

**CITY OF ARVADA**

**REGULAR MEETING**

**AGENDA  
LOCAL LIQUOR LICENSING AUTHORITY  
OCTOBER 28, 2024  
10:00 A.M.**

To participate please contact Sarah Walters via email or phone by 5:00pm on the Thursday prior to the meeting. [swalters@arvada.org](mailto:swalters@arvada.org) (720)898-7544

1. CALL TO ORDER
2. OLD BUSINESS – None
3. NEW BUSINESS – None
4. PUBLIC HEARING
  - A. Application for the Hotel and Restaurant Liquor License of Blue Agave Corp.  
d/b/a Blue Agave Corp., at 18168 West 92<sup>nd</sup> Lane
5. OTHER AUTHORITY ITEMS – None
6. STUDY SESSION – None
10. REPORT FROM CITY ATTORNEY’S OFFICE
11. REPORT FROM CITY CLERK’S OFFICE
12. REPORT FROM POLICE DEPARTMENT
13. ADJOURNMENT

**CITY OF ARVADA  
LOCAL LIQUOR LICENSING AUTHORITY**

**AGENDA NO. 4.A.  
DATE: October 28, 2024**

Application for the Hotel and Restaurant Liquor License of Blue Agave Corp. d/b/a Blue Agave Corp. located at 18168 West 92<sup>nd</sup> Lane, Unit 300

**Initiated By:** Blue Agave Corp.

**Action Proposed:** Public Hearing

**Presented by:** Representative of applicant WILL be present.

**Comments:**

Attached are copies of the state application form, clearance memo from the Licensing Investigator, clerk's investigative report and a drawing of the proposed premises. Also attached are the findings of fact approval/denial forms.

The boundary delineation approved by the Authority is as follows:

On the North by the centerline of West 95th Avenue and extensions thereof  
On the East by the centerline of Indiana Street and extensions thereof  
On the South by the centerline of West 82nd Avenue and extensions thereof  
On the West by the centerline of State Hwy 93 and extensions thereof

The Applicant was sent a copy of the City Clerk's Investigative Report dated October 4, 2024.

All legal requirements have been met.

IF THE AUTHORITY ADOPTS FINDINGS OF FACT, PLEASE READ THE FINDINGS IN FULL.

IF THE AUTHORITY DOES NOT ADOPT FINDINGS AT THE CONCLUSION OF THE PUBLIC HEARING, THE FOLLOWING MOTION SHOULD BE MADE.

**Suggested Motion:**

Moved by:

The Application for the Hotel and Restaurant Liquor License of Blue Agave Corp. d/b/a Blue Agave Corp., located at 18168 west 92<sup>nd</sup> Lane, Unit 300, be taken under advisement until the next Regular Meeting of the Liquor Licensing Authority on Monday, November 11, 2024.

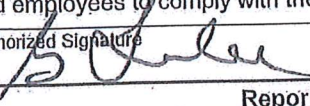
## Colorado Liquor Retail License Application

