

Liquor License Staff Report

Date: June 25, 2026
To: Douglas County Liquor Licensing Authority
Through: Douglas J. DeBord, County Manager
From: Kati Carter, AICP, Director of Community Development *SK for KCC*
CC: Scott Weeks, Senior Planner
Shanna Austin, Public Outreach and Assistance Manager
Steve Koster, AICP, Deputy Director of Community Development
Subject: **The Magic Manor, Entertainment Facility Liquor License**
Project File: **LL2026-040**

Local Liquor Licensing Authority Hearing: **July 7, 2026 @ 1:30 p.m.**

I. EXECUTIVE SUMMARY

The request is for approval of an Entertainment Facility liquor license for Dream Masterz Productions Inc., dba The Magic Manor.

II. APPLICATION INFORMATION

A. Applicant

Dream Masterz Productions Inc.
5450 Manhart Street
Sedalia, CO 80135

B. Applicant's Representative

Sam Harden
Messner Reeves LLP
1550 Wewatta Street, Suite 710
Denver, Colorado 80202

C. Request

An application for an entertainment facility liquor license was submitted on May 12, 2026. This type of liquor license must comply with Section 44-3-428 of the Colorado Liquor Code. Under an entertainment facility license, alcoholic beverages must be sold for consumption on the premises.

D. Location

The site is located at 5450 Manhart Street, Sedalia, Colorado, in the Sedalia Downtown (D) District.

III. CONTEXT

Development of the site was originally approved with project file SP1988-007 and most recently revised under US2025-009. Entertainment facilities are allowed as part of the approvals. The business hours of alcohol sales will depend on the specific events or shows booked but will generally be between 5 p.m. and 12 a.m. Wednesdays through Sundays. There are 8 full and part-time employees. The premises will be closely monitored by the manager on duty and security cameras, and ServeSafe Training will be completed by all employees.

IV. PUBLIC NOTICE AND INPUT

In accordance with the Colorado Liquor Code, public notice is required to be posted on the site and published in a local newspaper. No public comment, other than the petitions, has been received.

V. STAFF ANALYSIS

An entertainment facility liquor license may be approved upon the finding by the Liquor License Authority that the following standards have been met:

44-3-311(1): Notice was posted and published.

Staff Comment: Notice was posted on May 19, 2026 and published on June 26, 2026.

44-3-413(III)(d)(I): The license meets the requirements of the neighborhood.

Staff Comment: The licensed premises is not within 500 feet of a school or within 500 feet of a premises where, within the past two years, a license has been denied based on lack of needs and desires; or any place in violation of local zoning ordinances.

44-3-301(2)(a): The number of similar liquor establishments in the neighborhood does not adequately provide for the needs of the neighborhood.

Staff Comment: A residential petition and a business petition were conducted on June 1 and June 18, 2026, by Liquor Pros. The purpose of the petitions is to identify the needs and desires of the community. The petitions were performed within a one-mile radius from this location. The eligible contacts that were petitioned signed 100% in support of the license.

44-3-307(3)(a): The licensee is of good moral character.

Staff Comment: Background investigations are complete and show no relevant criminal history.

44-3-301(F)(b): The licensee has legal possession of the premises.

Staff Comment: The applicant has provided the lease showing legal possession of the premises.

US2025-009: The premises is suitable for the requested license.

Staff Comment: The property is zoned as Sedalia Downtown (D) District and a Use by Special Review (US) was approved for the use on January 13, 2026.

VI. STAFF ASSESSMENT

Staff has evaluated the liquor license in accordance with the Colorado Liquor Code. Should the Authority find that the requirements for the new liquor license are met, the following proposed conditions should be considered for inclusion in the motion to approve the license:

1. Prior to issuance of the license, the State of Colorado License shall be approved and provided to Douglas County.
2. Prior to issuance of the license, staff will conduct an inspection of the premises.

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Colorado Liquor Retail License Application

* Note that the Division will not accept cash Paid by Check Date Uploaded to Movelt
 Paid Online

New License New-Concurrent Transfer of Ownership State Property Only Master file

- All answers must be printed in black ink or typewritten
- Applicant must check the appropriate box(es)
- Applicant should obtain a copy of the Colorado Liquor and Beer Code: SBG.Colorado.gov/Liquor

Applicant is applying as a/an Individual Limited Liability Company Association or Other
 Corporation Partnership (includes Limited Liability and Spouse or Partner in a Civil Union)

Applicant Name If an LLC, name of LLC; if partnership, at least 2 partner's names; if corporation, name of corporation

Dream Masterz Productions Inc

FEIN Number 84-1459208 State Sales Tax Number 96799069-0001

Trade Name of Establishment (DBA) The Magic Manor Business Telephone 303-660-2357

Address of Premises (specify exact location of premises, include suite/unit numbers)
5450 Manhart St

City Sedalia County Douglas State CO ZIP Code 80135

Mailing Address (Number and Street)
3721 Starflower Rd

City or Town Castle Rock State CO ZIP Code 80109

Email Address
kkiesling@messner.com

If the premises currently has a liquor or beer license, you **must** answer the following questions.

Present Trade Name of Establishment (DBA)
NA

Present State License Number Present Class of License Present Expiration Date

Section A Nonrefundable application fees*

<input type="checkbox"/>	Application Fee for New License.....	\$1,100.00
<input checked="" type="checkbox"/>	Application Fee for New License with Concurrent Review.....	\$1,200.00
<input type="checkbox"/>	Application Fee for Transfer.....	\$1,100.00

Section B Liquor License Fees*

<input type="checkbox"/>	Add Optional Premises to H & R.....	\$100.00 X	<input type="text"/>	Total	<input type="text"/>
<input type="checkbox"/>	Add Sidewalk Service Area.....				\$75.00
<input type="checkbox"/>	Arts License (City).....				\$308.75
<input type="checkbox"/>	Arts License (County).....				\$308.75
<input type="checkbox"/>	Beer and Wine License (City).....				\$351.25
<input type="checkbox"/>	Beer and Wine License (County).....				\$436.25
<input type="checkbox"/>	Brew Pub License (City).....				\$750.00
<input type="checkbox"/>	Brew Pub License (County).....				\$750.00
<input type="checkbox"/>	Campus Liquor Complex (City).....				\$500.00
<input type="checkbox"/>	Campus Liquor Complex (County).....				\$500.00
<input type="checkbox"/>	Campus Liquor Complex (State).....				\$500.00
<input type="checkbox"/>	Club License (City).....				\$308.75
<input type="checkbox"/>	Club License (County).....				\$308.75
<input type="checkbox"/>	Distillery Pub License (City).....				\$750.00
<input type="checkbox"/>	Distillery Pub License (County).....				\$750.00
<input type="checkbox"/>	Entertainment Facility License (City).....				\$500.00
<input checked="" type="checkbox"/>	Entertainment Facility License (County).....				\$500.00
<input type="checkbox"/>	Hotel and Restaurant License (City).....				\$500.00
<input type="checkbox"/>	Hotel and Restaurant License (County).....				\$500.00
<input type="checkbox"/>	Hotel and Restaurant License with one optional premises (City).....				\$600.00
<input type="checkbox"/>	Hotel and Restaurant License with one optional premises (County).....				\$600.00
<input type="checkbox"/>	Liquor-Licensed Drugstore (City).....				\$227.50
<input type="checkbox"/>	Liquor-Licensed Drugstore (County).....				\$312.50
<input type="checkbox"/>	Lodging Facility License (City).....				\$500.00
<input type="checkbox"/>	Lodging Facility License (County).....				\$500.00

