



CITY AND COUNTY OF DENVER

DEPARTMENT OF EXCISE AND LICENSE

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

DENVER
THE MILE HIGH CITY

Michael B. Hancock
Mayor

December 2, 2019

Re: Ogden Investment Co, LLLP
d/b/a Barricuda's
1076 Ogden Street
Denver, CO 80218

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 Executive 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,

Ashley Kilroy
Executive Director of Excise and Licenses

cc: Council District 10 Chris Hinds
Council District 9 Candi CdeBaca
Council District At Large
Inter-Neighborhood Cooperation (INC)
7th Avenue Neighborhood Association
Alamo Placita Neighbors Association
Capitol Hill United Neighborhoods, Inc.
Center City Denver Residents Organization
Cheesman Park West Association
City Park Friends and Neighbors (CPFAN)
City Park West Neighborhood Organization
Colfax Ave. Business Improvement District
Denver Arts and Culture Initiative
Driving Park Historic District

East Side RNO

Emerson Court Condominium Association, Inc.

Friends & Neighbors for Cheesman Park

Informed and Concerned Community Gardeners (ICCG)

Neighbors for Greater Capitol Hill

Northeast Denver Friends and Neighbors (NEDFANS)

Opportunity Corridor Coalition of United Residents

Swallow Hill Neighborhood Association

The Points Historical Redevelopment Corp.

Unsinkables, Inc.

Uptown on the Hill

Colorado Liquor Retail License Application

11-25-2019 4:06

New License
 New-Concurrent
 Transfer of Ownership
 State Property Only

- All answers must be printed in black ink or typewritten
- Applicant must check the appropriate box(es)
- Applicant should obtain a copy of the Colorado Liquor and Beer Code: www.colorado.gov/enforcement/liquor

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

2. Applicant If an LLC, name of LLC; if partnership, at least 2 partner's names; if corporation, name of corporation
OGDEX INVESTMENT COLLP FEIN Number 84-6049425

2a. Trade Name of Establishment (DBA) State Sales Tax Number Business Telephone
BARRICUDA'S 0.7186652-0001 7095985860

3. Address of Premises (specify exact location of premises, include suite/unit numbers)
10716 OGDEX STREET
 City: DENVER County: DENVER State: CO ZIP Code: 80218

4. Mailing Address (Number and Street) City or Town State ZIP Code
354 OGDEX STREET DENVER CO 80218

5. Email Address

6. If the premises currently has a liquor or beer license, you must answer the following questions

Present Trade Name of Establishment (DBA) <u>Barricuda's</u>	Present State License Number <u>02933390000</u>	Present Class of License <u>C5</u>	Present Expiration Date <u>4/13/2020</u>
---	--	---------------------------------------	---