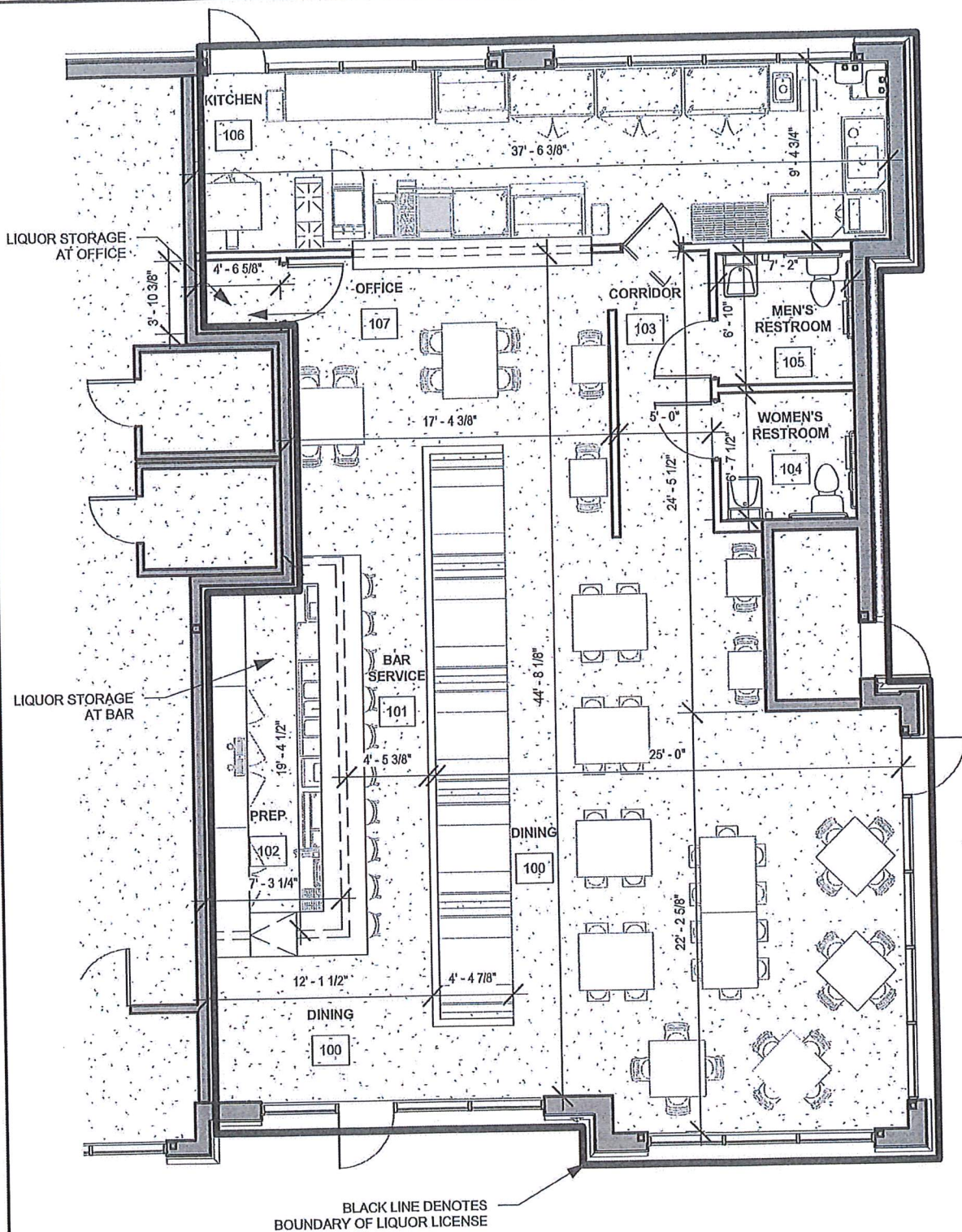
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <input checked="" type="checkbox"/> New License <input checked="" type="checkbox"/> New-Concurrent <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> State Property Only <input type="checkbox"/> Master file                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |
| • All answers must be printed in black ink or typewritten<br>• Applicant must check the appropriate box(es)<br>• Applicant should obtain a copy of the Colorado Liquor and Beer Code: <a href="http://SBG.Colorado.gov/Liquor">SBG.Colorado.gov/Liquor</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |
| 1. Applicant is applying as a/an <input type="checkbox"/> Individual <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Association or Other<br><input checked="" type="checkbox"/> Corporation <input type="checkbox"/> 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<br><b>AGAVE BLUE CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FEIN Number                               |
| 2a. Trade Name of Establishment (DBA)<br><b>AGAVE BLUE CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            | State Sales Tax Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Business Telephone<br><b>720-557-1601</b> |
| 3. Address of Premises (specify exact location of premises, include suite/unit numbers)<br><b>18168 W. 98th LN UNIT 300</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |
| City<br><b>ARVADA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | County<br><b>JEFFCO</b>                    | State<br><b>CO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ZIP Code<br><b>80007</b>                  |
| 4. Mailing Address (Number and Street)<br><b>ARVADA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            | State<br><b>CO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ZIP Code<br><b>80007</b>                  |
| 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)<br><b>N/A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Present State License Number<br><b>N/A</b> | Present Class of License<br><b>N/A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Present Expiration Date<br><b>N/A</b>     |
| <b>Section A                      Nonrefundable Application Fees*</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            | <b>Section B (Cont.)                      Liquor License Fees*</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |
| <input checked="" type="checkbox"/> Application Fee for New License.....\$1,100.00<br><input checked="" type="checkbox"/> Application Fee for New License w/Concurrent Review.....\$1,200.00<br><input type="checkbox"/> Application Fee for Transfer.....\$1,100.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            | <input type="checkbox"/> Liquor-Licensed Drugstore (County).....\$312.50<br><input type="checkbox"/> Lodging & Entertainment - L&E (City).....\$500.00<br><input type="checkbox"/> Lodging & Entertainment - L&E (County).....\$500.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |
| <b>Section B                      Liquor License Fees*</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            | <input type="checkbox"/> Manager Registration - H & R.....\$30.00<br><input type="checkbox"/> Manager Registration - Tavern.....\$30.00<br><input type="checkbox"/> Manager Registration - Lodging & Entertainment.....\$30.00<br><input type="checkbox"/> Manager Registration - Campus Liquor Complex.....\$30.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |
| <input type="checkbox"/> Add Optional Premises to H & R.....\$100.00 X _____ Total _____<br><input type="checkbox"/> Add Related Facility to Resort Complex \$75.00 X _____ Total _____<br><input type="checkbox"/> Add Sidewalk Service Area.....\$75.00<br><input type="checkbox"/> Arts License (City).....\$308.75<br><input type="checkbox"/> Arts License (County).....\$308.75<br><input type="checkbox"/> Beer and Wine License (City).....\$351.25<br><input type="checkbox"/> Beer and Wine License (County).....\$436.25<br><input type="checkbox"/> Brew Pub License (City).....\$750.00<br><input type="checkbox"/> Brew Pub License (County).....\$750.00<br><input type="checkbox"/> Campus Liquor Complex (City).....\$500.00<br><input type="checkbox"/> Campus Liquor Complex (County).....\$500.00<br><input type="checkbox"/> Campus Liquor Complex (State).....\$500.00<br><input type="checkbox"/> Club License (City).....\$308.75<br><input type="checkbox"/> Club License (County).....\$308.75<br><input type="checkbox"/> Distillery Pub License (City).....\$750.00<br><input type="checkbox"/> Distillery Pub License (County).....\$750.00<br><input checked="" type="checkbox"/> Hotel and Restaurant License (City).....\$500.00<br><input type="checkbox"/> Hotel and Restaurant License (County).....\$500.00<br><input type="checkbox"/> Hotel and Restaurant License w/one opt premises (City).....\$600.00<br><input type="checkbox"/> Hotel and Restaurant License w/one opt premises (County).....\$600.00<br><input type="checkbox"/> Liquor-Licensed Drugstore (City).....\$227.50 |                                            | <input type="checkbox"/> Racetrack License (City).....\$500.00<br><input type="checkbox"/> Racetrack License (County).....\$500.00<br><input type="checkbox"/> Resort Complex License (City).....\$500.00<br><input type="checkbox"/> Resort Complex License (County).....\$500.00<br><input type="checkbox"/> Related Facility - Campus Liquor Complex (City).....\$160.00<br><input type="checkbox"/> Related Facility - Campus Liquor Complex (County).....\$160.00<br><input type="checkbox"/> Related Facility - Campus Liquor Complex (State).....\$160.00<br><input type="checkbox"/> Retail Gaming Tavern License (City).....\$500.00<br><input type="checkbox"/> Retail Gaming Tavern License (County).....\$500.00<br><input type="checkbox"/> Retail Liquor Store License-Additional (City).....\$227.50<br><input type="checkbox"/> Retail Liquor Store License-Additional (County).....\$312.50<br><input type="checkbox"/> Retail Liquor Store (City).....\$227.50<br><input type="checkbox"/> Retail Liquor Store (County).....\$312.50<br><input type="checkbox"/> Tavern License (City).....\$500.00<br><input type="checkbox"/> Tavern License (County).....\$500.00<br><input type="checkbox"/> Vintners Restaurant License (City).....\$750.00<br><input type="checkbox"/> Vintners Restaurant License (County).....\$750.00 |                                           |
| * Note that the Division will not accept cash                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |
| Questions? Visit: <a href="http://SBG.Colorado.gov/Liquor">SBG.Colorado.gov/Liquor</a> for more information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |
| Do not write in this space - For Department of Revenue use only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |
| <b>Liability Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |
| License Account Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Liability Date                             | License Issued Through (Expiration Date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Total \$                                  |

| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                | Type of License<br><b>Liquor</b> | 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"/>        |             |                     |
| 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"/>        |             |                     |
| 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 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<br><b>ZD INVESTMENTS LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                               | Tenant<br><b>AGAVE BLUE CORP</b> | Expires<br><b>7/2028</b>                                            |             |                     |
| 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<br><b>N/A</b>                                                                                                                                                                                                                                                                                                                                                                                                                             | First Name                       | Date of Birth                                                       | FEIN or SSN | Interest/Percentage |
| Last Name<br><b>N/A</b>                                                                                                                                                                                                                                                                                                                                                                                                                             | 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:                                                                                                                                                                                                                                                                                                                                                                      |                                  | <input type="checkbox"/> <input checked="" type="checkbox"/>        |             |                     |
| Has a local ordinance or resolution authorizing optional premises been adopted?                                                                                                                                                                                                                                                                                                                                                                     |                                  |                                                                     |             |                     |
| Number of additional Optional Premise areas requested. (See license fee chart)                                                                                                                                                                                                                                                                                                                                                                      |                                  |                                                                     |             |                     |
| 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.                                                                                                                      |                                  |                                                                     |             |                     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                     |                          |                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------|--------------------------|---------------------|
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Type of License<br><b>Liquor</b>    | Account Number                                                      |                          |                     |
| 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?<br>If "yes" a copy of license must be attached.                                                                                                                                                                                                                                                                                                                                                                        |                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                          |                     |
| 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"/> Yes <input checked="" type="checkbox"/> No |                          |                     |
| 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"/> Yes <input checked="" type="checkbox"/> No |                          |                     |
| 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"/> Yes <input checked="" type="checkbox"/> No |                          |                     |
| 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)                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                          |                     |
| 22. Campus Liquor Complex applicants answer the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                     |                          |                     |
| a. Is the applicant an institution of higher education?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                          |                     |
| b. Is the applicant a person who contracts with the institution of higher education to provide food services?<br>If "yes" please provide a copy of the contract with the institution of higher education to provide food services.                                                                                                                                                                                                                                                                                                      |                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                          |                     |
| 23. For all on-premises applicants.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                     |                          |                     |
| a. For all Liquor Licensed Drugstores (LLDS) the Permitted Manager must also submit an Manager Permit Application - DR 8000 and fingerprints.                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                     |                          |                     |
| Last Name of Manager<br><b>N/A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | First Name of Manager<br><b>N/A</b> |                                                                     |                          |                     |
| 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.                                                                                                                                                                                                                                                                                                                               |                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                          |                     |
| 25. Related Facility - Campus Liquor Complex applicants answer the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                     |                          |                     |
| a. Is the related facility located within the boundaries of the Campus Liquor Complex?<br>If yes, please provide a map of the geographical location within the Campus Liquor Complex.<br>If no, this license type is not available for issues outside the geographical location of the Campus Liquor Complex.                                                                                                                                                                                                                           |                                     |                                                                     |                          |                     |
| b. Designated Manager for Related Facility- Campus Liquor Complex                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                     |                          |                     |
| Last Name of Manager<br><b>N</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | First Name of Manager               |                                                                     |                          |                     |
| 26. Tax Information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                          |                     |
| 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?                                                                                                                                                                     |                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                          |                     |
| 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.?                                                                                                                                                                                                                                        |                                     |                                                                     |                          |                     |
| * 27. If applicant is a corporation, partnership, association or limited liability company, applicant must list all <b>Officers, Directors, General Partners, and Managing Members</b> . 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<br><b>Nancy Troche</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Home Address, City & State          | DOB                                                                 | Position<br><b>owner</b> | %Owned<br><b>50</b> |
| Name<br><b>George Troche</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Home Address, City & State          | DOB                                                                 | Position<br><b>owner</b> | %Owned<br><b>50</b> |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Home Address, City & State          | DOB                                                                 | Position                 | %Owned              |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Home Address, City & State          | DOB                                                                 | Position                 | %Owned              |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Home Address, City & State          | DOB                                                                 | Position                 | %Owned              |

