

CITY OF COLORADO SPRINGS LIQUOR OR 3.2% FERMENTED MALT BEVERAGE APPLICATION

☐ NEW LICENSE ☒ TRANSFER OF OWNERSHIP

Type of License applying for (Check One)

- | | | | | |
|--|---|---|--|-----------------------------------|
| <input checked="" type="checkbox"/> Hotel/Restaurant | <input type="checkbox"/> Hotel/Restaurant w/Optional Premises | <input type="checkbox"/> Tavern | <input type="checkbox"/> Beer & Wine | <input type="checkbox"/> Brew Pub |
| <input type="checkbox"/> Retail Liquor Store | <input type="checkbox"/> 3.2% Beer On Premises | <input type="checkbox"/> 3.2% Beer Off Premises | <input type="checkbox"/> 3.2% Beer On and Off Premises | |
| <input type="checkbox"/> Drugstore | <input type="checkbox"/> Racetrack | <input type="checkbox"/> Optional Premises | <input type="checkbox"/> Club | <input type="checkbox"/> Vinters |

APPLICANT INFORMATION

Name of Applicant: Overshadow Enterprises, LLC	Property Tax Schedule No. : 5330204005
Trade Name (DBA): Cleats Bar & Grill	Business Telephone: 719-344-9301
Address of Premises: 6120 Barnes Road, Colorado Springs, CO 80922	Alternate Telephone: 406-788-0229 (Paul cell)

IF THIS IS A TRANSFER OF AN EXISTING LICENSE – THE FOLLOWING MUST BE ANSWERED:

Present trade name of establishment (dba)	Present State License No.	Present Class of License	Present Expiration Date
Stadium Bar & Grill	47027770000	Hotel & Restaurant	06/23/2015

If the applicant is: a Corporation, Limited Liability Company, Partnership or Association, list all officers, directors, general partners and managing members, position held and percentage owned.

NAME	POSITION HELD	%OWNED
PMK Hospitality, LLC	Managing Member	100
Malorie Korney*	Managing Member*	51*
*Malorie Korney is the Managing Member and a 51% Member of PMK Hospitality, LLC		

FINANCIAL INFORMATION

TOTAL INVESTMENT IN BUSINESS (include purchase, start up, inventory)	\$155,000
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Source(s) of funds invested (provide names, banks, and indicate checking, savings, loan, promissory note, gift or other).

THE FOLLOWING INFORMATION MUST REFLECT THE SOLE SOURCE OF FUNDS INVESTED. NO OTHER PERSON OR PARTIES MAY HAVE A FINANCIAL INTEREST IN THE BUSINESS FOR WHICH THIS AFFIDAVIT IS SUBMITTED.

NAME/ADDRESS OF FUNDING SOURCE (bank(s), individual(s), et al.)	TYPE OF FUNDING SOURCE (checking, savings, loan, note, gift)	AMOUNT
See attached supplement		

List applicant(s) prior experience in the sale of alcoholic beverages. Include dates and locations.

Business Name & Address	Applicant's Name	Experience/Position	Dates
Shadow Enterprises, Inc. dba Cleats Bar & Grill 6624 Delmonico Dr., C. Springs, CO 80919	Paul Korney	Vice President/Shareholder	7/2013 - Present
Shadow Enterprises, Inc. dba Cleats Bar & Grill 6624 Delmonico Dr., C. Springs, CO 80919	Malorie Korney	President/Shareholder	7/2013 - Present
See attached supplement			

THESE FORMS SHOULD NOT BE ALTERED IN ANY MANNER

Has the applicant previously been issued a liquor or beer license (include any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation)? ☒ yes ☐ no

If yes, identify the business and any current or former financial interest in said business including any loans to or from a licensee.

Name of Business	Address	Type/amt. of Interest
Shadow Enterprises, Inc. dba Cleats Bar & Grill	6624 Delmonico Dr., C. Springs, CO 80919	100% - Current*
*PMK Hospitality, LLC		

PREMISES/ESTABLISHMENT

Terms of legal possession of the premises for which the application is made? ☐ own ☒ lease

If leased provide terms: Start date April 1, 2015 End date October 1, 2020

Dimensions of premises 61' X 78" Square footage 5359 sq. ft. Seating Capacity 165

Is there a patio area? ☒ yes ☐ no --- If yes, provide dimensions 27' X 52'

Anticipated number of employees? 40

Will training be offered or required? ☒ yes ☐ no --- If yes, through what agency? Liquor Licensing Professionals

Has the applicant or manager in Colorado, or any other State (include any of the partners, if a partnership members or manager if a limited liability company; or officers, stockholders or directors if a corporation), ever:	YES	NO
Been denied an alcohol beverage license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Had an alcohol beverage license suspended or revoked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Had interest in another entity where an alcohol beverage license was suspended or revoked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ever been charged or convicted of a crime, received a suspended sentence, a deferred sentence, or have charges pending?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, provide explanation, date(s) and location(s).		

Has the applicant ever received a violation notice, suspension, or revocation for any liquor law violation, have charges pending; or has the applicant applied for and been denied a liquor or beer license anywhere in the United States?

Yes ☐ No ☒

If yes, provide explanation, date(s) and location(s):

I declare under the 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 understand that any falsehood or omission will jeopardize the application as such falsehood or omission constitutes evidence regarding the character of the applicant.

COLIN MATTHEW GORDON
Notary Public
State of Colorado
Notary ID 20134008924
My Commission Expires Feb 11, 2017

Matthew Gordon
Signature
Title: Managing Member

State of COLORADO
County of EL PASO

Subscribed and sworn to before me this 8th day of May, 20 15.

