

LIQUOR LICENSE <u>OR</u> FERMENTED MALT BEVERAGE LICENSE (ALCOHOL BEVERAGE) APPLICATION



2024 APR - 1 P 2: 42

It shall be unlawful for any person to knowingly make any false statement or omit any pertinent information on any application for a license. In the event any person knowingly makes any false statement or omits any pertinent information on any application, that act or omission shall, in addition to all other remedies, be grounds for denial of the license or for suspension or revocation of any license issued upon the basis of the false statement. City Code §2.1.404.

THIS APPLICATION MUST BE FULLY COMPLETE, WITH APPLICABLE FEES AND ALL REQUIRED ATTACHMENTS.

Return fully completed applications to the City Clerk's Office, 30 S. Nevada Avenue, Suite 101, 80903.

\boxtimes	NEW LICENSE		TRANSFER OF OWNERSHIP					
Type of License applying for (Check One)								
Hotel/Restaurant (ii	ncludes Resort & Campu	s Complex) 🗌 Hot	tel/Restaurant	w/Optional	Taverr	7		
Brew Pub	☐ Distillery Pub	☐ Vin	tner's Restaura	ant	☐ Beer a	nd Wine		
Optional Premises	Retail Liquor Store	* 🗌 Liq	uor Licensed L	Orugstore*	Raceti	rack		
Arts Club	Lodging & Entertain	inment	3 (Beer) On-Pre	emises	☐ Ferme Wine	nted Ma	It Beverage and	
* New Retail Liquor Store (RLS) and Liquor Licensed Drugstore (LLD) applications may not be within 1500' of an existing RLS or LLD location.								
Section A: APPLICANT/LICENSEE INFORMATION								
1. Name of Applicant/Licensee (list Corporation/LLC/Partnership/Association/Sole Proprietor):								
Los Volcanes Authentic Mexican Restaurant LLC								
2. Trade Name (DBA): Los Volcanes Authentic Mexican Restaurant								
3. Premises Address: City, State, Zip: 4767 Oro blanco Dr Colorado springs Co 80917					Location 719-205-9478			
Property Tax Schedule No.: 6326417076					Zoning: PBC			
4. Mailing Address: City, State, Zip:				Alt Pl	Alt Phone:			
Primary Contact Name And Title Brayan Arellano, Owner					Email: brayanarellano777@gmail.com			
5. IF THIS IS A TRANSFER OF AN EXISTING LICENSE – THE FOLLOWING MUST BE ANSWERED:								
	f establishment (dba)	Present State Lice		ent Class o		Presen	t Expiration Date	
N/A								
6. 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. Attach supplemental pages as needed. **NOTE: ATTACH ONE AFFIRMATION AND CONSENT (page 3), and ONE APPLICANT INTERVIEW (page 4), FOR EACH NAME LISTED.								
NAME						%OWNED		
Brayan E Arellano Bernal			Owner 100			100		
						+		
				<u></u>				
			L					

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Rev 03/2023

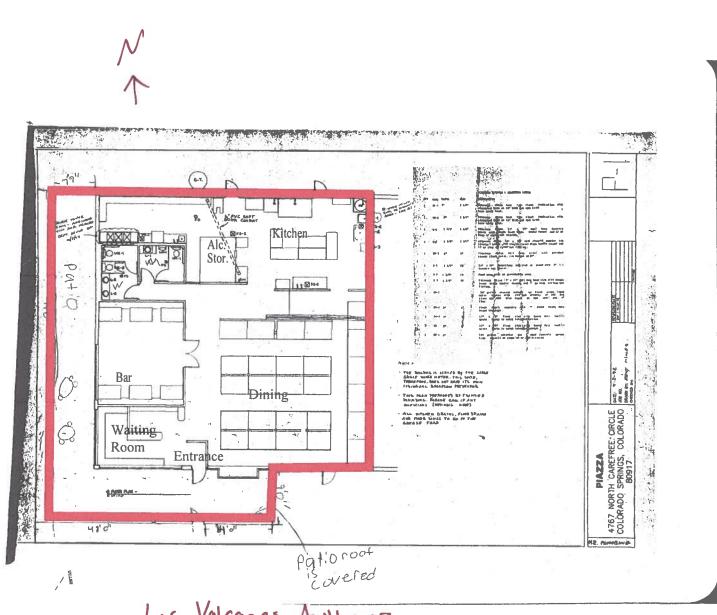
30 South Nevada Avenue, Suite 101, Colorado Springs, CO 80903 • TEL 719-385-5901 • FAX 719-385-5114 • www.coloradosprings.gov/liquor