Section B Liquor License Fees* (Continued)

<input type="checkbox"/> Manager Registration - H & R.....	\$30.00
<input type="checkbox"/> Manager Registration - Tavern.....	\$30.00
<input type="checkbox"/> Manager Registration - Lodging & Entertainment.....	\$30.00
<input type="checkbox"/> Manager Registration - Campus Liquor Complex.....	\$30.00
<input type="checkbox"/> Optional Premises License (City).....	\$500.00
<input type="checkbox"/> Optional Premises License (County).....	\$500.00
<input type="checkbox"/> Racetrack License (City).....	\$500.00
<input type="checkbox"/> Racetrack License (County).....	\$500.00
<input type="checkbox"/> Resort Complex License (City).....	\$500.00
<input type="checkbox"/> Resort Complex License (County).....	\$500.00
<input type="checkbox"/> Related Facility - Campus Liquor Complex (City).....	\$160.00
<input type="checkbox"/> Related Facility - Campus Liquor Complex (County).....	\$160.00
<input type="checkbox"/> Related Facility - Campus Liquor Complex (State).....	\$160.00
<input type="checkbox"/> Retail Gaming Tavern License (City).....	\$500.00
<input type="checkbox"/> Retail Gaming Tavern License (County).....	\$500.00
<input type="checkbox"/> Retail Liquor Store License - Additional (City).....	\$227.50
<input type="checkbox"/> Retail Liquor Store License - Additional (County).....	\$312.50
<input type="checkbox"/> Retail Liquor Store (City).....	\$227.50
<input type="checkbox"/> Retail Liquor Store (County).....	\$312.50
<input type="checkbox"/> Tavern License (City).....	\$500.00
<input type="checkbox"/> Tavern License (County).....	\$500.00
<input type="checkbox"/> Vintners Restaurant License (City).....	\$750.00
<input type="checkbox"/> 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

License Account Number

Liability Date

License Issued Through (Expiration Date)

Total

\$

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 8½" 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

III. 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 State 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

Appointment Scheduling Website: <https://uenroll.identogo.com/workflows/25YQHT>

Phone: 844-539-5539 (toll-free)

IdentoGO FAQs: <https://cbi.colorado.gov/sections/biometric-identification-and-records-unit/biometric-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)

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, and Campus Liquor Complex licenses when included with this application

- \$30.00 fee
- If owner is managing, no fee required

1. 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 No

2. 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?..... Yes No

b. Had an alcohol beverage license suspended or revoked?..... Yes No

c. Had interest in another entity that had an alcohol beverage license suspended or revoked?..... Yes No

If you answered yes to a, b or c above, explain in detail on a separate sheet.

3. 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?..... Yes No

If "yes", explain in detail.

4. 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?..... Yes No

or

Waiver by local ordinance? Yes No

Other

5. 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..... 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 (<) 10,000? **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..... Yes No

For additional Retail Liquor Store only.

a. Was your Retail Liquor Store License issued on or before January 1, 2016?... Yes No

b. Are you a Colorado resident?..... Yes 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..... 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 No

Ownership Lease 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	Tenant	Expires
JOE + CAROL GIVAN	Dream Masterz Productions Inc	5/1/2030

b. Is a percentage of alcohol sales included as compensation to the landlord? If yes, complete question on page 9..... Yes No

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 8½" X 11".

9. Who, besides the owners listed in this application (including persons, firms, partnerships, corporations, limited liability companies) will loan or give money, inventory, furniture or equipment to or for use in this business; or who will receive money from this business? Attach a separate sheet if necessary.

Last Name		First Name	
NA			
Date of Birth (MM/DD/YY)	FEIN or SSN Number	Interest/Percentage	
Last Name		First Name	
Date of Birth (MM/DD/YY)	FEIN or SSN Number	Interest/Percentage	
Last Name		First Name	
Date of Birth (MM/DD/YY)	FEIN or SSN Number	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.

10. Optional Premises or Hotel and Restaurant Licenses with Optional Premises: Has a local ordinance or resolution authorizing optional premises been adopted?..... Yes No

Number of additional Optional Premise areas requested. (See license fee chart)

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.

11. 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 L L D S premise?..... Yes No

If "yes" a copy of license must be 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?..... Yes 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?..... Yes 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?..... Yes No

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)..... Yes No

14. Campus Liquor Complex applicants answer the following:

a. Is the applicant an institution of higher education?..... Yes No

b. Is the applicant a person who contracts with the institution of higher education to provide food services?..... Yes No

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

Givan

Joseph

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..... Yes No

Name

NA

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?.....** Yes 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

NA

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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 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:.....** Yes 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?.....** Yes 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.?.....** Yes No

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)
Carol Lee Massie-Givan	7/28/1958

Street Address

3721 Starflower Rd

City	State	ZIP Code	Position	% Owned
Castle Rock	CO	80109	Secretary / Tresurer	50%

Name	Date of Birth (MM/DD/YY)
Joseph Givan	9/25/1962

Street Address

3721 Starflower Rd

City	State	ZIP Code	Position	% Owned
Castle Rock	CO	80109	President/ VP	50%

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

Name	Date of Birth (MM/DD/YY)

Street Address

City	State	ZIP Code	Position	% 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..... Yes No

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

Joseph Givan

Title

President / VP

Authorized Signature

Joseph P. Givan

Date (MM/DD/YY)

05/04/26

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 30 days from date of application)

For Transfer Applications Only - Is the license being transferred valid?..... Yes No

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)

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 > 10,000?..... Yes 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 < 10,000?..... 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 prior twelve (12) month period?..... Yes No

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 Authority (Continued)

Local Licensing Authority approves the Temporary Permit..... Yes No

Approval Date of the Temporary Permit

Expiration Date of the Temporary Permit

*If the temporary permit expires or an extension is required, the state liquor licensing authority should be notified of the status of the temporary permit.

**If the temporary permit information is not filled out for the transfer of ownership, the Transfer Application will not be accepted and processed.

Local Licensing Authority Approves this license for a two-year renewal..... Yes No

If "No", please cite the law, regulation, local ordinance or resolution that gives the local licensing authority the ability to deny the applicant and grounds for denial. Also, please provide any and all investigative reports, and administrative or criminal action that relate or justify this denial.