DR 8404 (07/01/22)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                               |     |    |                          |                                     |                          |                                     |                          |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Type of License<br><b>Liquor</b>                                                                                   | Account Number                                                                                                                                                                                                                                                                                                                                |     |    |                          |                                     |                          |                                     |                          |                                     |
| <p>** If applicant is owned 100% by a parent company, please list the designated principal officer on above.</p> <p>** Corporations - the President, Vice-President, Secretary and Treasurer must be accounted for above (Include ownership percentage if applicable)</p> <p>** If total ownership percentage disclosed here does not total 100%, applicant must check this box:</p> <p><input 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.</p>                                                                                                                                                                                                                                                                                                               |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                               |     |    |                          |                                     |                          |                                     |                          |                                     |
| <p align="center"><b>Oath Of Applicant</b></p> <p>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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                               |     |    |                          |                                     |                          |                                     |                          |                                     |
| Authorized Signature<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Printed Name and Title<br><b>GEORGE L TROCHE (owner)</b>                                                           | Date<br><b>12/24/23</b>                                                                                                                                                                                                                                                                                                                       |     |    |                          |                                     |                          |                                     |                          |                                     |
| <p align="center"><b>Report and Approval of Local Licensing Authority (City/County)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                               |     |    |                          |                                     |                          |                                     |                          |                                     |
| Date application filed with local authority                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Date of local authority hearing (for new license applicants; cannot be less than 30 days from date of application) |                                                                                                                                                                                                                                                                                                                                               |     |    |                          |                                     |                          |                                     |                          |                                     |
| <p>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:</p> <p><input type="checkbox"/> Fingerprinted</p> <p><input type="checkbox"/> Subject to background investigation, including NCIC/CCIC check for outstanding warrants</p> <p>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</p> <p>(Check One)</p> <p><input type="checkbox"/> Date of inspection or anticipated date _____</p> <p><input type="checkbox"/> Will conduct inspection upon approval of state licensing authority</p>                                                                                                                                                                 |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                               |     |    |                          |                                     |                          |                                     |                          |                                     |
| <p><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 &gt; 10,000?</p> <p><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 &lt; 10,000?</p> <p><b>NOTE:</b> 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.</p> <p><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?</p> |                                                                                                                    | <table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table> | Yes | No | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | No                                                                                                                 |                                                                                                                                                                                                                                                                                                                                               |     |    |                          |                                     |                          |                                     |                          |                                     |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/>                                                                                |                                                                                                                                                                                                                                                                                                                                               |     |    |                          |                                     |                          |                                     |                          |                                     |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/>                                                                                |                                                                                                                                                                                                                                                                                                                                               |     |    |                          |                                     |                          |                                     |                          |                                     |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/>                                                                                |                                                                                                                                                                                                                                                                                                                                               |     |    |                          |                                     |                          |                                     |                          |                                     |
| <p>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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                               |     |    |                          |                                     |                          |                                     |                          |                                     |
| Local Licensing Authority for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Telephone Number                                                                                                   | <input type="checkbox"/> Town, City<br><input type="checkbox"/> County                                                                                                                                                                                                                                                                        |     |    |                          |                                     |                          |                                     |                          |                                     |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Print                                                                                                              | Title                                                                                                                                                                                                                                                                                                                                         |     |    |                          |                                     |                          |                                     |                          |                                     |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Print                                                                                                              | Title                                                                                                                                                                                                                                                                                                                                         |     |    |                          |                                     |                          |                                     |                          |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                    | Date                                                                                                                                                                                                                                                                                                                                          |     |    |                          |                                     |                          |                                     |                          |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                    | Date                                                                                                                                                                                                                                                                                                                                          |     |    |                          |                                     |                          |                                     |                          |                                     |



