

**SUBMIT IN DUPLICATE
 PERMIT APPLICATION
 & REPORT OF CHANGES**

CURRENT LICENSE NUMBER _____
ALL ANSWERS MUST BE PRINTED IN BLACK INK OR TYPEWRITTEN
LOCAL LICENSE FEE \$ _____
APPLICANT SHOULD OBTAIN A COLORADO LIQUOR & BEER CODE BOOK
TO ORDER CALL (303) 370-2165

DO NOT WRITE IN THIS SPACE

1. Applicant is a <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Limited Liability Company	PRESENT LICENSE NUMBER
	42-42104-0000

2. Name of Licensee neighborhood noodle inc	3. Trade Name shells and sauce
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4. Location Address
2600 E 12th Ave

City Denver	County Denver	ZIP 80206
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Select the appropriate section below and proceed to the instructions on page 2.

SECTION A - MANAGER REG/CHANGE	SECTION C
• License Account No. _____ 1983-750 (999) <input type="checkbox"/> Manager's Registration (Hotel & Restr.) \$75.00 2012-750 (999) <input type="checkbox"/> Manager's Registration (Tavern) \$75.00 <input type="checkbox"/> Change of Manager (Other Licenses) NO FEE 2315-100 (999) <input type="checkbox"/> Concurrent Review \$100.00	1) <input type="checkbox"/> 2210-100 (999) Retail Warehouse Storage Permit (ea) \$ 100.00 2) <input type="checkbox"/> 2200-100 (999) Wholesale Branch House Permit (ea) 100.00 3) <input type="checkbox"/> 2260-100 (999) Change Corp or Trade Name Permit (ea) 50.00 4) <input type="checkbox"/> 2230-100 (999) Change Location Permit (ea) 150.00 5) <input checked="" type="checkbox"/> 2280-100 (999) Change, Alter or Modify Premises \$150.00 x <u>1</u> Total Fee <u>150.00</u> 6) <input type="checkbox"/> 2220-100 (999) Addition of Optional Premises to Existing H/R \$100.00 x _____ Total Fee _____ 7) <input type="checkbox"/> 1988-100 (999) Addition of Related Facility to Resort Complex \$75.00 x _____ Total Fee _____ 8) <input type="checkbox"/> 2340-100 (999) Bed and Breakfast Permit 50.00
SECTION B - DUPLICATE LICENSE	
• LIQUOR LICENSE No. _____ <input type="checkbox"/> 2270-100 (999) DUPLICATE LICENSE \$ 50.00	

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

DATE LICENSE ISSUED	LICENSE ACCOUNT NUMBER	PERIOD
-750 (999)	-100 (999)	TOTAL

INSTRUCTION SHEET

For all sections, complete questions 1-4 located on page 1

Section A

To Register or Change Managers, check the appropriate box in section A and complete question 9 on page 4. Proceed to the Oath of Applicant for signature (Please note: Hotel, Restaurant, and Tavern licensees are required to register their managers).

Section B

For a Duplicate license, be sure to include the liquor license number in section B on page 1 and proceed to page 4 for Oath of Applicant signature.

Section C

Check the appropriate box in section C and proceed below.

- 1) ***For a Retail Warehouse Storage Permit***, go to page 3 complete question 5 (be sure to check the appropriate box). Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 2) ***For a Wholesale Branch House Permit***, go to page 3 and complete question 5 (be sure to check the appropriate box). Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 3) ***To Change Trade Name or Corporation Name***, go to page 3 and complete question 6 (be sure to check the appropriate box). Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 4) ***To modify Premise***, go to page 3 and complete question 7. Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 5) ***For Optional Premises or Related Facilities*** go to page 3 and complete question 7. Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 6) ***To Change Location***, go to page 3 and complete question 8. Submit the necessary information and proceed to page 4 for Oath of Applicant signature.
- 7) ***For a Bed and Breakfast Permit***, go to page 4 and complete question 10. Submit the necessary information and proceed to Oath of Applicant signature.

STORAGE PERMIT

5. Retail Warehouse Storage Permit or a Wholesalers Branch House Permit
 Retail Warehouse Permit
 Wholesalers Branch House Permit
 Include full address of storage premises. _____
 If granted, will the proposed warehouse or branch house be in compliance with local building and zoning laws? Yes No
 Name and title of Person in Charge of Premises _____
 Attach a lease/deed and a diagram of storage premises.