Proof of Violation

Local Licensing Authority for

Telephone Number

Town, City

County

Printed Name

Title

Signature

Date (MM/DD/YY)

Printed Name

Title

Signature

Date (MM/DD/YY)

Tax Check Authorization, Waiver, and Request to Release Information

I, Joseph Givan

am signing this Tax Check Authorization, Waiver and Request to Release Information (hereinafter
“Waiver”) on behalf of

(the “Applicant/Licensee”)

Dream Masterz Productions Inc

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/Licensee.

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 Waiver 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 Waiver 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)

Dream Masterz Productions Inc

Social Security Number/Tax Identification Number

84-1459208

Home Phone Number

same

Business/Work Phone Number

303-660-2357

Street Address

5450 Manhart St

City

Sedalia

State

CO

ZIP Code

80135

Printed name of person signing on behalf of the Applicant/Licensee

Joseph Givan

Applicant/Licensee's Signature (Signature authorizing the disclosure of confidential tax information)

Date Signed

Joseph Givan

05/04/26

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).

Individual History Record

To be completed by the following persons, as applicable: sole proprietors; general partners regardless of percentage ownership, and limited partners owning 10% or more of the partnership; all principal officers of a corporation, all directors of a corporation, and any stockholder of a corporation owning 10% or more of the outstanding stock; managing members or officers of a limited liability company, and members owning 10% or more of the company; and any intended registered manager of Hotel and Restaurant, Tavern, Lodging Facility, and Entertainment Facility class of retail license

Notice: This individual history record requires information that is necessary for the licensing investigation or inquiry. All questions must be answered in their entirety or the license application may be delayed or denied. If a question is not applicable, please indicate so by "N/A". **Any deliberate misrepresentation or material omission may jeopardize the license application.** (Please attach a separate sheet if necessary to enable you to answer questions completely)

Name of Business

Dream Masterz Productions Inc

Home Phone Number

303-660-2357

Cellular Number

same

Your Full Name (last, first, middle)

Givan, Joseph P

List any other names you have used

NA

Mailing address (if different from residence)

3721 Starflower Rd Castle Rock CO 80109

Email Address

joe@amazingshows.com

1. List current residence address. Include any previous addresses within the last five years. (Attach separate sheet if necessary)

Current Street and Number

3721 Starflower Rd

Current City, State, ZIP

Castle Rock CO 80109

From:

1/1996

To:

Present

Previous Street and Number

Previous City, State, ZIP

From:

To:

Individual History Record (Continued)

2. List all employment within the last five years. Include any self-employment. (Attach separate sheet if necessary)

Name of Employer or Business

Self-employed

Address (Street, Number, City, State, ZIP)

Position Held

Magician

From:

1/1980

To:

Present

Name of Employer or Business

Address (Street, Number, City, State, ZIP)

Position Held

From:

To:

Name of Employer or Business

Address (Street, Number, City, State, ZIP)

Position Held

From:

To:

3. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry.

Name of Relative

Carol Massie-Givan

Relationship to You:

Spouse

Position Held

Secretary / Treasurer

Name of Licensee

Pending - Entertainment license

Name of Relative

Relationship to You:

Position Held

Name of Licensee

Individual History Record (Continued)

Name of Relative	Relationship to You:
NA	
Position Held	Name of Licensee
Name of Relative	Relationship to You:
Position Held	Name of Licensee

4. Have you ever applied for, held, or had an interest in a Colorado Liquor or Beer License, or loaned money, furniture, fixtures, equipment or inventory to any licensee? Yes No

(If yes, answer in detail.)

5. Have you ever received a violation notice, suspension, or revocation for a liquor law violation, or have you applied for or been denied a liquor or beer license anywhere in the United States?..... Yes No

(If yes, answer in detail.)

6. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending?..... Yes No

(If yes, answer in detail.)

7. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence?..... Yes No

(If yes, answer in detail.)

Individual History Record (Continued)

8. Have you ever had any professional license suspended, revoked, or denied?..... Yes No

(If yes, answer in detail.)

Personal and Financial Information

Unless otherwise provided by law, the personal information required in this section will be treated as confidential. The personal information required in this section is solely for identification purposes.

Date of Birth 9/25/1962	Social Security Number [REDACTED]	Place of Birth Denver CO		
U.S. Citizen <input checked="" type="radio"/> Yes <input type="radio"/> No	If Naturalized, state where NA	When NA		
Name of District Court NA	Naturalization Certificate Number NA	Date of Certification NA		
If an Alien, Give Alien's Registration Card Number NA	Permanent Residence Card Number NA			
Height 6'0"	Weight 175	Hair Color Grey	Eye Color Brown	Gender Male

Do you have a current Driver's License/ID? If so, give number and state. Yes No

Driver's License Number [REDACTED]	Driver's License State CO
---------------------------------------	------------------------------

Financial Information

9. Total purchase price or investment being made by the applying entity, corporation, partnership, limited liability company, other.....
10. List the total amount of the **personal** investment, made by the person listed on page 1 in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases or fees paid.....

NOTE: If corporate investment only, please skip to and complete question 12

NOTE: Question 10 should reflect the total of questions 11 and 13

Personal and Financial Information (Continued)

11. Provide details of the personal investment described in question 10. You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment	Account Type
Cash	Personal Checking / Savings
Bank Name	Amount
First Bank	\$5000
Type: Cash, Services or Equipment	Account Type
Bank Name	Amount
Type: Cash, Services or Equipment	Account Type
Bank Name	Amount
Type: Cash, Services or Equipment	Account Type
Bank Name	Amount

12. Provide details of the corporate investment described in question 9. You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment	Loans	Account Type
NA		
Bank Name	Amount	
Type: Cash, Services or Equipment	Loans	Account Type
Bank Name	Amount	
Type: Cash, Services or Equipment	Loans	Account Type
Bank Name	Amount	

13. Loan Information (Attach copies of all notes or loans)

Name of Lender	Address
NA	
Term	Security
Amount	


Personal and Financial Information (Continued)

Name of Lender		Address
NA		
Term	Security	Amount
Name of Lender		Address
Term	Security	Amount
Name of Lender		Address
Term	Security	Amount

Oath of Applicant

I declare under penalty of perjury that this application and all attachments are true, correct, and complete to the best of my knowledge.

Electronic signature is not accepted, physical signature is required.