1 FLOOR PLAN  
AX-2 1/8" = 1'-0"

AGAVE BLUE

**track**  
ARCHITECTURE

DRAWING REFERENCE:

DATE: 09/27/2023

ITEM REFERENCE:

PROJECT #: 2023.024

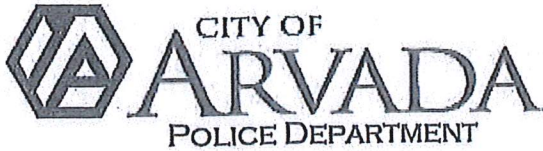
DRAWN BY: ZH

ARCHITECTURAL

SHEET:

**AX-2**

© 2023 Track Architecture



## LIQUOR INVESTIGATION REPORT

**Date:** October 1, 2024

**To:** Liquor Licensing Authority

**From:** Scott Whetstone, Liquor License Investigator 

**Subject:** Application for a new Hotel and Restaurant Liquor License  
for Agave Blue Corporation, LLC  
d/b/a Agave Blue, 18168 W 92<sup>nd</sup> Lane, Unit 300, Arvada CO 80007

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### NEW CORPORATE APPLICANT

Agave Blue, Corporation has applied for a Hotel and Restaurant liquor license for a new restaurant, Agave Blue. Because this is a new application rather than a transfer, no temporary permit could be issued to allow them to sell and serve alcohol while the license application is pending. Nancy and George Troche are equal owners of Agave Blue Corporation. Agave Blue corporation is a Colorado Corporation formed and registered on July 8<sup>th</sup>, 2023. Agave Blue Corp is listed as *Noncompliant* as of 10/01/2024 for failure to file Periodic Report. Agave Blue Corp. will become delinquent on 11/30/2024.

### CHARACTER AND REPUTATION

Nancy Troche is over the age of 21. Mrs. Troche was born in Brooklyn, NY and currently resides in Arvada. Mrs. Troche holds a valid Colorado driver's license. A copy of Mrs. Troche's fingerprints were submitted for comparison with the Colorado and national databases of previous arrests. No undisclosed arrests were found. She is not the subject of any felony or misdemeanor arrest warrants in Colorado or extraditable warrants in other states.