Section B: FINANCIAL INFORMA	TION						
7. Source(s) of funds invested for total pursavings, loan, promissory note, gift or other	rchase, startup, and invento		nks, and indicate checking,				
THE FOLLOWING INFORMATION MUST REFLECT THE ENTIRE SOURCE OF FUNDS INVESTED. NO OTHER PERSON OR PARTIES MAY HAVE A FINANCIAL INTEREST IN THE BUSINESS FOR WHICH THIS APPLICATION IS SUBMITTED.							
NAME/ADDRESS OF FUNDING S (bank(s), individual(s), et a	OURCE FUNDING SOURCE (checking/savings/ loan/ note/ gift)		AMOUNT				
Ent credit union	1	Checking	100,000				
		INVESTMENT IN BUSINESS:	\$ 100,000				
Section C: PREMISES / LOCATION							
8. Registered Manager Name: Bray	yan Arellano Bernal						
9. Terms of legal possession for which application is made: OWN LEASE OTHER If leased, provide the terms: START DATE: 02-29-2024 END DATE: 02-29-2029 DIMENSIONS OF PREMISES: 44x81 TOTAL SQUARE FOOTAGE: 3,600 Is there a patio area? Yes No If yes, provide dimensions L-shaped, 44x8 and 48x9							
Anticipated number of employees: _6 Anticipated opening date: June 1 ,2024 Will training be offered or required? X Yes No If yes, through what agency?Agency of employee's choosing.							
	TVIV TVIVISTANASAS	Georgia de la Carra de Carra d	- Secretaria de la composició de la comp				
Section D: BACKGROUND INFORMATION 10. Has the applicant/licensee, any partners, any officers, any stockholders or directors, or any manager of said applicant previously been issued an alcohol beverage license, or have a financial interest in any alcohol beverage license in Colorado? Yes No IF YES, ATTACH a statement or affidavit of explanation, to identify the business and any current or former financial interest in said business including any loans to or from another license or licensee. 11. Has the applicant/licensee, any partners, any officers, any stockholders or directors, or any manager of said applicant ever							
received a violation notice, suspension, or been denied any alcohol beverage license a			, have charges pending, or				
Yes No IF YES, ATTACH a statement or affidavit of explanation, including date(s) and location(s). 12. Has the applicant/licensee, any partners, any officers, any stockholders or directors, or any manager of said applicant ever been convicted of any crime, received a suspended sentence, a deferred sentence, or have charges pending?							
13. List every individual applicant's prior e		tion, including date(s) and loo holic beverages. Attach sup					
Business Name & Address	Applicant's Name	Experience/Position	Dates				
Arceos mexican restaurant 4608 rusina rd	Brayan E Arellano Bernal	Manager/sue chef	2017-2024				

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Los Volcanes Authentiz Mexican Restaurant

BEFORE THE LOCAL LIQUOR AND BEER LICENSING AUTHORITY, CITY OF COLORADO SPRINGS, STATE OF COLORADO

Address: 30 South Nevada Avenue, Suite 101

Colorado Springs, CO 80903 Telephone: (719) 385-5901 Fax Number: (719) 385-5114

Email: cityclerk@coloradosprings.gov

CITY CLERK'S OFFICE 2024 JUN 27 PM2:21

▲ CLERK USE ONLY

IN THE MATTER OF:

