DR 8404 (05/29/25)
COLORADO DEPARTMENT OF REVENUE
LIQUO Enforcement Division
PO 80X 17087
Denver CO 80217-0087
(303) 205-2300

Colorado Liquor Retail License Application

| * Note that the Division wil | ll not accept cash | Paid by Check | Date U | ploaded to Movelt |
|---|---------------------------|--|------------|-------------------------------|
| | | Paid Online | | |
| ☐ New License ☑ New-Co | oncurrent 🔲 Trans | | State F | Property Only Master file |
| All answers must be price. Applicant must check the | | | | |
| Applicant should obtain a | a copy of the Colo | rado Liquor and Bee | r Code | : SBG.Colorado.gov/Liquor |
| Applicant is applying as alan | Individual | Limited Liability Co | mpany | Association or Other |
| | Corporation | Partnership (include or Partner in a Civ | | ted Liability and Spouse |
| Applicant Name If an LLC, name | of LLC; if partnership, | at least 2 partner's name | es; if con | poration, name of corporation |
| TACOS EL REY LLC | | | | |
| FEIN Number | | | | State Sales Tax Number |
| | | | | |
| Trade Name of Establishment (DE | 3A) | | | Business Telephone |
| TACOS EL REY#2 | | | | 720-327-5599 |
| Address of Premises (specify exact I | location of premises, inc | dude suite/unit numbers) | | |
| 3336 ARAPAHOE RD, UNIT D | | | | |
| City | County | | State | ZIP Code |
| ERIE | BOULDER | COUNTY | co | 80516 |
| Malling Address (Number and Street | () | | | |
| 3336 ARAPAHOE RD, UNIT D | | | | |
| City or Town | | | State | ZIP Code |
| ERIE | | | co | 80516 |
| Email Address | | | | |
| | | | | |
| If the premises currently has | | ense, you must answ | er the 1 | following questions. |
| Present Trade Name of Establishm | ient (DBA) | | | |
| N/A | | | | |
| Present State License Number | Present Class | of License | Prese | nt Expiration Date |
| | - [] | | | |

Section A Nonrefundable application fees* Application Fee for New License with Concurrent Review......\$1,200.00 Application Fee for Transfer......\$1,100.00 Section B Liquor License Fees* Add Optional Premises to H & R.....\$100.00 X Total Add Sidewalk Service Area.....\$75.00 Arts License (City)......\$308.75 Arts License (County).......\$308.75 Beer and Wine License (City).....\$351.25 Beer and Wine License (County)......\$436.25 Brew Pub License (County).........\$750.00 Campus Liquor Complex (City).....\$500.00 Campus Liquor Complex (State).....\$500,00 Club License (City)......\$308.75 Club License (County).......\$308.75 Distillery Pub License (City)......\$750,00 Distillery Pub License (County)......\$750,00 Entertainment Facility License (City).....\$500.00 Entertainment Facility License (County)......\$500.00 Hotel and Restaurant License (City).....\$500.00 Hotel and Restaurant License with one optional premises (City)......\$600.00 Liquor-Licensed Drugstore (City).....\$227.50 Liquor-Licensed Drugstore (County)......\$312.50