Section A Nonrefundable Application Fees	Section B (Cont.) Liquor License Fees
<input type="checkbox"/> Application Fee for New License \$1,550.00	<input type="checkbox"/> Lodging & Entertainment - L&E (County) \$500.00
<input type="checkbox"/> Application Fee for New License w/Concurrent Review \$1,650.00	<input type="checkbox"/> Manager Registration - H & R \$75.00
<input checked="" type="checkbox"/> Application Fee for Transfer \$1,550.00	<input type="checkbox"/> Manager Registration - Tavern \$75.00
Section B Liquor License Fees	
<input type="checkbox"/> Add Optional Premises to H & R \$100.00 X Total _____	<input type="checkbox"/> Manager Registration - Lodging & Entertainment \$75.00
<input type="checkbox"/> Add Related Facility to Resort Complex \$75.00 X Total _____	<input type="checkbox"/> Manager Registration - Campus Liquor Complex \$75.00
<input type="checkbox"/> Add Sidewalk Service Area \$75.00	<input type="checkbox"/> Master File Location Fee \$25.00 X Total _____
<input type="checkbox"/> Arts License (City) \$308.75	<input type="checkbox"/> Master File Background \$250.00 X Total _____
<input type="checkbox"/> Arts License (County) \$308.75	<input type="checkbox"/> Optional Premises License (City) \$500.00
<input type="checkbox"/> Beer and Wine License (City) \$351.25	<input type="checkbox"/> Optional Premises License (County) \$500.00
<input type="checkbox"/> Beer and Wine License (County) \$436.25	<input type="checkbox"/> Racetrack License (City) \$500.00
<input type="checkbox"/> Brew Pub License (City) \$750.00	<input type="checkbox"/> Racetrack License (County) \$500.00
<input type="checkbox"/> Brew Pub License (County) \$750.00	<input type="checkbox"/> Resort Complex License (City) \$500.00
<input type="checkbox"/> Campus Liquor Complex (City) \$500.00	<input type="checkbox"/> Resort Complex License (County) \$500.00
<input type="checkbox"/> Campus Liquor Complex (County) \$500.00	<input type="checkbox"/> Related Facility - Campus Liquor Complex (City) \$160.00
<input type="checkbox"/> Campus Liquor Complex (State) \$500.00	<input type="checkbox"/> Related Facility - Campus Liquor Complex (County) \$160.00
<input type="checkbox"/> Club License (City) \$308.75	<input type="checkbox"/> Related Facility - Campus Liquor Complex (State) \$160.00
<input type="checkbox"/> Club License (County) \$308.75	<input type="checkbox"/> Retail Gaming Tavern License (City) \$500.00
<input type="checkbox"/> Distillery Pub License (City) \$750.00	<input type="checkbox"/> Retail Gaming Tavern License (County) \$500.00
<input type="checkbox"/> Distillery Pub License (County) \$750.00	<input type="checkbox"/> Retail Liquor Store License-Additional (City) \$227.50
<input checked="" type="checkbox"/> Hotel and Restaurant License (City) \$500.00	<input type="checkbox"/> Retail Liquor Store License-Additional (County) \$312.50
<input type="checkbox"/> Hotel and Restaurant License (County) \$500.00	<input type="checkbox"/> Retail Liquor Store (City) \$227.50
<input type="checkbox"/> Hotel and Restaurant License w/one opt premises (City) \$600.00	<input type="checkbox"/> Retail Liquor Store (County) \$312.50
<input type="checkbox"/> Hotel and Restaurant License w/one opt premises (County) \$600.00	<input type="checkbox"/> Tavern License (City) \$500.00
<input type="checkbox"/> Liquor-Licensed Drugstore (City) \$227.50	<input type="checkbox"/> Tavern License (County) \$500.00
<input type="checkbox"/> Liquor-Licensed Drugstore (County) \$312.50	<input type="checkbox"/> Vintners Restaurant License (City) \$750.00
<input type="checkbox"/> Lodging & Entertainment - L&E (City) \$500.00	<input type="checkbox"/> Vintners Restaurant License (County) \$750.00

Questions? Visit: www.colorado.gov/enforcement/liquor for more information

Do not write in this space - For Department of Revenue use only

Liability Information			
License Account Number	Liability Date	License issued Through (Expiration Date)	Total \$

Application Documents Checklist and Worksheet

Instructions: This checklist should be utilized to assist applicants with filing all required documents for licensure. **All documents must be properly signed and correspond with the name of the applicant exactly.** All documents must be typed or legibly printed. Upon final State approval the license will be mailed to the local licensing authority. Application fees are nonrefundable. **Questions? Visit: www.colorado.gov/enforcement/liquor for more information**

Items submitted, please check all appropriate boxes completed or documents submitted