	
Print Signature	
Joseph Givan	
Title	Date (MM/DD/YY)
President / VP	05/04/26

Individual History Record

To be completed by the following persons, as applicable: sole proprietors; general partners regardless of percentage ownership, and limited partners owning 10% or more of the partnership; all principal officers of a corporation, all directors of a corporation, and any stockholder of a corporation owning 10% or more of the outstanding stock; managing members or officers of a limited liability company, and members owning 10% or more of the company; and any intended registered manager of Hotel and Restaurant, Tavern, Lodging Facility, and Entertainment Facility class of retail license

Notice: This individual history record requires information that is necessary for the licensing investigation or inquiry. All questions must be answered in their entirety or the license application may be delayed or denied. If a question is not applicable, please indicate so by "N/A". **Any deliberate misrepresentation or material omission may jeopardize the license application.** (Please attach a separate sheet if necessary to enable you to answer questions completely)

Name of Business

Dream Masterz Productions Inc

Home Phone Number

same

Cellular Number

303-660-2357

Your Full Name (last, first, middle)

Givan-Massie, Carol Lee

List any other names you have used

Gensemer / Massie

Mailing address (if different from residence)

3721 Starflower Rd Castle Rock CO 80109

Email Address

carol@amazingshows.com

1. List current residence address. Include any previous addresses within the last five years. (Attach separate sheet if necessary)

Current Street and Number

3721 Starflower Rd

Current City, State, ZIP

Castle Rock CO 80109

From:

1/1996

To:

Present

Previous Street and Number

Previous City, State, ZIP

From:

To:

Individual History Record (Continued)

2. List all employment within the last five years. Include any self-employment. (Attach separate sheet if necessary)

Name of Employer or Business

Sel-Employed

Address (Street, Number, City, State, ZIP)

Position Held

Magician

From:

1/1980

To:

Present

Name of Employer or Business

Address (Street, Number, City, State, ZIP)

Position Held

From:

To:

Name of Employer or Business

Address (Street, Number, City, State, ZIP)

Position Held

From:

To:

3. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry.

Name of Relative

Joseph Givan

Relationship to You:

Spouse

Position Held

President/ VP

Name of Licensee

Pending - Entertainment license

Name of Relative

Relationship to You:

Position Held

Name of Licensee

Individual History Record (Continued)

Name of Relative

NA

Relationship to You:

Position Held

Name of Licensee

Name of Relative

Relationship to You:

Position Held

Name of Licensee

4. Have you ever applied for, held, or had an interest in a Colorado Liquor or Beer License, or loaned money, furniture, fixtures, equipment or inventory to any licensee? Yes No

(If yes, answer in detail.)

5. Have you ever received a violation notice, suspension, or revocation for a liquor law violation, or have you applied for or been denied a liquor or beer license anywhere in the United States?..... Yes No

(If yes, answer in detail.)

6. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending?..... Yes No

(If yes, answer in detail.)

7. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence?..... Yes No

(If yes, answer in detail.)

Individual History Record (Continued)

8. Have you ever had any professional license suspended, revoked, or denied?..... Yes No

(If yes, answer in detail.)

Personal and Financial Information

Unless otherwise provided by law, the personal information required in this section will be treated as confidential. The personal information required in this section is solely for identification purposes.

Date of Birth		Social Security Number		Place of Birth	
7/28/1958		[REDACTED]		Mansfield OH	
U.S. Citizen <input checked="" type="radio"/> Yes <input type="radio"/> No		If Naturalized, state where		When	
		NA		NA	
Name of District Court		Naturalization Certificate Number		Date of Certification	
NA		NA		NA	
If an Alien, Give Alien's Registration Card Number			Permanent Residence Card Number		
NA			NA		
Height	Weight	Hair Color	Eye Color	Gender	
5'8"	110	Brown	Brown	Female	
Do you have a current Driver's License/ID? If so, give number and state. <input checked="" type="radio"/> Yes <input type="radio"/> No					
Driver's License Number			Driver's License State		
[REDACTED]			CO		

Financial Information

9. Total purchase price or investment being made by the applying entity, corporation, partnership, limited liability company, other.....
10. List the total amount of the **personal** investment, made by the person listed on page 1 in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases or fees paid.....

NOTE: If corporate investment only, please skip to and complete question 12
NOTE: Question 10 should reflect the total of questions 11 and 13

Personal and Financial Information (Continued)

11. Provide details of the personal investment described in question 10. You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment	Account Type
Cash	Personal Checking / Savings
Bank Name	Amount
First Bank	\$5000
Type: Cash, Services or Equipment	Account Type
Bank Name	Amount
Type: Cash, Services or Equipment	Account Type
Bank Name	Amount
Type: Cash, Services or Equipment	Account Type
Bank Name	Amount

12. Provide details of the corporate investment described in question 9. You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment	Loans	Account Type
NA		
Bank Name	Amount	
Type: Cash, Services or Equipment	Loans	Account Type
Bank Name	Amount	
Type: Cash, Services or Equipment	Loans	Account Type
Bank Name	Amount	

13. Loan Information (Attach copies of all notes or loans)

Name of Lender	Address
NA	
Term	Amount
Security	

Personal and Financial Information (Continued)

Name of Lender		Address
NA		
Term	Security	Amount
Name of Lender		Address
Term	Security	Amount
Name of Lender		Address
Term	Security	Amount

Oath of Applicant

I declare under penalty of perjury that this application and all attachments are true, correct, and complete to the best of my knowledge.