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| | Section B Liquor License Fees" (Continued) |
|-------|---|
| | Manager Registration - H & R |
| | Manager Registration - Tavern\$30.00 |
| | Manager Registration - Lodging & Entertainment\$30.00 |
| | Manager Registration - Campus Liquor Complex |
| | Optional Premises License (City)\$500.00 |
| | Optional Premises License (County)\$500.00 |
| | Racetrack License (City) |
| | Racetrack License (County)\$500.00 |
| | Resort Complex License (City)\$500.00 |
| | Resort Complex License (County)\$500.00 |
| | Related Facility - Campus Liquor Complex (City)\$160.00 |
| | Related Facility - Campus Liquor Complex (County) |
| | Related Facility - Campus Liquor Complex (State) |
| | Retail Gaming Tavern License (City)\$500.00 |
| | Retall Gaming Tavern License (County) |
| | Retail Liquor Store License - Additional (City) |
| | Retail Liquor Store License - Additional (County)\$312.50 |
| | Retail Liquor Store (City) |
| | Retail Liquor Store (County)\$312,50 |
| | Tavern License (City)\$500.00 |
| | Tavern License (County)\$500.00 |
| | Vintners Restaurant License (City)\$750.00 |
| | Vintners Restaurant License (County)\$750.00 |
| | Questions? Visit: SBG.Colorado.gov/Liquor for more information |
| | Do not write in this space - For Department of Revenue use only |
| | Liability Information |
| Lice | nse Account Number Liability Date |
| | |
| Lice | nse Issued Through (Expiration Date) Total |
| | \$ |
| DK 64 | 04 (05/29/25) Page 3 of 1 |

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Application Documents Checklist and Worksheet

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

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

| I. | Applicant Information |
|-----|---|
| | Applicant/Licensee identified |
| | State sales tax license number listed or applied for at time of application |
| | License type or other transaction identified |
| | Return originals to local authority (additional items may be required by the local licensing authority) |
| | All sections of the application need to be completed |
| | Master file applicants must include the Application for Master File form DR 8415 and applicable fees to this Retail License Application |
| II. | Diagram of the premises |
| | No larger than 81/2" X 11" |
| | Dimensions included (does not have to be to scale). Exterior areas should show type of control (fences, walls, entry/exit points, etc.) |
| | Separate diagram for each floor (if multiple levels) |
| | Return originals to local authority (additional items may be required by the local licensing authority) |
| | Kitchen - identified If Hotel and Restaurant |
| | Bold/Outlined Licensed Premises |
| Ш. | Proof of property possession (One Year Needed) |
| | Deed in name of the applicant (or) (matching Applicant Name provided on page 1) date stamped / filed with County Clerk |
| | Lease In the name of the applicant (or) (matching Applicant Name provided on page 1) |
| | Lease assignment in the name of the applicant with proper consent from the landlord and acceptance by the applicant |
| | Other agreement if not deed or lease. (matching Applicant Name provided on page 1) |

| IV. | Background information (DR 8404-I) and financial documents | |
|---------|--|-----------|
| | Complete DR 8404-I for each principal (individuals with more than 10% ownership, officers, directors, partners, members) | |
| | Fingerprints taken and submitted to the appropriate Local Licensing Authority through an approved S Vendor. Master File applicants submit results to the State Do not complete fingerprint cards prior to submitting your application. The Vendors are as follows: IdentoGO | ate |
| | Appointment Scheduling Website: https://www.coloradofingerprinting.com/cabs/ Appointment Scheduling Website: https://colorado.gov/sections/blometric-identification-and-records-unit/blom/identification-and-records-unit-faqs State Liquor Code for IdentoGO: 25YQHT Colorado Fingerprinting Appointment Scheduling Website: http://www.coloradofingerprinting.com/cabs/ Phone: 720-292-2722 833-224-2227 (toll free) | etric- |
| | State Liquor Code for Colorado Fingerprinting: C030LIQI | |
| | Purchase agreement, stock transfer agreement, and/or authorization to transfer license | |
| | List of all notes and loans (Copies to also be attached) | |
| V. | Sole proprietor/Spouse or partners in a civil union (if applicable) | |
| | Form DR 4679 Lawful Presence Affidavit | |
| | Copy of State issued Driver's License or Colorado Identification Card for each applicant | |
| VI. | Corporate applicant information (if applicable) | |
| | Certificate of Incorporation | |
| | Certificate of Good Standing | |
| | Certificate of Authorization if foreign corporation (out of state applicants only) | |
| VII. | Partnership applicant information (if applicable) | |
| | Partnership Agreement (general or limited). | |
| | Certificate of Good Standing | |
| VIII. | Limited Liability Company applicant information (if applicable) | |
| | Copy of articles of organization | |
| | Certificate of Good Standing | |
| | Copy of Operating Agreement (if applicable) | |
| | Certificate of Authority if foreign LLC (out of state applicants only) | |
| IX. | Manager registration for Hotel and Restaurant, Tavern, Lodging & Entertainment, Campus Liquor Complex Ilcenses when included with this application | and |
| | S30.00 fee | |
| DR 8404 | if owner is managing, no fee required (05/29/25) | Page 5 of |