CHANGE DBA OR CORP. NAME

6. Change of Trade Name or Corporation name
 Trade/DBA Name Change only
 Corporate Name Change (Attach a Certificate of Amendment from Secretary of State)

Old Name	New Name
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MODIFY PREMISES OR ADDITION OF OPTIONAL PREMISES OR RELATED FACILITY

7. Modification of Premises, Addition of an Optional Premises, or Addition of Related Facility
NOTE: LICENSEES MAY NOT MODIFY OR ADD TO THEIR LICENSED PREMISES UNTIL APPROVED BY STATE AND LOCAL AUTHORITIES.

(a) Describe change proposed _____
Add Rooftop patio seating

(b) If the modification is temporary, when will the proposed change:
 Start *ASAP* (mo/day/year) End *ASAP* (mo/day/year)

NOTE: THE TOTAL STATE FEE FOR TEMPORARY MODIFICATION IS \$300.00

(c) Will the proposed change result in the licensed premises now being located 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?
 (If yes, explain in detail and describe any exemptions that apply) Yes No

(d) Is the proposed change in compliance with local building and zoning laws? Yes No

(e) If this modification is for an additional Hotel and Restaurant Optional Premises or Resort Complex Related Facility, has the local authority authorized by resolution or ordinance the issuance of optional premises? Yes No

(f) Attach a diagram of the current licensed premises and a diagram of the proposed changes for the licensed premises.

(g) Attach any existing lease that is revised due to the modification.

CHANGE OF LOCATION

8. Change of Location

(a) Address of current premises _____
 City _____ County _____ ZIP _____

(b) Address of proposed New Premises (Attach a copy of the deed or lease that establishes possession of the premises by the licensee)
 Address _____
 City _____ County _____ ZIP _____

(c) New mailing address if applicable
 Address _____
 City _____ County _____ ZIP _____

(d) Attach a diagram of the premises showing the area where alcohol beverages will be stored, served, possessed or consumed. Include food preparation facilities for Hotel and Restaurants.

CHANGE OF MANAGER

9. Change of Manager or to Register the Manager of a Tavern or a Hotel and Restaurant liquor license.

(a) Change of Manager (attach Individual History DR 8404-I H/R and Tavern only)

Former manager's name _____

New manager's name _____

(b) Compensation of Mgr. _____ Date of Emp. _____ Exp. Date _____

Has manager ever managed a Liquor licensed establishment? Yes No

Does manager have a financial interest in any other liquor licensed establishment? Yes No

If yes, give name and location of establishment _____

BED AND BREAKFAST PERMIT

10. Bed and Breakfast Permit

- Attach a copy of a deed or lease in the **exact name** of the applicant **only**, reflecting possession of the permitted area for at least the minimum duration of this permit (1 year from date of issuance).
- Attach a diagram of the premises which accurately reflects the area where alcohol beverages will be stored, served, possessed or consumed.

1. Applicant is a:

Corporation Partnership

Individual Limited Liability Company

2. Name of Applicant _____

3. Trade Name of Establishment (DBA) _____

4. Address of Premises (specify exact location) _____

5. State Sales Tax Number _____ Business Phone _____

Pursuant to 12-47-410, C.R.S., Applicant hereby states that it qualifies for a Bed and Breakfast Permit, in order to serve complimentary alcohol beverages, and certifies to the State Licensing Authority:

_____ That it has **no more than 20** sleeping rooms, and

_____ That it provides at least **1 meal per day at no charge** other than for overnight lodging, and

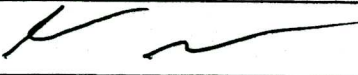
_____ That it **does not** sell alcohol beverages by the drink or in sealed containers, and

_____ That it will not serve alcohol beverages for more than **4 hours in any one day**, as follows:

MONDAY HOURS		TUESDAY HOURS		WEDNESDAY HOURS		THURSDAY HOURS		FRIDAY HOURS		SATURDAY HOURS		SUNDAY HOURS	
From:	m.	From:	m.	From:	m.	From:	m.	From:	m.	From:	m.	From:	m.
To:	m.	To:	m.	To:	m.	To:	m.	To:	m.	To:	m.	To:	m.

OATH OF APPLICANT

I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.

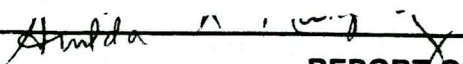
Signature  Title President Date 7/15/08

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

The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the applicable provisions of Title 12, Articles 46 and 47, C.R.S., as amended.

THEREFORE, THIS APPLICATION IS APPROVED.