I.	Applicant information <input type="checkbox"/> A. Applicant/Licensee identified <input type="checkbox"/> B. State sales tax license number listed or applied for at time of application <input type="checkbox"/> C. License type or other transaction identified <input type="checkbox"/> D. Return originals to local authority (additional items may be required by the local licensing authority) <input type="checkbox"/> E. All sections of the application need to be completed
II.	Diagram of the premises <input type="checkbox"/> A. No larger than 8 1/2" X 11" <input type="checkbox"/> B. Dimensions included (does not have to be to scale). Exterior areas should show type of control (fences, walls, entry/exit points, etc.) <input type="checkbox"/> C. Separate diagram for each floor (if multiple levels) <input type="checkbox"/> D. Kitchen - identified if Hotel and Restaurant <input type="checkbox"/> E. Bold/Outlined Licensed Premises
III.	Proof of property possession (One Year Needed) <input type="checkbox"/> A. Deed in name of the applicant (or) (matching question #2) date stamped / filed with County Clerk <input type="checkbox"/> B. Lease in the name of the applicant (or) (matching question #2) <input type="checkbox"/> C. Lease assignment in the name of the applicant with proper consent from the landlord and acceptance by the applicant <input type="checkbox"/> D. Other agreement if not deed or lease. (matching question #2)
IV.	Background information (DR 8404-I) and financial documents <input type="checkbox"/> A. Complete DR 8404-I for each principal (individuals with more than 10% ownership, officers, directors, partners, members) <input type="checkbox"/> B. Fingerprints taken and submitted to the appropriate Local Licensing Authority through an approved state vendor. Do not complete fingerprint cards prior to submitting your application. The Vendors are as follows: IdentoGO – https://uenroll.identogo.com/ Phone: 844-539-5539 (toll-free) Identogo FAQs: https://www.colorado.gov/pacific/cbi/identification-faqs Colorado Fingerprinting – http://www.coloradofingerprinting.com Appointment Scheduling Website: http://www.coloradofingerprinting.com/cabs/ Phone: 720-292-2722 Toll Free: 833-224-2227 <input type="checkbox"/> C. Purchase agreement, stock transfer agreement, and/or authorization to transfer license <input type="checkbox"/> D. List of all notes and loans (Copies to also be attached)
V.	Sole proprietor/husband and wife partnership (if applicable) <input type="checkbox"/> A. Form DR 4679 <input type="checkbox"/> B. Copy of State issued Driver's License or Colorado Identification Card for each applicant
VI.	Corporate applicant information (if applicable) <input type="checkbox"/> A. Certificate of Incorporation <input type="checkbox"/> B. Certificate of Good Standing <input type="checkbox"/> C. Certificate of Authorization if foreign corporation (out of state applicants only)
VII.	Partnership applicant information (if applicable) <input checked="" type="checkbox"/> A. Partnership Agreement (general or limited). <input checked="" type="checkbox"/> B. Certificate of Good Standing
VIII.	Limited Liability Company applicant information (if applicable) <input type="checkbox"/> A. Copy of articles of organization <input type="checkbox"/> B. Certificate of Good Standing <input type="checkbox"/> C. Copy of Operating Agreement (if applicable) <input type="checkbox"/> D. Certificate of Authority if foreign LLC (out of state applicants only)
IX.	Manager registration for Hotel and Restaurant, Tavern, Lodging & Entertainment, and Campus Liquor Complex licenses when included with this application <input type="checkbox"/> A. \$75.00 fee <input type="checkbox"/> B. Individual History Record (DR 8404-I) <input type="checkbox"/> C. If owner is managing, no fee required

Name OGIDEN INVESTMENT CO LLC	Type of License LIQUOR	Account Number		
7. Is the applicant (including any of the partners if a partnership; members or managers if a limited liability company; or officers, stockholders or directors if a corporation) or managers 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 managers if a limited liability company; or officers, stockholders or directors if a corporation) or managers 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"/>		
or				
Waiver by local ordinance?		<input type="checkbox"/> <input checked="" type="checkbox"/>		
Other: _____				
11. Is your Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 1500 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of greater than (>) 10,000? NOTE: The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.		<input type="checkbox"/> <input checked="" type="checkbox"/>		
12. Is your Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 3000 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of less than (<) 10,000? NOTE: The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.		<input type="checkbox"/> <input checked="" type="checkbox"/>		
13 a. For additional Retail Liquor Store only. Was your Retail Liquor Store License issued on or before January 1, 2016?		<input type="checkbox"/> <input checked="" type="checkbox"/>		
13 b. Are you a Colorado resident?		<input checked="" type="checkbox"/> <input type="checkbox"/>		
14. 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"/>		
15. Does the applicant, as listed on line 2 of this application, have legal possession of the premises by ownership, lease or other arrangement?		<input checked="" type="checkbox"/> <input type="checkbox"/>		
<input checked="" type="checkbox"/> Ownership <input 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	Tenant	Expires		
b. Is a percentage of alcohol sales included as compensation to the landlord? If yes, complete question 16.		<input type="checkbox"/> <input checked="" type="checkbox"/>		
c. Attach a diagram that designates the area to be licensed in black bold outline (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".				
16. 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.				
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.				
17. Optional Premises or Hotel and Restaurant Licenses with Optional Premises:				
Has a local ordinance or resolution authorizing optional premises been adopted?		<input type="checkbox"/> <input checked="" type="checkbox"/>		
Number of additional Optional Premise areas requested. (See license fee chart)		<input type="text"/>		
18. For the addition of a Sidewalk Service Area per Regulation 47-302(A)(4), include a diagram of the service area and documentation received from the local governing body authorizing use of the sidewalk. Documentation may include but is not limited to a statement of use, permit, easement, or other legal permissions.				
19. Liquor Licensed Drugstore (LLDS) applicants, answer the following:				
a. Is there a pharmacy, licensed by the Colorado Board of Pharmacy, located within the applicant's LLDS premise?				<input type="checkbox"/> <input type="checkbox"/>
If "yes" a copy of license must be attached.				NA