| Is the applicant (including any of the partners if a partnership; me managers if a limited liability company; or officers, stockholders of corporation) or managers under the age of twenty-one years? | or directors if a | 0 | Yes | • | No |
|--|--|---|------------------|---------------------|----------|
| 2. Has the applicant (including any of the partners if a partnership; members or maliability company; or officers, stockholders or directors if a corporation) or manage Colorado or any other state): | | | | | ted |
| a. Been denied an alcohol beverage license? | ***** | 0 | Yes | • | No |
| b. Had an alcohol beverage license suspended or revoked? | ***** | 0 | Yes | • | No |
| c. Had interest in another entity that had an alcohol beverage suspended or revoked? | | 0 | Yes | • | No |
| If you answered yes to a, b or c above, explain in detail on a sep | arate sheet. | | | | |
| Has a liquor license application (same license class), that was locat feet of the proposed premises, been denied within the preceding tw | | 0 | Yes | • | No |
| If *yes*, explain in detail. | | | | | |
| Are the premises to be licensed within 500 feet, of any public or that meets compulsory education requirements of Colorado law, campus of any college, university or seminary? Waiver Other | or the principal | _ | Yes or Yes | O | No No |
| | | | | | |
| | | | | | |
| 5. Is your Liquor Licensed Drugstore (LLDS) or Retail Liquor Store 1500 feet of another retail liquor license for off-premises sales in with a population of greater than (>) 10,0000? NOTE: The distandetermined by a radius measurement that begins at the principal LLDS/RLS premises for which the application is being made an principal doorway of the Licensed LLDS/RLS | a jurisdiction ce shall be doorway of the d ends at the | 0 | n/a Yes | | No |

| 6. 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 (<) 10,0000? NOTE: The distance shall be determined by a radius measurement that begins at the principal doorway of the | nla | |
|--|------------|---------|
| LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS | O Yes | O No |
| For additional Retail Liquor Store only. | | |
| a. Was your Retail Liquor Store License issued on or before January 1, 2016? | Yes | O No |
| b. Are you a Colorado resident? | O Yes | O No |
| 7. 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 current financial interest in said business including any loans to or from a licensee. | O Yes | No |
| 8. Does the applicant, as listed on line 2 of this application, have legal possession of the premises by ownership, lease or other arrangement? | Yes | O No |
| Ownership Lease O Other (Explain in detail) | | |
| a. If leased, list name of landlord and tenant, and date of expiration, exactly as the lease: | they app | ear on |
| Landlord Tenant | Expires | |
| STEPHEN D. TEBO dba TEBO PROPERTIES TACOS EL REY LLC | 07/31/202 | 7 |
| b. Is a percentage of alcohol sales included as compensation to the landlord? If yes, complete question on page 9 | O Yes | ● No |
| c. Attach a diagram that designates the area to be licensed in black bold outlind dimensions) which shows the bars, brewery, walls, partitions, entrances, exit room shall be utilized for in this business. This diagram should be no larger to the properties. | ts and wha | at each |

