application from ABCD Bikes LLC dba Double Shot Cyclery at 222 N. Main Street. Dan Crean is the sole member of the LLC and all investment is coming from personal savings. I will email this to Keith, Dennis, Eric, etc., for their review. Dan paid for a concurrent review so Wednesday, after Council sets the public hearing for more than 30 days out – May 24th – I will mail it into the State for them to start their review.

I did explain the differences between the types of licenses but he felt that they wanted more than 25% of the income to come from food and not just the liquor so he opted for the H&R route. Please let me know if you have any questions. Thanks, Gail

Gail A. Davidson
Gail A. Davidson, CMC
GunnisonCity Clerk
PO Box 239
Gunnison, CO 81230-0239
970.641.8140
gail@cityofgunnison-co.gov

Gail Davidson

From: Eric Jansen
Sent: Monday, April 18, 2016 8:58 AM
To: Gail Davidson
Subject: RE: new liquor license to review

Hi Gail, I do not see any building or zoning code related issues with the issuance of a Liquor license to Double Shot Cyclery at 222 N. Main St., other than I will now have to require Dan Crean to post a max occupant load sign in the establishment pursuant to the 2009 International Building Code.

ERIC JANSEN
BUILDING OFFICIAL/CFM/CBO
CITY OF GUNNISON
ejansen@cityofgunnison-co.gov
office 970-641-8151
mobile 970-209-0988

From: Gail Davidson
Sent: Monday, April 11, 2016 3:18 PM
To: Keith Robinson <Keith@cityofgunnison-co.gov>; Dennis Spritzer <dennis@cityofgunnison-co.gov>; Eric Jansen <ejansen@cityofgunnison-co.gov>
Subject: new liquor license to review

Good afternoon,

Attached is the hotel & restaurant liquor license application from ABCD Bikes LLC dba Double Shot Cyclery at 222 N. Main Street. Dan Crean is the sole member of the LLC and all investment is coming from personal savings. I have emailed this to Keith, Dennis, Eric, etc., for their review. Dan paid for a concurrent review so Wednesday, after Council sets the public hearing for more than 30 days out – May 24th – I will mail it into the State for them to start their review.

Please email me your findings and concerns about the application prior to the first part of May. Thank you, Gail

Gail A. Davidson
Gail A. Davidson, CMC
Gunnison City Clerk
PO Box 239
Gunnison, CO 81230-0239
970.641.8140
gail@cityofgunnison-co.gov