George Troche is over the age of 21. Mr. Troche was born in Brooklyn, NY and currently resides in Arvada. Mr. Troche holds a valid Colorado driver's license. A copy of Mr. Troche's fingerprints were submitted for comparison with the Colorado and national databases of previous arrests. No convictions were found. Mr. Troche is not the subject of any felony or misdemeanor arrest warrants in Colorado or extraditable warrants in other states.

The search of Nation Data bases did not find any undisclosed convictions, however searching local data bases did find some summonses and cases that bear mentioning. First, in 2011 (2011R1226 – Arapahoe County), Mr. Troche received a summons for plates expires on his vehicle. In July of 2024 (AR24011658 – Arvada) Mr. Troche again received a summons for plates expired on his vehicle. Lastly, in 2017, Nancy and George Troche were the subject of a Fraud case (AR17001305 – Arvada). A fraudulent purchase was

made; no charges were issued after good payment was received. See AR17001305 for details.

### **PREVIOUS VIOLATION HISTORY**

Agave Blue will be the first restaurant owned and operated by George and Nancy Troche.

### **LIQUOR EDUCATION / EXPERIENCE**

Mr. Troche stated on his affidavit of liquor training and experience form that "I plan to train myself and Christian Martinez." Mr. Troche lists no previous liquor training or experience. Mr. Troche has not verified formal alcohol training for himself or Mr. Martinez as of the writing of this report.

### **SOURCE OF FUNDS**

Approximately \$84,146.00 will be invested into the opening of Agave Blue. The funds are coming from the business checking account for Nancy Troche and two personal loans in the amount of \$15,000 each. All funds have been verified.

### **FOOD REQUIREMENTS**

Establishments holding a Hotel and Restaurant liquor license must derive at least 25% of their gross income from the sale of food. Agave Blue serves a variety of Mexican style dishes to include appetizers, entrees and desserts. A copy of a few pages of the menu are attached as *Exhibit A*.

### **PROHIBITED LIQUOR INTERESTS**

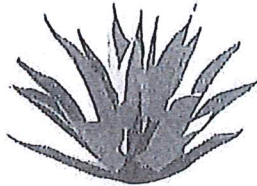
Companies can hold multiple Hotel and Restaurant liquor licenses, but each restaurant must have a separate and distinct manager. The liquor license application for Agave Blue does not have a manager listed. I contacted Mr. Troche via email on September 12<sup>th</sup> with regards to who was going to be the registered manager for this Agave Blue location. Mr. Troche responded to my email on September 15<sup>th</sup> and requested that he be listed as the registered manager. The Department of Revenue will verify Mr. Troche is not the registered manager for any other Colorado liquor licenses before issuing a license.

### **PROOF OF POSSESSION**

Agave Blue Corporation entered into a lease agreement with ZD Investments, LLC to lease the restaurant space, located at 18168 W 92<sup>nd</sup> Lane Unit 300, Arvada CO, 80007, for a period of five years. The permitted use expressly states that full-service alcohol at a Mexican food restaurant is allowed. The commencement date of the lease is 180 days from the execution of the lease (July 26<sup>th</sup>, 2023) or date of restaurant opening.

### **SALES TAX**

Agave Blue has applied for and received a City of Arvada Business license and a state sales tax number.



## **AGAVE BLUE**

### **New Cantina Cuisine**

**Because Agave Is More Than Tequila!**



### **MOLCAJETES**

#### **GUACAMOLE**

**Mercado**, heirloom tomatoes, fresh lime, chile toreado VG \$

**Chunky**, salsa verde fresca, panela cheese, cilantro, scallion, jalapeño V \$

**Arvada**, strawberries, cranberries, goat cheese, spiced pepitas, V \$

#### **CEVICHE**

**Jicama & Pineapple**, cucumber, orange, fresno pepper, spicy penuts VG \$

**Maracuya**, mahi mahi, passion fruit boba, mango, chili lime sorber, tajin S \$

**Aguachile Verde**, ahí tuna, cucumber-jalapeno sauce, avocado S \$

### **DE ENTRADA**

**Chile Relleno Sampler**, four roasted sweet peppers filled with vegan nogada, bacon fundido, beef picadillo and lamb birria accompanied with home-made tortillas \$

**Mushroom Fundido**, home-made corn tortillas, epazote, poblano rajas, molcajete salsas \$

**Cantina Nachos**, asada steak, charro beans, chihuahua cheese, crema fresca, salsa ranchera, pico de gallo, pickled chilis \$