Name <i>OGDEN INVESTMENT CO. L.L.P</i>	Type of License <i>LIQUOR</i>	Account Number		
20. Club Liquor License applicants answer the following: Attach a copy of applicable documentation				
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?	<i>NA</i>			
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"/>		
21. Brew-Pub, Distillery Pub or Vintner's Restaurant applicants answer the following:				
a. Has the applicant received or applied for a Federal Permit? (Copy of permit or application must be attached)	<i>NA</i>			
22. Campus Liquor Complex applicants answer the following:				
a. Is the applicant an institution of higher education?	<i>NA</i>			
b. Is the applicant a person who contracts with the institution of higher education to provide food services? If "yes" please provide a copy of the contract with the institution of higher education to provide food services.	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
23. For all on-premises applicants:				
a. Hotel and Restaurant, Lodging and Entertainment, Tavern License and Campus Liquor Complex, the Registered Manager must also submit an Individual History Record - DR 8404-I and fingerprint submitted to approved State Vendor through the Vendor's website. See application checklist, Section IV, for details.				
b. For all Liquor Licensed Drugstores (LLDS) the Permitted Manager must also submit a Manager Permit Application - DR 8000 and fingerprints.				
Last Name of Manager		First Name of Manager		
24. 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.				
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
25. Related Facility - Campus Liquor Complex applicants answer the following:				
a. Is the related facility located within the boundaries of the Campus Liquor Complex? If yes, please provide a map of the geographical location within the Campus Liquor Complex. If no, this license type is not available for issues outside the geographical location of the Campus Liquor Complex.				
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
b. Designated Manager for Related Facility- Campus Liquor Complex				
Last Name of Manager <i>MacRossie</i>		First Name of Manager <i>Katherine</i>		
26. Tax Information.				
a. 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?				
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
b. 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.?				
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
27. 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 make an appointment with an approved State Vendor through their website. See application checklist, Section IV, for details.				
Name <i>Charles MacRossie</i>	Home Address, City & State	DOB	Position <i>Partner</i>	%Owned <i>33 1/3</i>
Name <i>Katherine MacRossie</i>	Home Address, City & State	DOB	Position <i>Managing Partner</i>	%Owned <i>33 1/3</i>
Name <i>Shirlee Patch</i>	Home Address, City & State	DOB	Position <i>Partner</i>	%Owned <i>33 1/3</i>
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 above. ** Corporations - the President, Vice-President, Secretary and Treasurer must be accounted for above (Include ownership percentage if applicable) ** If total ownership percentage disclosed here does not total 100%, applicant must check this box: <input checked="" type="checkbox"/> Applicant affirms that no individual other than these disclosed herein owns 10% or more of the applicant and does not have financial interest in a prohibited liquor license pursuant to Article 3 or 5, C.R.S.				

Name <i>OGIDEN INVESTMENT CO LLP</i>	Type of License <i>LIQUOR</i>	Account Number							
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>KD Macrossie</i>	Printed Name and Title <i>Katherine D. Macrossie</i>	Date <i>11-21-19</i>							
Report and Approval of Local Licensing Authority (City/County)									
Date application filed with local authority <i>11/22/19</i>	Date of local authority hearing (for new license applicants, cannot be less than 30 days from date of application) <i>N/A</i>								
The Local Licensing Authority Hereby Affirms that each person required to file DR 8404-I (Individual History Record) or a DR 8000 (Manager Permit) has been:									
<input type="checkbox"/> Fingerprinted <input type="checkbox"/> 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)									
<input type="checkbox"/> Date of inspection or anticipated date _____ <input type="checkbox"/> Will conduct inspection upon approval of state licensing authority									
<input type="checkbox"/> Is the Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 1,500 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of > 10,0000? <input type="checkbox"/> Is the Liquor Licensed Drugstore(LLDS) or Retail Liquor Store (RLS) within 3,000 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of < 10,0000? NOTE: The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS. <input type="checkbox"/> Does the Liquor-Licensed Drugstore (LLDS) have at least twenty percent (20%) of the applicant's gross annual income derived from the sale of food, during the prior twelve (12) month period?	<table style="width:100%; border:none;"> <tr> <td style="border:none;">Yes</td> <td style="border:none;">No</td> </tr> <tr> <td style="border:none;"><input type="checkbox"/></td> <td style="border:none;"><input type="checkbox"/></td> </tr> <tr> <td style="border:none;"><input type="checkbox"/></td> <td style="border:none;"><input type="checkbox"/></td> </tr> <tr> <td style="border:none;"><input type="checkbox"/></td> <td style="border:none;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
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 44, Article 4 or 3, C.R.S., and Liquor Rules. Therefore, this application is approved.									
Local Licensing Authority for	Telephone Number	<input type="checkbox"/> Town, City <input type="checkbox"/> County							
Signature	Print	Title	Date						
Signature	Print	Title	Date						