Local Licensing Authority (City or County) _____ Date filed with Local Authority _____

Signature  Title _____ Date _____

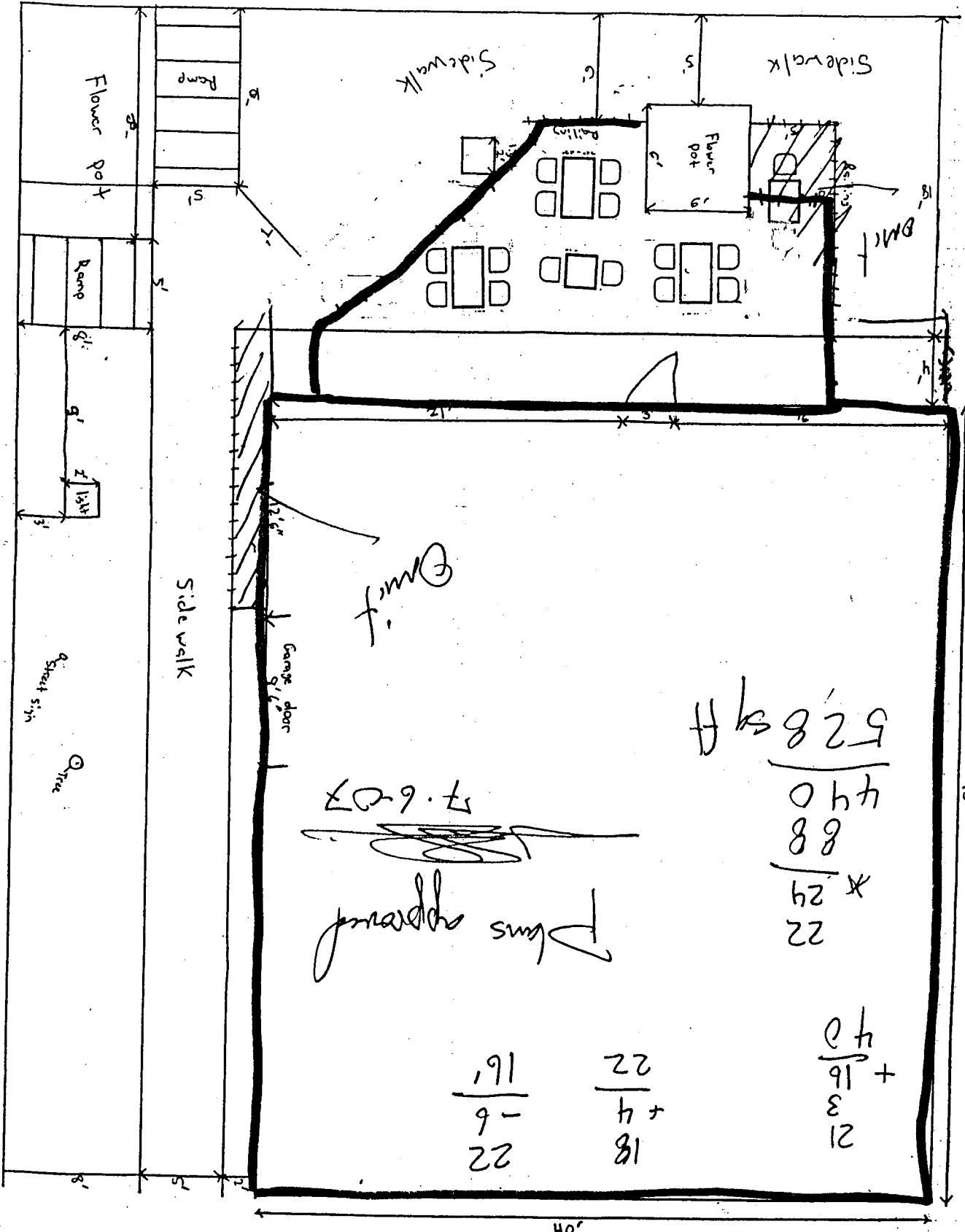
REPORT OF STATE LICENSING AUTHORITY

The foregoing has been examined and complies with the filing requirements of Title 12, Article 47, C.R.S., as amended.

Signature _____ Title _____ Date _____

BEFORE

12th Ave Rollings



Elizabeth Street

Plans approved
7.6.07
[Signature]

528 sq ft
440
88

x 24
22

22
+ 4

18
22

16

21
+ 3

19
40

45'

40'

12th AVE
17

ELIZABETH STREET

AFTER

697 sq ft SEATING

77 = 7

ROOFTOP DECK
697 sq ft

6' WALKWAY

EQUIPMENT
AREA

6' WALKWAY

48" STAIRS

48" FIRE ESCAPE

CLOSED ACCESS ← 24' →

CLOSED ACCESS

SHELLS + SAUCE
2600 E 12th AVE

View of Rooftop