| Who, besides the owners listed corporations, limited liability con equipment to or for use in this b separate sheet if necessary. | npanies) will loai | n or give money, | inventory, furnitu | ure or |
|---|---|--|--|----------------------------|
| Last Name | | First Name | | |
| N/A | | | | |
| Date of Birth (MM/DD/YY) | FEIN or SSN Num | ber | Interest/Percentage | 9 |
| Last Name | | First Name | | |
| | | | | |
| Date of Birth (MM/DD/YY) | FEIN or SSN Num | ber | Interest/Percentage | , |
| | | | | |
| Last Name | | First Name | | |
| | | | | - |
| Date of Birth (MM/DD/YY) | FEIN or SSN Num | per | Interest/Percentage |) |
| | | | | |
| Attach copies of all notes and sec of any oral agreement, by which a liability companies, etc.) will shar any agreement relating to the bus volume, profit, sales, giving of ad 10. Optional Premises or Hotel and R a local ordinance or resolution at | any person (incl re in the profit or siness which is o vice or consulta Restaurant Licens | uding partnershi r gross proceeds contingent or co stion. es with Optional P | ips, corporations of this establis nditional in any remises: Has | ıs, limited shment, and |
| | | | | |
| Number of additional Optional Premise | e areas requested. | . (See license fee c | hart) [| |
| For the addition of a Sidewalk Service service area and documentation rec sidewalk. Documentation may include other legal permissions. | eived from the lo | cal governing bod | ly authorizing us | e of the |
| 11. Liquor Licensed Drugstore (LLD | S) applicants, a | nswer the followir | ng: n/a | |
| a. Is there a pharmacy, license within the applicant's L L D S | d by the Colorad S premise? | o Board of Pharn | nacy, located (| Yes O No |
| If "yes" a copy of license must be | e attached. | | | |

| 12. 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? O Yes O 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? |
| 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? |
| 13. 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) |
| 14. Campus Liquor Complex applicants answer the following: |
| a. Is the applicant an institution of higher education? |
| b. Is the applicant a person who contracts with the institution of higher education to provide food services? |
| If "yes" please provide a copy of the contract with the institution of higher education to provide food services. |
| 15. 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 First Name of Manager |
| HERNANDEZ CERCEDA DAVID |
| 16. 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 |
| Name |
| |
| Type of License Account Number |
| |

| 17. Related Facility - Campus Liquor Complex applicants answer the following: | | | | |
|---|--|--|--|--|
| a. Is the related facility located within the boundaries of the Campus Liquor Complex? O Yes O No | | | | |
| If yes, please provide a map of the geographical location within the Campus Liquor Complex. | | | | |
| If no, this license type is not available for issues outside the geographical location of the Campus Liquor Complex. | | | | |
| b. Designated Manager for Related Facility - Campus Liquor Complex | | | | |
| Last Name of Manager First Name of Manager | | | | |
| n/a n/a | | | | |
| 18. Entertainment Facility License | | | | |
| If Applicant is applying for an Entertainment Facility License, you affirm that your | | | | |
| business model and aligns with the statutory privileges and requirements: Yes O No | | | | |
| Pursuant to 44-3-103(15.5) C.R.S., an Entertainment Facility means an establishment in which the primary business is to provide the public with sports or entertainment activities within its licensed premises; and that, incidental to its primary business, sells and serves alcohol beverages at retail for consumption on the licensed premises; and has sandwiches and light snacks available for consumption on the licensed premises. | | | | |
| If Applicant is applying for a Lodging Facility License, you affirm that your business model and aligns with the statutory privileges and requirements: O Yes O No | | | | |
| Pursuant to 44-3-103(29) C.R.S., a Lodging Facility means an establishment in which the primary business is to provide the public with sleeping rooms and meeting facilities; and that sells and serves alcohol beverages at retail for consumption on the licensed premises; and has sandwiches and light snacks available for consumption on the licensed premises. | | | | |
| 19. Tax Information. | | | | |
| a. Has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or any other person with a 10% or greater financial interest in the applicant, been found in final order of a tax agency to be delinquent in the payment of any state or local taxes, penalties, or interest related to a business? | | | | |
| 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.? | | | | |