Cabaret License Application

<input type="checkbox"/> New License Application <input checked="" type="checkbox"/> Change in Ownership <input type="checkbox"/> Modification of Premises	Type of License Applied for and Application Fees:		
Instructions: 1. Attach appropriate application and license fees. 2. Attached approved Zoning Use Permit. 3. Attach detailed sketch of interior showing entertainment and/or dance areas (include dimensions). 4. Include this application with liquor license application (if applicable).		Application	License
	<input checked="" type="checkbox"/> Standard Cabaret	\$500.00	\$750.00
	<input type="checkbox"/> Acoustic Cabaret	\$500.00	\$750.00
	<input type="checkbox"/> Dance Cabaret	\$1,000.00	\$1,500.00
	<input type="checkbox"/> Special Dance Cabaret	\$1,000.00	\$1,500.00
	<input type="checkbox"/> Events Center Cabaret	\$1,000.00	\$1,500.00
	<input type="checkbox"/> Adult Cabaret	\$2,000.00	\$3,000.00
1. Name of Applicant OGDEN INVESTMENT COLLLP	1b. Trade Name of Establishment (DBA)		
1c. Address of Business to be Licensed (Number and Street) 1076 OGDEN STREET	City or Town DENVER	State CO	Zip Code 80218
1d. Applicant is Applying as a: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Association or Other			
2. Applicant has completed DR 8404, Retail License Application or DR 8403 3.2% Beer License Application. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2a. If yes, I declare under penalty of perjury in the second degree that all information contained in DR 8404, Retail License Application or DR 8403 3.2% Beer License Application and all attachments are true, correct, and complete to the best of my knowledge. Further, I agree that all information contained in DR 8404, Retail License Application or DR 8403 3.2% Beer License Application and all attachments may be used to support this application for cabaret license.			
Authorized Signature: 	Title: Managing partner	Date: 11/21/2019	