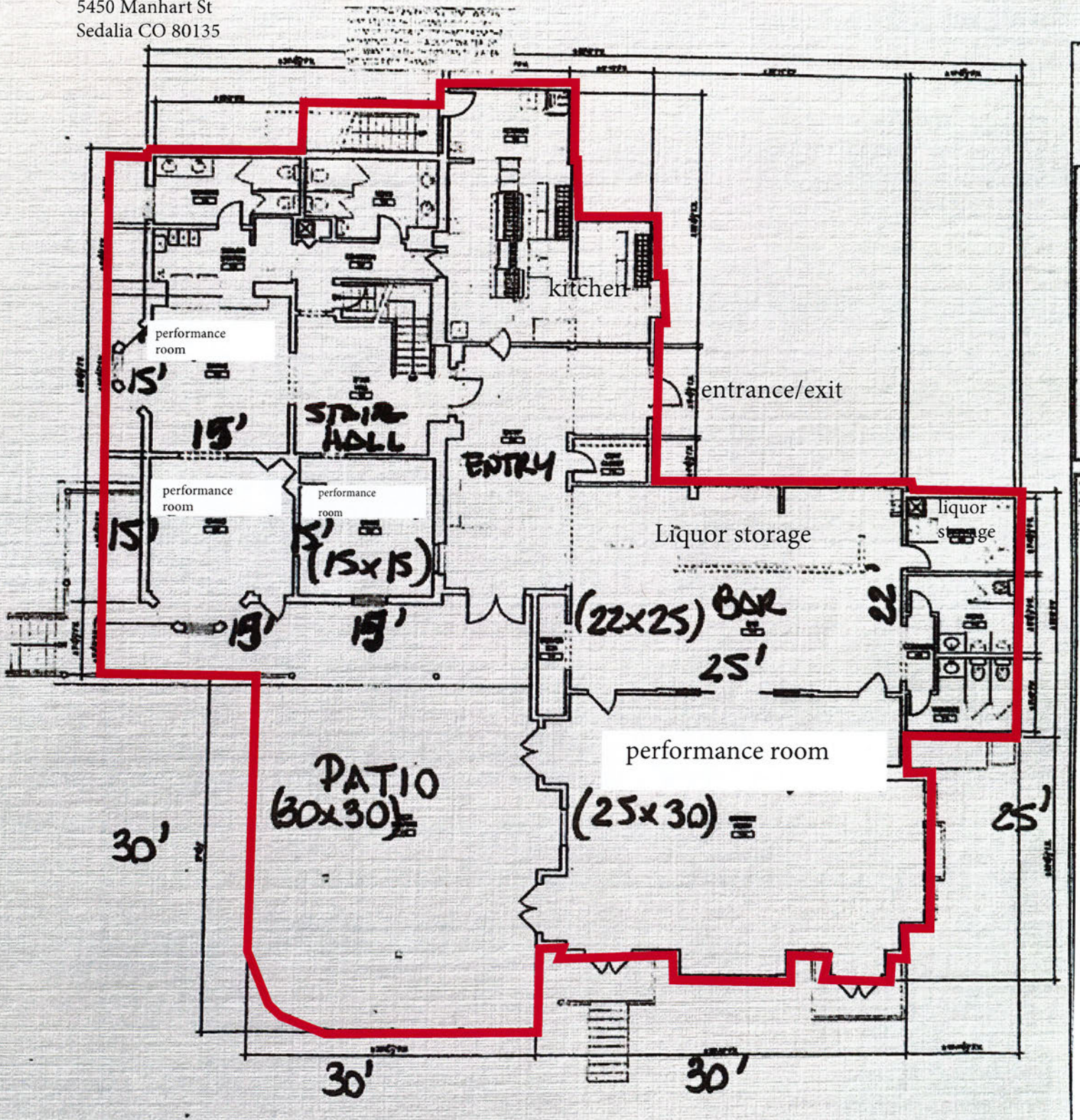
Electronic signature is not accepted, physical signature is required.

X *Carol Lee Massie - Givan*

Print Signature	
Carol Lee Massie - Givan	
Title	Date (MM/DD/YY)
Secretary / Treasurer	05/04/26

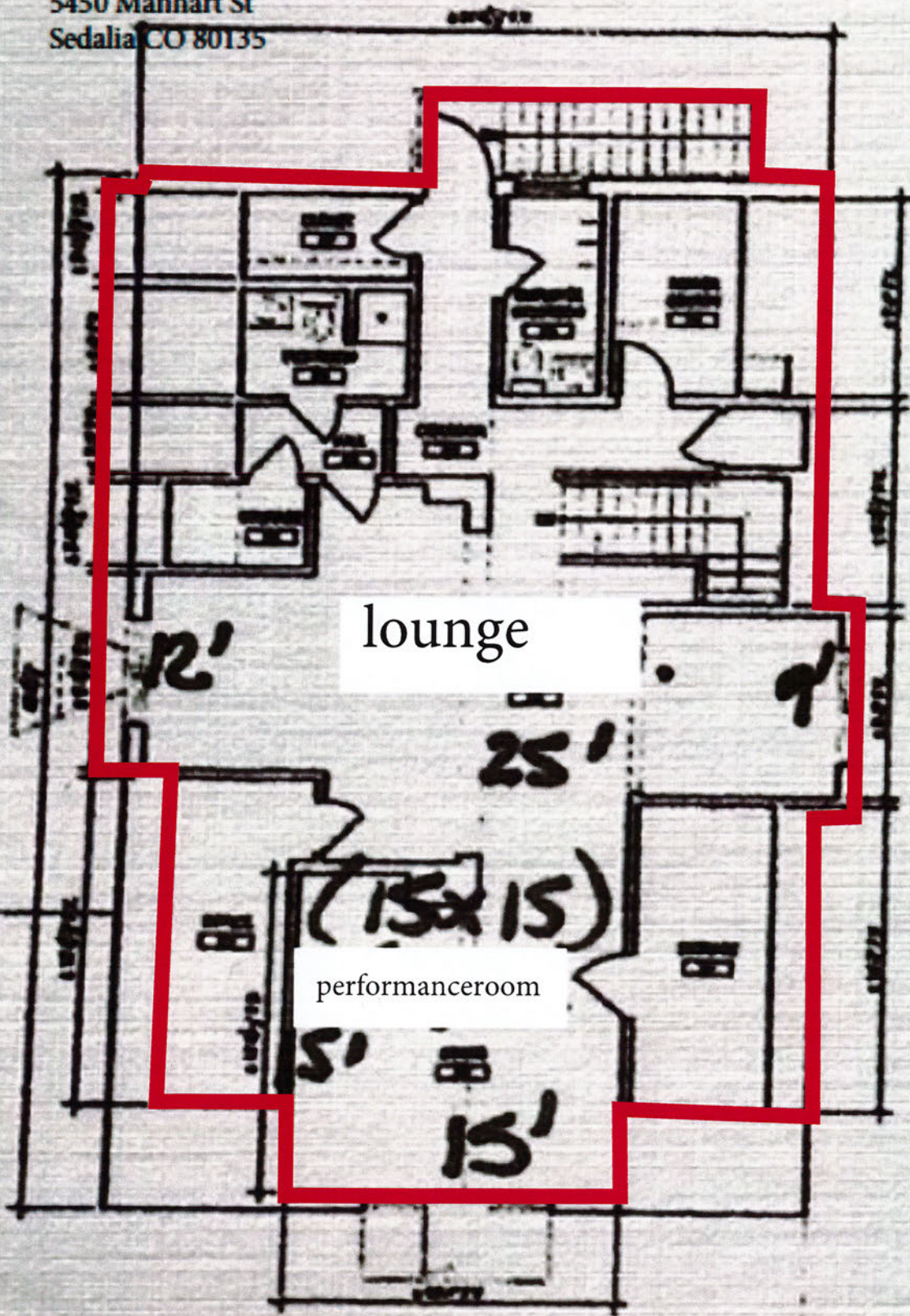
Dream Masterz Productions Inc
The Magic Manor
5450 Manhart St
Sedalia CO 80135

LOWER LEVEL



UPPER LEVEL

Dream Masterz Productions Inc
The Magic Manor
5450 Manhart St
Sedalia CO 80135



Aug. 3, 1998

8 pages

ARTICLES OF INCORPORATION
OF
DREAMASTERZ PRODUCTS, INC.

KNOW ALL MEN BY THESE PRESENCE that the undersigned incorporator, being of the age of twenty-one years or more, desiring to organize a corporation under the Colorado Corporation Act, does make, sign and verify these Articles of Incorporation.

ARTICLE I

NAME

The name of the Corporation is DREAMASTERZ PRODUCTS, INC.