If applicant is a corporation, partnership, association or limited liability company, applicant must list all Officers, Directors, General Partners, and Managing Members. In addition, applicant must list any stockholders, partners, or members with ownership of 10% or more in the applicant. All persons listed below must also attach form DR 8404-I (Individual History Record), and make an appointment with an approved State Vendor through their website. See application checklist, Section IV, for details.

| Name | | Date of Birth (MM/DD/YY) |
|-------------------------|----------------|--------------------------|
| DAVID HERNANDEZ CERCEDA | | |
| Street Address | | |
| | | |
| City | State ZIP Code | Position % Owned |
| ERIE | CO 80516 | MANAGER 100.00% |
| Name | | Date of Birth (MM/DD/YY) |
| | • | |
| Street Address | | |
| City | State ZIP Code | Position % Owned |
| | | |
| Name | | Dale of Birth (MM/DD/YY) |
| Street Address | | |
| O'A. | State ZIP Code | Desition (V. O |
| City | State ZIP Code | Position % Owned |
| Name | | Date of Birth (MM/DD/YY) |
| Street Address | | |
| City | State ZIP Code | Position % Owned |
| | | |
| Name | | Date of Birth (MM/DD/YY) |
| Street Address | | |
| City | State ZIP Code | Position % Owned |
| Oity . | Glate ZIP Gode | 76 OWNED |

- ** If applicant is owned 100% by a parent company, please list the designated principal officer on above.
- ** Corporations the President, Vice-President, Secretary and Treasurer must be accounted for above (Include ownership percentage if applicable)

| ** If total ownership percentage disclosed here does not total 100%, applicant must check this box: | | | | | |
|--|-----------------|--|--|--|--|
| 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. | | | | | |
| I would like to apply for a Two-Year Renewal | O Yes | | | | |
| Oath Of Applicant | | | | | |
| I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Colorado Liquor or Beer and Wine Code which affect my license. | | | | | |
| Printed Name | Title | | | | |
| DAVID HERNANDEZ CERCEDA | MEMBER | | | | |
| Authorized Signature / | Date (MM/DD/YY) | | | | |
| X Derial Hernandez Cercoda | 6/24/25 | | | | |

Report and Approval of Local Licensing Authority (City/County) Date application filed with local authority Date of local authority hearing (for new license applicants; cannot be less than 6/30/2025 8/19/2025 30 days from date of application) (Yes O No For Transfer Applications Only - Is the license being transferred valid?..... 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: Fingerprinted Subject to background investigation, including NCIC/CCIC check for outstanding warrants That the local authority has conducted, or intends to conduct, an inspection of the proposed premises to ensure that the applicant is in compliance with and aware of, liquor code provisions affecting their class of license (Check One) O Date of inspection or anticipated date Will conduct inspection upon approval of state licensing authority Is the Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 1,500 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of > 10,0000?..... O Yes O No Is the Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 3,000 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of < 10,0000?..... () Yes () No 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. 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 O Yes O No prior twelve (12) month period?..... The foregoing application has been examined; and the premises, business to be conducted, and

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.

| Report and Approval of Local Licensing Authorit | y (Continued) | | |
|--|---------------------|-----------|---------------|
| Local Licensing Authority approves the Temporary Permit | O | Yes O | Nο |
| Approval Date of the Temporary Permit Expiration Date of the | Temporary Permit | | |
| | | | |
| *If the temporary permit expires or an extension is required, the state liq be notified of the status of the temporary permit. | uor licensing autho | rity shou | ıld |
| **If the temporary permit information is not filled out for the transfer of or Application will not be accepted and processed. | wnership, the Trans | sfer | |
| Local Licensing Authority Approves this license for a two-year renewal. | | Yes O | No |
| If "No", please cite the law, regulation, local ordinance or resolution that authority the ability to deny the applicant and grounds for denial. Also, p investigative reports, and administrative or criminal action that relate or | olease provide any | | |
| Proof of Violation | | | |
| | | | |
| Local Licensing Authority for Telephone Number | | O Town, | |
| Printed Name Titl | le | , | |
| Clareture | u autopoan | | |
| Signature | ite (MM/DD/YY) | | \neg |
| Printed Name Titl | le | | |
| | | | |
| Signature Da | ite (MM/DD/YY) | | $\overline{}$ |