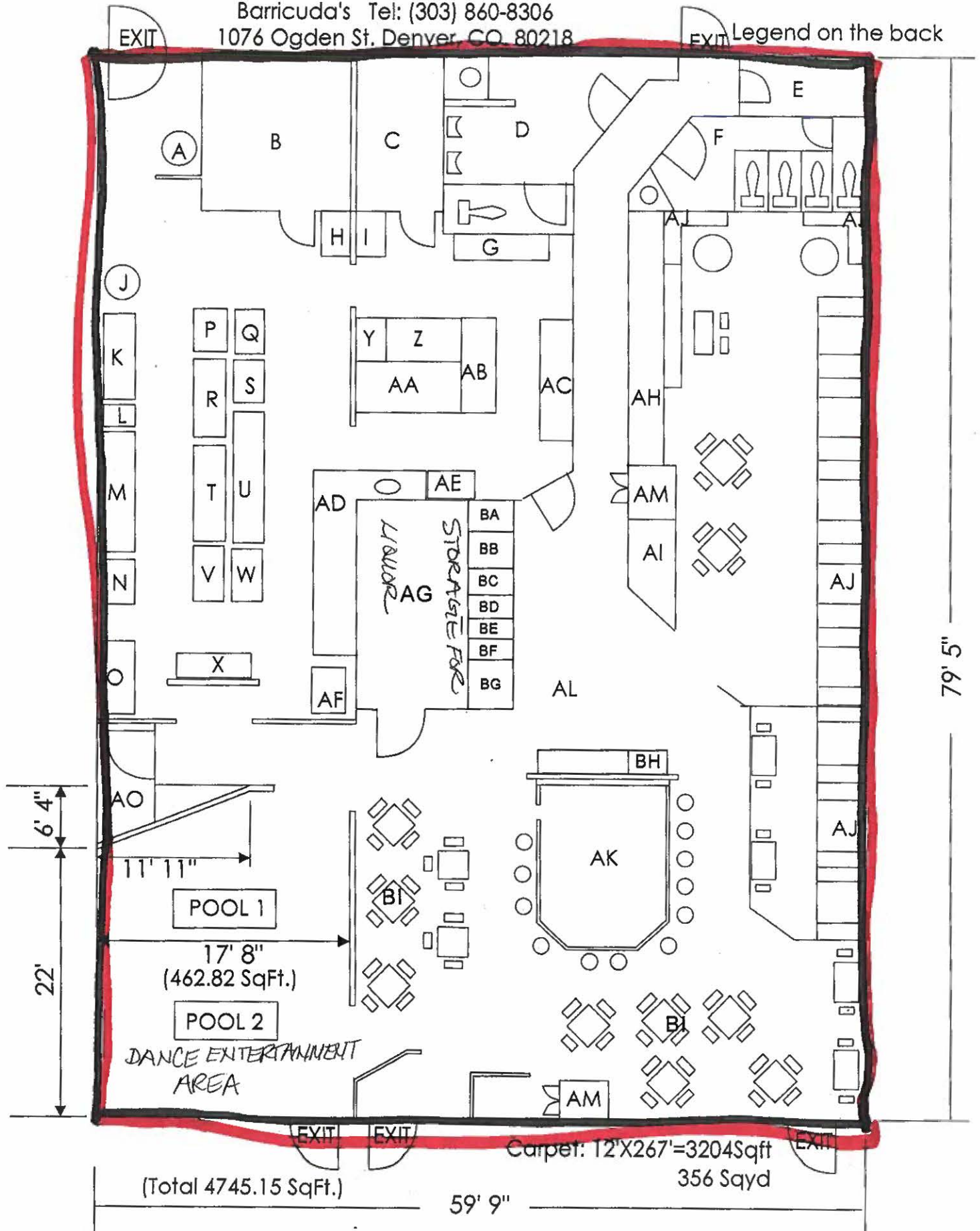
3a. Type of Entertainment to be offered <i>STANDARD CABARET</i>	b. Premises square footage <i>4422 #</i>									
c. Seating Capacity <i>102</i>	d. Square footage of dance entertainment areas <i>462.82 #</i>									
4. Has a cabaret license been denied for the premises within the last 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No										
5. Has applicant or any of applicant's officers, directors, stockholders, members, partners, or managers ever been: <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">a. Denied a cabaret license?</td> <td style="width: 20%;"><input type="checkbox"/> Yes</td> <td style="width: 20%;"><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>b. Had a cabaret license suspended or revoked?</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>c. Been convicted of a felony, any alcohol related offense, or any non-traffic misdemeanor?</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> </table> <p>(If yes to any of the above, please attach an explanation.)</p>		a. Denied a cabaret license?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	b. Had a cabaret license suspended or revoked?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	c. Been convicted of a felony, any alcohol related offense, or any non-traffic misdemeanor?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
a. Denied a cabaret license?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No								
b. Had a cabaret license suspended or revoked?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No								
c. Been convicted of a felony, any alcohol related offense, or any non-traffic misdemeanor?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No								
OATH OF APPLICANT I declare under penalty of perjury in the second degree that this application, our liquor license 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 Denver Revised Municipal Code, which govern my cabaret license.										
Authorized Signature: <i>[Signature]</i>	Title: <i>MANAGING PARTNER</i>	Date: <i>11/21/2019</i>								
CABARET LICENSE TYPES: Standard – Live Entertainment. No adult entertainment, no patron dancing. Acoustic Cabaret – Unamplified live entertainment. No Patron dancing permitted. Dance Cabaret – Live or recorded entertainment and patron dancing, no adult entertainment. Special Dance Cabaret – Live or recorded entertainment and patron dancing is permitted. Entertainment is confined to the interior of the building or located upon the licensed premises as defined in the Colorado Liquor Code. Unamplified live entertainment or recorded entertainment and patron dancing may be provided beyond the interior of the building before 8:00 p.m. Event Center Cabaret – Seating capacity of at least 2,000 in which both live and/or recorded entertainment is provided and in which patron dancing is permitted. Adult Cabaret – Adult entertainment is provided, as well as the entertainment included in the Dance Cabaret.										