ARTICLE II

TERM OF EXISTENCE

The Corporation is to have perpetual existence.

ARTICLE III

PURPOSE

The purposes of the Corporation and the objects and business to be transacted, promoted and carried on (none of which limit any of the corporate powers enumerated in the Colorado Corporation Act) are as follows:

1. To produce theatrical shows and market products.
2. To engage in any one or more other businesses or transactions which the Board of Directors of this Corporation may authorize, whether related or unrelated to the business described in paragraph (1) above, or to any other business done by this Corporation.

3. In furtherance of the foregoing purposes, the Corporation shall have all the powers, rights and privileges conferred upon corporations by the laws of the State of Colorado. In addition, it may do everything necessary, suitable or proper for the accomplishment of any of its corporate purposes.

ARTICLE IV
CAPITAL STOCK

The Corporation shall have authority to issue a total of Fifty Thousand (50,000) shares of common stock of the par value of No Par Value per share. Said stock may be issued for money, property, or other things of value, and when issued shall be fully paid and non-assessable. The qualifications, limitations or restrictions of the Capital Stock of the Corporation are as follows:

1. Dividends. Dividends in cash, property or shares of the Corporation may be paid upon the Common Stock, as and when declared by the Board of Directors, out of funds of the Corporation to the extent and in the manner permitted by law.

2. Payment in Liquidation. Upon any liquidation, dissolution, or winding up of the Corporation, and after payment, or setting aside of an amount sufficient to provide for payment, in full, of all debts and liabilities of any other claims against the Corporation, the remaining net assets of the Corporation shall be distributed pro rata to the holders of the Common Stock. The Board of Directors may, from time to time, distribute to the shareholders in partial liquidation, out of stated capital or capital surplus of the Corporation, a portion of its assets, in

cash or property, in the manner permitted by law. Section 1244 of the Internal Revenue Code shall prevail in the event of corporate dissolution.

3. Voting Rights. The sole voting power shall be and remain solely in the Common Stock, each holder of Common Stock being entitled to one (1) vote, or fraction of a vote, for each share, or corresponding fraction of a share, of Common Stock.

4. Pre-emptive Rights. The holders of the Common Stock of the Corporation shall not have pre-emptive rights.

5. Cumulative Voting. Cumulative voting shall not be allowed in the election of Directors or for any other purposes.

ARTICLE V

BOARD OF DIRECTORS

The business and affairs of this Corporation and the management thereof shall be vested in a Board of Directors consisting of not less than two (2) Directors, the exact number of which shall be fixed by the By-Laws duly adopted by the Board of Directors.

The persons who shall act as Director until the first annual meeting of the stockholder or until his successor(s) shall be duly elected and qualified shall be:

JOSEPH P. GIVAN: 3721 Starflower Road; Castle Rock, CO 80104

ARTICLE VI

BY-LAWS

The Board of Director(s) of this Corporation shall have the power to adopt such prudential by-laws as may be deemed necessary or convenient for the proper government and management of

the business and affairs of this Corporation, and to amend, alter, or repeal the same at any regular meeting or at any special meeting called for that purpose.

ARTICLE VII

INDEMNITY

Section 1. To the extent permitted by law;

(a) The Corporation shall indemnify any person made a party to an action or proceeding by or in the right of the Corporation to procure a judgment in its favor, by reason of the fact that he, his testator or intestate, is or was a director or officer, or employee, of the Corporation against the reasonable expenses, including attorney's fees, actually and necessarily incurred by him in connection with the defense of such action or proceeding, or in connection with an appeal therein, except in relation to matters as to which such person is adjudged to have breached his duty to the Corporation; and

(b) The Corporation shall indemnify any person made or threatened to be made a party to an action or proceeding other than one by or in the right of the Corporation to procure a judgment in its favor, whether civil or criminal, including an action by or in the right of any other corporation of any type or kind, domestic or foreign, which any director or officer or employee of the Corporation served in any capacity at the request of the Corporation, by reason of the fact that he, his testator or intestate, was a director or officer, or employee of the Corporation, or served such other corporation in any capacity, against judgment, fines, amounts paid in settlement and reasonable

expenses, including attorney's fees, actually and necessarily incurred as a result of such action or proceeding, or any appeal therein, if such person acted in good faith, for a purpose he reasonably believed to be in the best interests of the Corporation, and, in criminal actions or proceedings, in addition had no reasonable cause to believe that his conduct was unlawful.

ARTICLE VIII

CORPORATE OPPORTUNITIES

The officers, directors and other members of management of this Corporation shall be subject to the doctrine of corporate opportunities only insofar as it applies to business opportunities in which this Corporation has expressed an interest as determined from time to time by the Corporation's Board of Directors as evidenced by resolutions appearing in the Corporation's Minutes. When such areas of interest are delineated, all such business opportunities within such areas of interest which come to the attention of the officers, directors and other members of management of this Corporation shall be disclosed promptly to this Corporation and made available to it. The Board of Directors may reject any business opportunity presented to it and thereafter any officer, director or other member of management may avail himself of such opportunity. Until such time as this Corporation, through its Board of Directors, has designated an area of interest, the officers, directors and other members of management of this Corporation shall be free to engage in such areas of interest on their own and this document shall not limit the rights of any officer, director or other member of management of this Corporation

to continue a business existing prior to the time that such area of interest is designated by this Corporation. This provision shall not be construed to release any employee of the Corporation (other than an officer, director or member of management) from any duties which he may have to the Corporation.

ARTICLE IX

CONTRACTS OF THE CORPORATION

No contract or other transactions between this Corporation and any other Corporation, whether or not a majority of the shares of the capital stock of such other Corporation is owned by this Corporation, and no act of this Corporation shall be in any way affected or invalidated by the fact that any of the directors, officers or other members of the management of this Corporation are pecuniarily or otherwise interested in or are directors, officers or members of management of such other corporation. Any director, officer or other member of management of this Corporation individually, or any firm of which such director, officer or member of management may be a party to, or may be pecuniarily or otherwise interested in, any contract or transaction of this Corporation, provided, however, that the fact that he or such firm is so interested shall be disclosed or shall have been known to the Board of Directors of this Corporation or a majority thereof; and any director of this Corporation who is also a director, officer or member of management of such other corporation, or who is so interested, may be counted in determining the existence of a quorum at any meeting of the Board of Directors of this Corporation that shall authorize such contract or trans-

action, and may vote thereat to authorize such contract or trans-
action, with like force and effect as if he were not such Director,
officer or member of management of such other corporation or not
so interested.

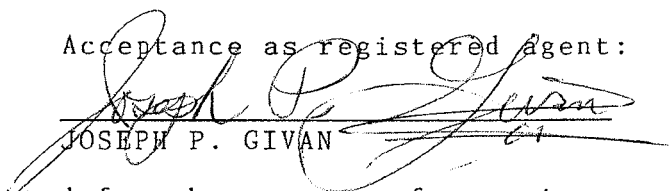
ARTICLE X
AMENDMENTS

These Articles of Incorporation may be amended from
time to time as may be permitted by the laws of the State of
Colorado then in force and effect.