APPLICANT

Los Volcanes Authentic Mexican Restaurant, LLC d/b/a Los Volcanes Authentic Mexican Restaurant 4767 Oro Blanco Drive Colorado Springs, CO 80917 Mailing Address: 1215 Aspen Avenue Colorado Springs, CO 80905

Application No: N-0856688

NOTICE OF HEARING AND INITIAL FINDINGS OF FACT

NOTICE OF HEARING

This matter comes before the Local Licensing Authority Hearing Officer for hearing on Friday, July 19, 2024 at 9:00 A.M. in Division 2, Municipal Court Building, 224 E. Kiowa Street, Colorado Springs, CO 80903 upon Los Volcanes Authentic Mexican Restaurant, LLC d/b/a Los Volcanes Authentic Mexican Restaurant ("Applicant") application for a new Hotel and Restaurant Liquor License at 4767 Oro Blanco Drive, Colorado Springs, CO 80917.

At this meeting, the Hearing Officer will consider the factors outlined in Rule No. 9.08 of the Liquor and Beer Rules and Regulations for the City of Colorado Springs ("City Rules"), and it is the Applicant's burden to provide the necessary evidence to satisfy the Local Licensing Authority.

A public notice poster has been prepared for the Applicant to pick up from the City Clerk's Office at 30 S. Nevada Avenue, Suite 101. This notice poster must be posted by the Applicant at the proposed premises in a manner that is visible and conspicuous to the public no later than Tuesday, July 9, 2024. Any applicable needs and desires petitions, remonstrances, and other reports or statements in writing must be filed with the City Clerk's Office by 12:00 P.M. on Tuesday, July 16, 2024.

Pursuant to C.R.S. §44-3-312 and City Rule No. 7, the Local Licensing Authority, through the Office of the City Clerk, has conducted an investigation into Applicant's application. NOW THEREFORE these Initial Findings of Fact are presented.

INITIAL FINDINGS OF FACT

- I. Applicant's application was filed on April 1, 2024, and within a two (2) year period prior to this date, the Local Licensing Authority has not denied an application at the above referenced location for the reason that the reasonable requirements of the neighborhood were satisfied by existing outlets, pursuant to C.R.S. §44-3-313(1)(a)(I) and City Rule 7.00(A)(1).
- II. Applicant will be entitled to possession of the premises for which the application is made pursuant to a lease, rental agreement, or other arrangement for possession of the premises, or by virtue of ownership thereof as evidence by the possession documents submitted by Applicant and contained in the administrative file, pursuant to C.R.S. §44-3-313(1)(b) and City Rule 7.00(A)(2).
- III. The location of the premises to be licensed appears to be in compliance with the Zoning Ordinances of the City of Colorado Springs as evidenced by the Land use review report submitted by the Planning and Development Department of the City of Colorado Springs, pursuant to C.R.S. §44-3-313(1)(c) and City Rule 7.00(A)(3).
- IV. The location of the premises to be licensed appears to be in compliance with the distance prohibition in regard to any public or parochial school or the principal campus of any college, university or seminary, pursuant to C.R.S. §44-3-313(1)(d) and City Rule 7.00(A)(4).
- V. A review of the Applicant's ownership and management structure did not disclose any persons prohibited from being a licensee pursuant to C.R.S. §44-3-307(1).
- VI. A review of Applicant's finances did not disclose any unlawful financial assistance as prohibited in C.R.S. §44-3-308.
- VII. Applicant is not a person prohibited as a licensee pursuant to C.R.S. §44-3-307.
- VIII. Pursuant to City Rule 6.01 neighborhood boundaries have been established, and a listing of existing licenses of a similar type that are within the established boundary area for the proposed establishment and boundary map are attached.

ON BEHALF OF THE LOCAL LICENSING AUTHORITY done June 27, 2024.