DR 8495 (02/16/24)
COLORADO DEPARTMENT OF REVENUE
LIQUOT Enforcement Division
PO BOX 17087
Denver CO 80217-0087
(303) 205-2300

Tax Check Authorization, Waiver, and Request to Release Information

DAVID HERNANDEZ CERCEDA

am signing this Tax Check Authorization, Waiver and Request to Release Information (hereinafter

"Waiver") on behalf of

(the "Applicant/Licensee")

TACOS EL REY LLC

to permit the Colorado Department of Revenue and any other state or local taxing authority to release information and documentation that may otherwise be confidential, as provided below. If I am signing this Waiver for someone other than myself, including on behalf of a business entity, I certify that I have the authority to execute this Waiver on behalf of the Applicant/Licerisee.

The Executive Director of the Colorado Department of Revenue is the State Licensing Authority, and oversees the Colorado Liquor Enforcement Division as his or her agents, clerks, and employees. The information and documentation obtained pursuant to this Waiver may be used in connection with the Applicant/Licensee's liquor license application and ongoing licensure by the state and local licensing authorities. The Colorado Liquor Code, section 44-3-101, et seq. ("Liquor Code"), and the Colorado Liquor Rules, 1 CCR 203-2 ("Liquor Rules"), require compliance with certain tax obligations, and set forth the investigative, disciplinary and licensure actions the state and local licensing authorities may take for violations of the Liquor Code and Liquor Rules, including failure to meet tax reporting and payment obligations.

The Walver is made pursuant to section 39-21-113(4), C.R.S., and any other law, regulation, resolution or ordinance concerning the confidentiality of tax information, or any document, report or return filed in connection with state or local taxes. This Walver shall be valid until the expiration or revocation of a license, or until both the state and local licensing authorities take final action to approve or deny any application(s) for the renewal of the license, whichever is later. Applicant/Licensee agrees to execute a new waiver for each subsequent licensing period in connection with the renewal of any license, if requested.

By signing below, Applicant/Licensee requests that the Colorado Department of Revenue and any other state or local taxing authority or agency in the possession of tax documents or information, release information and documentation to the Colorado Liquor Enforcement Division, and is duly authorized employees, to act as the Applicant's/Licensee's duly authorized representative under section 39-21-113(4), C.R.S., solely to allow the state and local licensing authorities, and their duly authorized employees, to investigate compliance with the Liquor Code and Liquor Rules. Applicant/Licensee authorizes the state and local licensing authorities, their duly authorized employees, and their legal representatives, to use the information and documentation obtained using this Waiver in any administrative or judicial action regarding the application or license.

| Name (Individual/Business) | | | |
|---|-------------------|-------|--|
| TACOS EL REY LLC | | | ' |
| Social Security Number/Tax Identification Number | Home Phone Number | | Business/Work Phone Number 720-327-5599 |
| Street Address | | | |
| 3336 ARAPAHOE RD, UNIT D | | | |
| City | | State | ZIP Code |
| ERIE | | со | 80516 |
| Printed name of person signing on behalf of the Applicant/ | Licensee | | |
| DAVID HERNADEZ CERCEDA | | | |
| Applicant/Licensee's Signature (Signature authorizing the disclosure of confidential tax information) Date Signed | | | |
| × nevil Hernankz cercada | | | 6/20/25 |
| Privacy Act Statement | | | |
| Providing your Social Security Number is voluntary and no right, benefit or privilege provided by law will be denied as a result of refusal to disclose it. § 7 of Privacy Act, 5 USCS § 552a (note). | | | |