ARTICLE XI
REGISTERED OFFICE - PRINCIPAL ADDRESS

The registered office and principal business address of
this Corporation in the State of Colorado shall be 3721 Starflower
Road; Castle Rock, CO 80104, and the registered agent upon whom
process may be served in this state is JOSEPH P. GIVAN of the same
address. Said office and agent may change at any time hereafter
without amendment of these Articles of Incorporation, by any
document or instrument required or permitted to be filed by law.

Acceptance as registered agent:


JOSEPH P. GIVAN

This Corporation is created for the purpose of carrying
on a part or all of its business beyond the limits of the State
of Colorado at such place or places, and in such manner, and to
such extent as may from time to time be determined by the Board
of Directors.

ARTICLE XII
INCORPORATOR

The name and address of the incorporator is as follows:
JOSEPH P. GIVAN: 3721 Starflower Road; Castle Rock, CO 80104

IN WITNESS WHEREOF, the above named incorporator has hereunto set his hand and seal this 8-3 day of 1998, 1998.


JOSEPH P. GIVAN

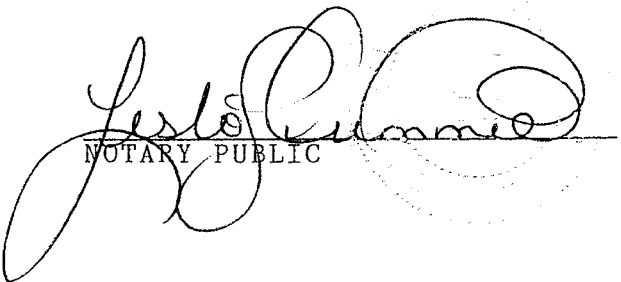
STATE OF COLORADO)
COUNTY OF Douglas) SS.

I, Jessie S. Cummins, a Notary Public in the County of Douglas, hereby certify that on the 3rd day of August, 1998, there personally appeared before me the following person:

JOSEPH P. GIVAN

known to me, who being first duly sworn, severally declared that he is the person who signed the foregoing document as incorporator, as his free act and deed on the day and year set forth therein, and that the statements therein contained are true.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 3rd day of August, 1998.


NOTARY PUBLIC

My Commission Expires:

2-16-2001

File Copy

Please include a typed self-addressed envelope

MUST BE TYPED
FILING FEE: \$50.00
MUST SUBMIT TWO COPIES

Mail to: Secretary of State
Corporations Section
1560 Broadway, Suite 200
Denver, CO 80202
(303) 894-2251
Fax (303) 894-2242

For office use only 001

FILED - CUSTOMER COPY
VICTORIA HICKLEY
COLORADO SECRETARY OF STATE

19981145807 M
\$ 50.00
SECRETARY OF STATE
08-11-1998 11:57:09

ARTICLES OF INCORPORATION

Corporation Name DREAMASTERZ PRODUCTS, INC.

Principal Business Address 3721 Starflower Road; Castle Rock, CO 80104
(Include City, State, Zip)

Cumulative voting shares of stock is authorized. Yes No

If duration is less than perpetual enter number of years Perpetual

Preemptive rights are granted to shareholders. Yes No

Stock information: (If additional space is needed, continue on a separate sheet of paper.)

Stock Class Common Authorized Shares 50,000 Par Value No Par

Stock Class ----- Authorized Shares ----- Par Value -----

The name of the initial registered agent and the address of the registered office is: (If another corporation, use last name space)

Last Name GIVAN First & Middle Name JOSEPH P.

Street Address 3721 Starflower Road; Castle Rock, CO 80104
(Include City, State, Zip)

The undersigned consents to the appointment as the initial registered agent.

Signature of Registered Agent 

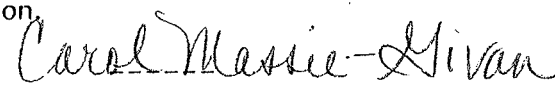
These articles are to have a delayed effective date of: -----

Incorporators: Names and addresses: (If more than two, continue on a separate sheet of paper.)

NAME
JOSEPH P. GIVAN
CAROL MASSIE-GIVAN

ADDRESS
3721 Starflower Road
Castle Rock, CO 80104

Incorporators who are natural persons must be 18 years or more. The undersigned, acting as incorporator(s) of a corporation under the Colorado Business Corporation Act, adopt the above Articles of Incorporation.

Signature 

Signature 

Revised 7/95

Please include a typed self-addressed envelope

MUST BE TYPED
FILING FEE: \$50.00
MUST SUBMIT TWO COPIES

Mail to: Secretary of State
Corporations Section
1560 Broadway, Suite 200
Denver, CO 80202
(303) 894-2251
Fax (303) 894-2242

For office use only 001

FILED
VICTORIA BUCKLEY
COLORADO SECRETARY OF STATE

19981145807 M

ARTICLES OF INCORPORATION

\$ 50.00
SECRETARY OF STATE
08-11-1998 11:57:09

Corporation Name DREAMASTERZ PRODUCTS, INC.

Principal Business Address 3721 Starflower Road; Castle Rock, CO 80104
(Include City, State, Zip)

Cumulative voting shares of stock is authorized. Yes No

If duration is less than perpetual enter number of years Perpetual

Preemptive rights are granted to shareholders. Yes No

Stock information: (If additional space is needed, continue on a separate sheet of paper.)

Stock Class Common Authorized Shares 50,000 Par Value No Par

Stock Class ----- Authorized Shares ----- Par Value -----

The name of the initial registered agent and the address of the registered office is:(If another corporation, use last name space)

Last Name GIVAN First & Middle Name JOSEPH P.

Street Address 3721 Starflower Road; Castle Rock, CO 80104
(Include City, State, Zip)

The undersigned consents to the appointment as the initial registered agent.

Signature of Registered Agent *Joseph P. Givan*

These articles are to have a delayed effective date of: -----

Incorporators: Names and addresses: (If more than two, continue on a separate sheet of paper.)

NAME	ADDRESS
<u>JOSEPH P. GIVAN</u>	<u>3721 Starflower Road</u>
<u>CAROL MASSIE-GIVAN</u>	<u>Castle Rock, CO 80104</u>

Incorporators who are natural persons must be 18 years or more. The undersigned, acting as incorporator(s) of a corporation under the Colorado Business Corporation Act, adopt the above Articles of Incorporation.

Signature *Carol Massie-Givan* Signature *Joseph P. Givan*

cc mfg
Revised 7/95

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Dream Masterz Productions, Inc.

is a
Corporation

formed or registered on 08/11/1998 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19981145807 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/01/2026 that have been posted, and by documents delivered to this office electronically through 05/04/2026 @ 10:52:19 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 05/04/2026 @ 10:52:19 in accordance with applicable law. This certificate is assigned Confirmation Number 18518866 .