Revised March 2019

CABARET APPLICATION

Barricuda's Tel: (303) 860-8306
1076 Ogden St. Denver, CO. 80218

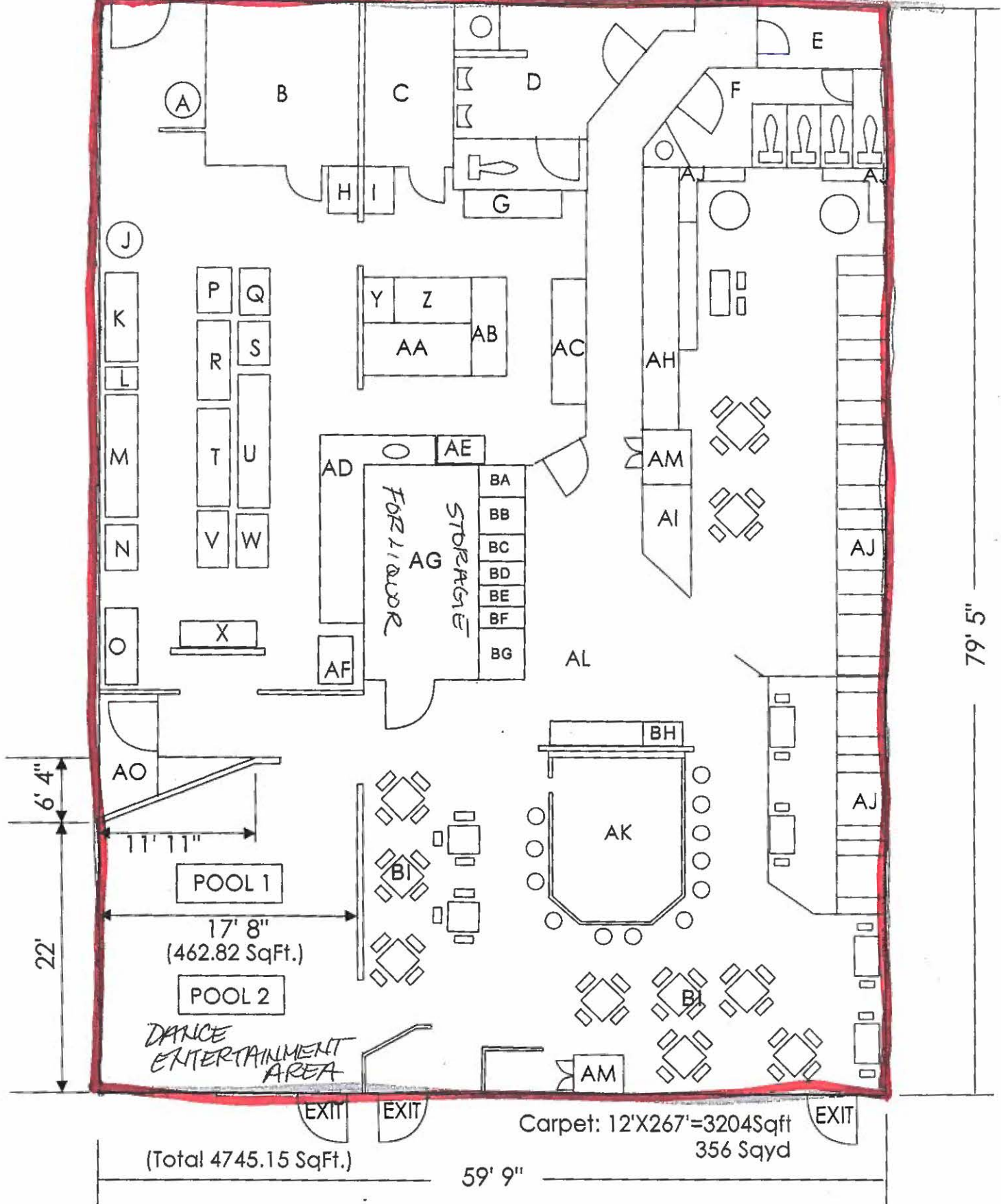
Legend on the back



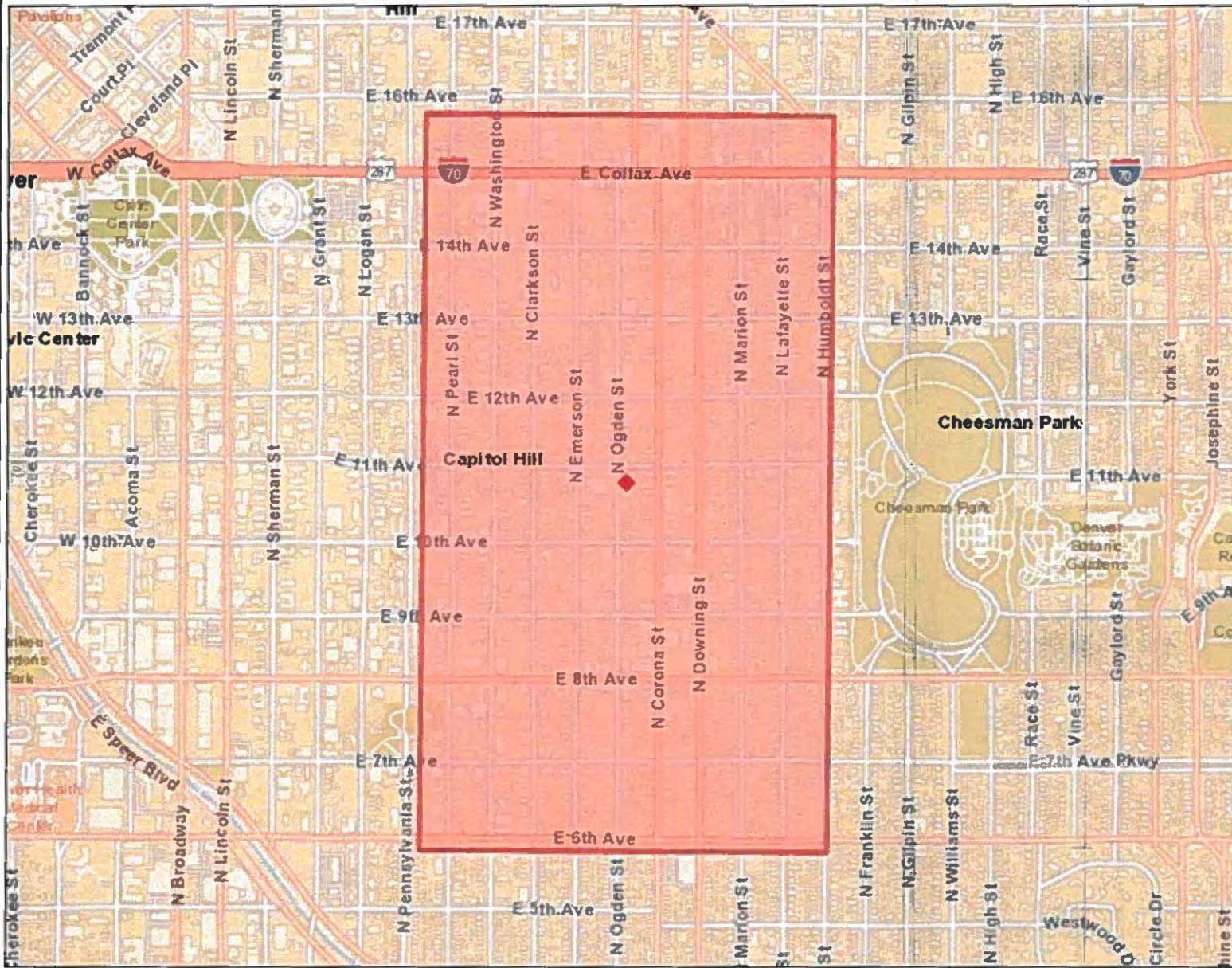
Liquor Application

Barricuda's Tel: (303) 860-8306
 1076 Ogden St. Denver, CO. 80218

EXIT Legend on the back



Barricuda's - 1076 N. Ogden Street



Legend

2314 0 1157 2314 Feet

WGS_1984_Web_Mercator_Auxiliary_Sphere
© City and County of Denver

1:18,056

Map Generated 12/2/2019

The City and County of Denver shall not be liable for damages of any kind arising out of the use of this information. The information is provided "as is" without warranty of any kind, express or implied, including, but not limited to, the fitness for a particular use.

THIS IS NOT A LEGAL DOCUMENT.