**Cobb Salad Tostada**, romaine hearts, haricot vert, roasted corn, heirloom tomatoes, avocado, turkey bacon, panela cheese, soft boiled egg, chipotle blue cheese dressing

Add: grilled chicken \$      grilled steak \$      pan-seared salmon \$

### **TACO + TACO + SALSA**

**Asada Ribeye**, beer marinade, shishito toreado \$

**Chicken Al Pastor**, fajitas mix, pineapple \$

**Baja Cauliflower**, beer batter, cucumber slaw \$

**The Birria Dip**, slow braised lamb, cheese crust, ancho chili au jus \$

**Agave Taquiza** \$

Dive into a fiesta of flavor with our 6 mouthwatering tacos selection! each one bursting with savory fillings and accompanied with our Salsera platter with grilled onion, pico de gallo, fresh toppings and our signature molcajete Salsas.

Perfect for sharing and guaranteed to satisfy your taco cravings in every bite.

### **DE LA CASA**

**Enchiladas**, tomatillo-morita salsa, avocado salad, horse radish crema, cotija cheese \$

Choose: melted cheese \$      shredded chicken \$      agave leaf braised lamb \$

**Grilled Adobado Salmon**, sweet corn esquites, ancho citrus aioli, cotija cheese, charred lemon \$

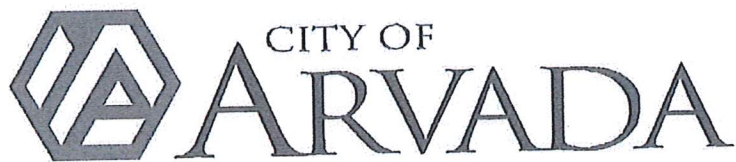
**Vegan Chile En Nogada**, cauliflower filling, apricots, golden raisins, sweet plantain, sun dry apples, almonds, pomegranate, walnut-cherry liquor creamy sauce \$

**Arrachera Tampiqueña**, 10 oz grilled skirt steak, sweet corn tamal, cheese enchilada, charro beans, fried plantains, guacamole \$

### **Fajitas**

Savor the sizzle of our Mexican Fajitas! Grilled, marinated meats mingle with sautéed peppers and onions, all brought to your table on a sizzling skillet. Build your own masterpiece by wrapping these flavorful ingredients in warm home-made tortillas or lettuce wrap, accompanied by rice, beans and salsa picante.

Choose: Chicken \$      Steak \$      Salmon \$      Mixta's \$



OFFICE OF THE CITY CLERK  
FACSIMILE: 720-898-7515 ▲ TDD: 720-898-7869  
PHONE: 720-898-7550

October 4, 2024

Agave Blue Corp.  
d/b/a Agave Blue Corp.  
18168 West 92<sup>nd</sup> Lane Unit 300  
Arvada, CO 80007

SUBJECT: RESULTS OF INVESTIGATION OF THE APPLICATION FOR THE HOTEL  
AND RESTAURANT LIQUOR LICENSE OF AGAVE BLUE CORP. D/B/A  
AGAVE BLUE CORP. LOCATED AT 18168 WEST 92<sup>ND</sup> LANE UNIT 300

Dear Applicant:

Requirements of the Colorado Liquor Code and Chapter 6 of the Code of the City of Arvada, Colorado, have been followed in the investigation of the above applicant, and the findings are as follows:

1. No application has been denied at the proposed location within two years prior to the application date; said date being July 28, 2024.
2. The applicant is holding a Lease. The official file contains a copy of the Lease.
3. The property is zoned CG (Commercial, General). The Zoning, Fire and Building Codes of the City of Arvada allow this type of license in the assigned zoning classification.
4. The official file contains an investigative report dated October 1, 2024, from the Licensing Investigator.
5. The boundary delineation set by the Authority is as follows:

On the North by the centerline of West 95<sup>th</sup> Place and extensions thereof  
On the East by the centerline of Indiana Street and extensions thereof  
On the South by the centerline of West 82<sup>nd</sup> Avenue and extensions thereof  
On the West by the centerline of State Hwy 93 and extensions thereof

6. The drawing of the building is included in the official file.

7. Notice of hearing was published in the Jeffco Transcript and the City of Arvada Legal Notices Web Site on October 3, 2024; a copy of the publication is in the official file.
8. The premise was posted September 6, 2024; the Licensing Investigator photographed the posted notice, and the photographs are in the official file.
9. Currently there is one similarly licensed outlet located within the designated boundary of the proposed location: Freedom Street Social, 15177 Candelas Parkway.
10. The required fees have been paid.