My Commission Expires: 02/11/2017

Matthew Gordon
Notary Public

THESE FORMS SHOULD NOT BE ALTERED IN ANY MANNER

City of Colorado Springs Liquor Application – Supplement –

Funding Source(s)

Source(s) of funds invested (provide names, banks, and indicate checking, savings, loan, promissory note, gift or other).

THE FOLLOWING INFORMATION MUST REFLECT THE SOLE SOURCE OF FUNDS INVESTED. NO OTHER PERSON OR

PARTIES MAY HAVE A FINANCIAL INTEREST IN THE BUSINESS FOR WHICH THIS AFFIDAVIT IS SUBMITTED.

Name/Address of Funding Source (bank(s), individual(s), et al.)	Type of Funding Source (checking, savings, loan, note, gift)	Amount
Paul and Malorie Korney 8118 Cedarstone Lane Colorado Springs, CO	US Bank Personal Checking	\$25,000
Hans and Lee Strickler 93 Thicket Irvine, CA	Bank of America Personal Checking	\$100,000
Kosta Callas 7793 West 95 th Drive Westminster, CO 80021	Compass Bank Business Checking	\$20,000
Gregory Kaufman 12494 Pine Valley Circle Peyton, CO 80831	1 st Bank Personal Checking	\$10,000

City of Colorado Springs Liquor Application – Supplement

List applicant(s) prior experience in the sale of alcoholic beverages. Include dates and locations.

Business Name & Address	Applicant's Name	Experience/Position	Dates
Chili's, Monument, CO	Malorie Korney	Assistant Manager	11/2011 – 06/2013
Tap House Grill, Great Falls, MT	Malorie Korney	General Manager	11/2010 – 11/2011
Holiday Inn, Great Falls, MT	Malorie Korney	Assistant Food & Beverage Manager	03/2009 – 11/2010

Colorado Liquor Retail License Application – Supplement – Question #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.

Last Name	First Name			Interest/Percentage
Korney	Malorie			51%
Korney	Paul			19%
Strickler	Hans			11.535%
Strickler	Lee			11.535%
Callas	Kosta			4.62%
Kaufman	Gregory			2.31%

AFFIDAVIT OF TRANSFER AND STATEMENT OF COMPLIANCE

Pursuant to the requirements of 12-47-303(3)(b), Colorado Revised Statutes, Licensee hereby states that all accounts for alcohol beverages sold to the Applicant are:

- ☐ Paid in full. There are no outstanding accounts with any Colorado Wholesalers.
- ☐ Licensee hereby certifies that the following is a complete list of accounts for alcohol beverages that are unpaid:

Licensee and Applicant agree that all accounts will be paid for from the proceeds at closing by the: ☐ Licensee ☐ Applicant

- ☐ Licensee unavailable to certify disposition of accounts for alcohol beverages - Inventory list attached. Transfer by operation of law - Regulation 47-304.
- ☐ Applicant will assume full responsibility for payment of the outstanding accounts as listed above.
- ☒ No alcohol beverage inventory transferred or sold.

Licensee hereby authorizes the transfer of its Colorado Retail Liquor License to the Applicant, its agent, or a company, corporation, partnership or other business entity to be formed by the Applicant.

Dated this _____ day of May, 20 15.

Seller:

Soelson Inc. - 470277700000

Licensee & License Number

Stadium Bar & Grill

Trade name

Signature

Manager, Kibbeh, LLC

Position

Philip J. EYEN

Print Name

Buyer:

Overshadow Enterprises, LLC

Applicant

Cleats Bar & Grill

Trade name

Signature

Managing Member

Position

Malorie Korney

Print Name



June 25, 2015

Certified Mail # 7014 3490 0001 5234 0148

Overshadow Enterprises, LLC
dba Cleats Bar & Grill
6120 Barnes Road, #110
Colorado Springs, CO 80922

Dear Applicant:

Pursuant to 12-47-312 of the Colorado Revised Statutes and Rule No. 7 of the Local Rules of Procedure, I have the following report to make concerning the results of my investigation of the application you have filed for a transfer of the Hotel and Restaurant Liquor License, at Overshadow Enterprises, LLC dba Cleats Bar & Grill, 6120 Barnes Road, Colorado Springs, Colorado. Your application was filed on May 12, 2015.

It appears that you will be entitled to possession of the premises for which the application is made.

At this time, the premises you desire to license does not appear to be in violation of any Zoning Ordinances of the City of Colorado Springs, Colorado.

There are no schools within the limits as prohibited by law.

To date, the Police Department has not reported any objections to this application.

The public hearing will be held on your application at the meeting of the Liquor and Beer Licensing Board, commencing at **9:00 a.m., July 17, 2015** in the Council Chambers, City Hall, 107 North Nevada Avenue, and you must be present at that meeting. At this meeting the Board will consider the factors outlined in Rule No 9.08 of the Local Rules of Procedure and it is your burden to provide the necessary evidence to satisfy the Board.

A public notice poster has been prepared for you to pick up from the City Clerk's Office. This notice poster must be posted by you at the proposed premises in a manner that is visible and conspicuous to the public no later than Tuesday, July 7, 2015.

If you have any questions please contact Lee McRae at (719) 385-5106.

Sincerely,

A handwritten signature in blue ink that reads "Sarah B. Johnson".

Sarah B. Johnson
City Clerk