FOR

THE CITY OF COLORADO SPRINGS LOCAL LICENSING AUTHORITY

By: Sarah B. Johnson

City Clerk

Direct questions regarding this notice and hearing to Brittany Morris at 719-385-5115.

CERTIFICATE OF MAILING

I, Brittany Morris, hereby certify that I have mailed a true copy of the foregoing **NOTICE OF HEARING AND INITIAL FINDINGS OF FACT** by United States mail, first class postage paid, on June 27, 2024 to the following address of record:

Los Volcanes Authentic Mexican Restaurant, LLC d/b/a Los Volcanes Authentic Mexican Restaurant 1215 Aspen Avenue Colorado Springs, CO 80905

Brittany Morris License Specialist II City Clerk's Office

30 S. Nevada Avenue, Suite 101 Colorado Springs, CO 80903

CC: rrunco@runprolaw.com brayanarellano777@gmail.com liquorpros@msn.com

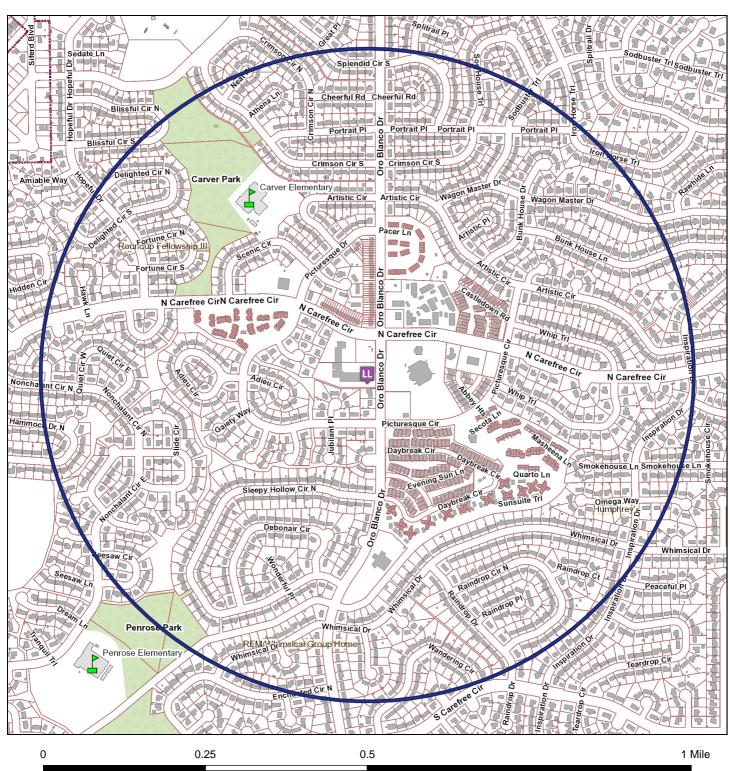
Liquor Survey Boundaries

LOS VOLCANES AUTHENTIC MEXICAN RESTAURANT LLC d/b/a LOS VOLCANES AUTHENTIC MEXICAN RESTAURANT 4767 ORO BLANCO DR



OFFICE OF THE CITY CLERK

License ID: 0856688



The survey boundary is 0.5 miles from the establishment

Map Prepared: 6/27/2024 2:36 PM

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OFFICE OF THE CITY CLERK

HEARING LETTER ATTACHMENT

LOS VOLCANES AUTHENTIC MEXICAN RESTAURANT LLC d/b/a LOS VOLCANES AUTHENTIC MEXICAN RESTAURANT 4767 ORO BLANCO DR COLORADO SPRINGS , CO 80917

License ID: 0856688

EXISTING SIMILAR LICENSES WITHIN BOUNDARY AREA

Business d/b/a Business Address License Type

1) SLICE420 3725 ORO BLANCO DR Hotel and Restaurant 538.30 ft

Date Prepared: 6/27/2024 2:36 PM