Sincerely,

Sarah Walters  
Deputy City Clerk

# APPROVAL FORM

## Page 1

### APPROVAL

PROPOSED FINDINGS OF FACT  
REGARDING THE APPLICATION OF THE  
HOTEL AND RESTAURANT LICENSE OF  
BLUE AGAVE CORP.  
D/B/A BLUE AGAVE CORP.  
18168 WEST 92<sup>ND</sup> LANE, UNIT 300

A public hearing on the Application for a Hotel and Restaurant Liquor License of Blue Agave Corp. d/b/a Blue Agave Corp. located at 18168 West 92<sup>nd</sup> Lane, Unit 300, was held on Monday October 28, 2024, before the Arvada Liquor Licensing Authority (hereinafter "Authority"). After considering all the evidence presented at said public hearing, reviewing the exhibits, petitions, remonstrances, and considering all of the facts presented, the Authority adopts the following Findings of Fact:

1. The neighborhood to be served by the requested license is that area surrounded by the following:

On the North by the centerline of West 95<sup>th</sup> Avenue and extensions thereof  
On the East by the centerline of Indiana Street and extensions thereof  
On the South by the centerline of West 82<sup>nd</sup> Avenue and extensions thereof  
On the West by the centerline of State Hwy 93 and extensions thereof

2. The City Clerk's Results of Investigation dated October 4, 2024, are incorporated herein and made a part hereof.
3. (Representatives of the applicant) (Representatives of the applicant and \_\_\_\_\_ other persons) testified as to the character and reputation of the individuals involved in the application and plans for operation of the proposed outlet.
4. The Authority finds there is one similarly licensed outlet presently existing within the applicant's delineated boundary.
5. The applicant submitted petitions containing the signatures of approximately 110 persons, none of which were deleted. Based on the needs and desires of the petition signers, 107 support the issuance of the proposed license and three oppose it. Petition signers, according to the testimony of the circulators, support the issuance of the proposed liquor license.
6. (No persons, other than representatives of the applicant) (Representatives of the applicant and \_\_\_\_\_ other persons) testified in support of the proposed license regarding the needs and desires of the neighborhood.

# APPROVAL FORM

## Page 2

7. The Authority finds the applicant's file is complete.
8. City Zoning permits the use of the subject property for the proposed outlet.
9. No petitions in opposition were received and (no) (\_\_\_\_) person(s) spoke in opposition. The Authority finds there has been an adequate showing the present outlets in and near the neighborhood are not meeting the reasonable requirements thereof.
10. The Authority has considered all the evidence coming before the Authority at the public hearing and finds the evidence does establish conclusively:
  - A. The reasonable requirements of the neighborhood are not presently being met.
  - B. The desires of the inhabitants of the neighborhood are consistent with these Findings and the granting of the application.
  - C. The character, record and reputation of the individuals involved in the application are satisfactory.

I order the foregoing Findings of Fact be Adopted and the Application for the Hotel and Restaurant Liquor License of Blue Agave Corp. d/b/a Blue Agave Corp., located at 18168 West 92<sup>nd</sup> Lane, Unit 300, be Approved.

Approved with the Condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# DENIAL FORM

## Page 1

### DENIAL

PROPOSED FINDINGS OF FACT  
REGARDING THE APPLICATION OF THE  
HOTEL AND RESTAURANT LICENSE OF  
BLUE AGAVE CORP.  
D/B/A BLUE AGAVE CORP.  
18168 WEST 92<sup>ND</sup> LANE, UNIT 300

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On the South by the centerline of West 82<sup>nd</sup> Avenue and extensions thereof  
On the West by the centerline of State Hwy 93 and extensions thereof
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## DENIAL FORM

### Page 2

7. The Authority finds the applicant's file is complete.
8. City Zoning permits the use of the subject property for the proposed outlet.
9. No petitions in opposition were received and (no) (\_\_\_\_) person(s) spoke in opposition. The Authority finds there has been an adequate showing the present outlets in and near the neighborhood are not meeting the reasonable requirements thereof.
10. The Authority has considered all the evidence coming before the Authority at the public hearing and finds the evidence does establish conclusively:
  - A. The reasonable requirements of the neighborhood are not presently being met.
  - B. The desires of the inhabitants of the neighborhood are consistent with these Findings and the granting of the application.
  - C. The character, record and reputation of the individuals involved in the application are satisfactory.

I order the foregoing Findings of Fact be Adopted and the Application for the Hotel and Restaurant Liquor License of Blue Agave Corp. d/b/a Blue Agave Corp., located at 18168 West 92<sup>nd</sup> Lane, Unit 300, be Denied.