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, <https://www.coloradosos.gov/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, <https://www.coloradosos.gov> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

****LEASE AGREEMENT****

This Lease Agreement ("Agreement") is made and entered into as of May 1st, 2026, by and between:

****Landlords:**** Joe Givan and Carol Givan (collectively, "Landlords")

****Tenant:**** Dream Masters Productions, Inc. ("Tenant")

****1. Premises****

Landlords hereby lease to Tenant, and Tenant hereby leases from Landlords, the real property located at:
5450 Manhart Street, Sedalia, Colorado (the "Premises").

****2. Term****

The term of this Lease shall be for a period of three (3) years, commencing on May 1st, 2026**, and ending on May 1st 2030 unless earlier terminated in accordance with this Agreement.

****3. Rent****

Tenant agrees to pay Landlords rent in the amount of One Dollar (\$1.00) per year, payable annually on the first day of each lease year, for a total of Three Dollars (\$3.00) over the full term.

****4. Use of Premises****

The Premises shall be used for lawful business purposes consistent with Tenant's operations, and for no unlawful purpose. Tenants will have the ability to store, serve, and consume alcoholic drinks on premises

****5. Maintenance and Repairs****

Tenant agrees to maintain the Premises in good condition and repair during the term of the Lease. Landlords shall not be responsible for routine maintenance or repairs unless otherwise agreed in writing.

****6. Utilities and Expenses****

Tenant shall be responsible for all utilities, services, and operating expenses associated with the Premises during the lease term, unless otherwise agreed by the parties in writing.

****7. Alterations****

Tenant shall not make any major alterations or improvements to the Premises without the prior written consent of Landlords. Any approved alterations shall become part of the Premises unless otherwise agreed.

****8. Assignment and Subleasing****

Tenant shall not assign this Lease or sublease the Premises without the prior written consent of Landlords, which shall not be unreasonably withheld.

****9. Default****

If Tenant fails to comply with any material term of this Agreement, Landlords may provide written notice of default. Tenant shall have thirty (30) days to cure such default. Failure to cure may result in termination of this Lease.

****10. Governing Law****

This Agreement shall be governed by and construed in accordance with the laws of the State of Colorado.

****11. Entire Agreement****

This Agreement constitutes the entire agreement between the parties and supersedes all prior discussions or agreements. Any amendments must be in writing and signed by all parties.

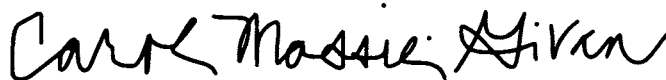
****12. Signatures****

IN WITNESS WHEREOF, the parties have executed this Lease Agreement as of the date first written above.

Joe Givan, Landlord



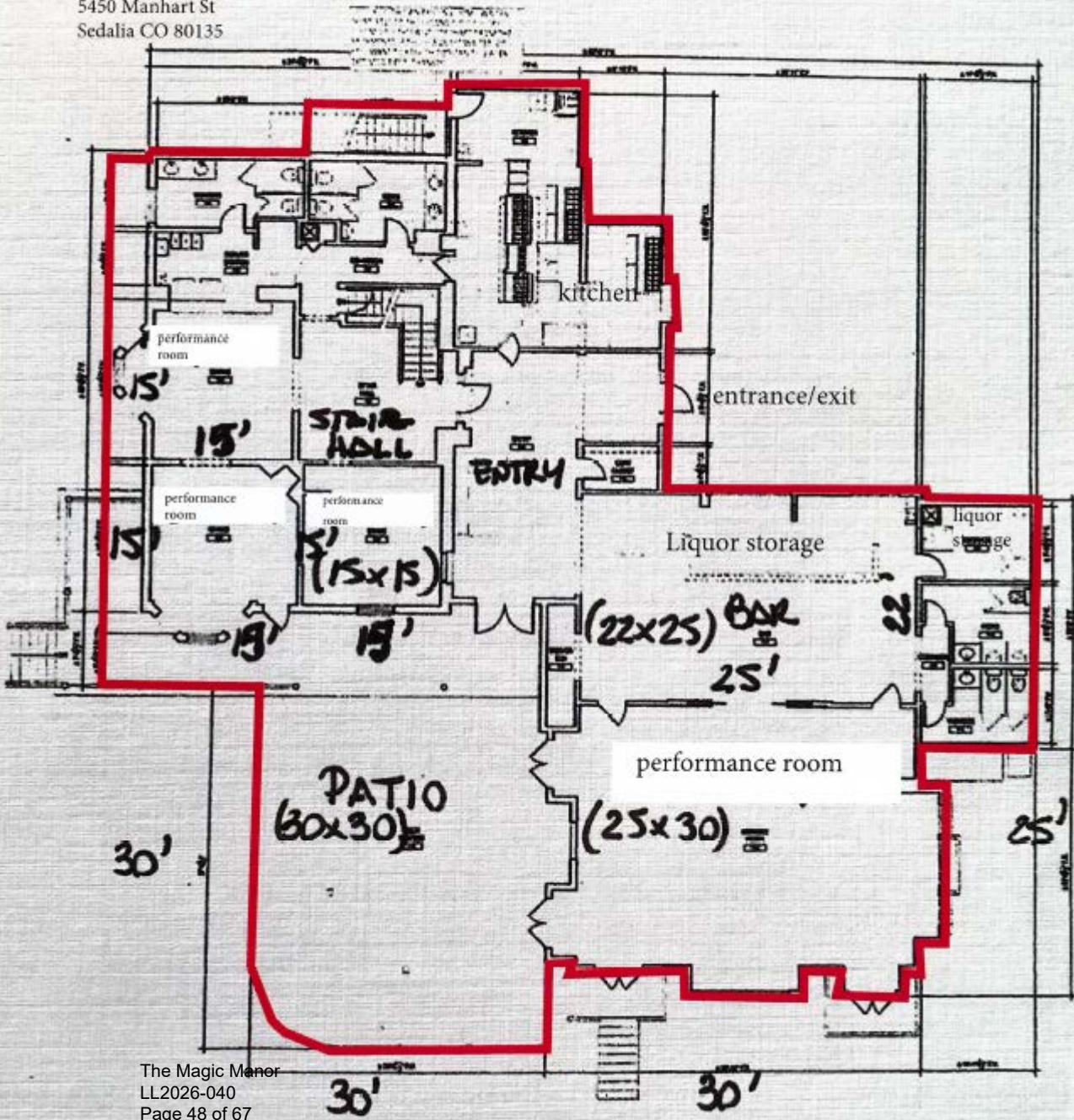
Carol Givan, Landlord



Authorized Representative
Dream Masters Productions, Tenant

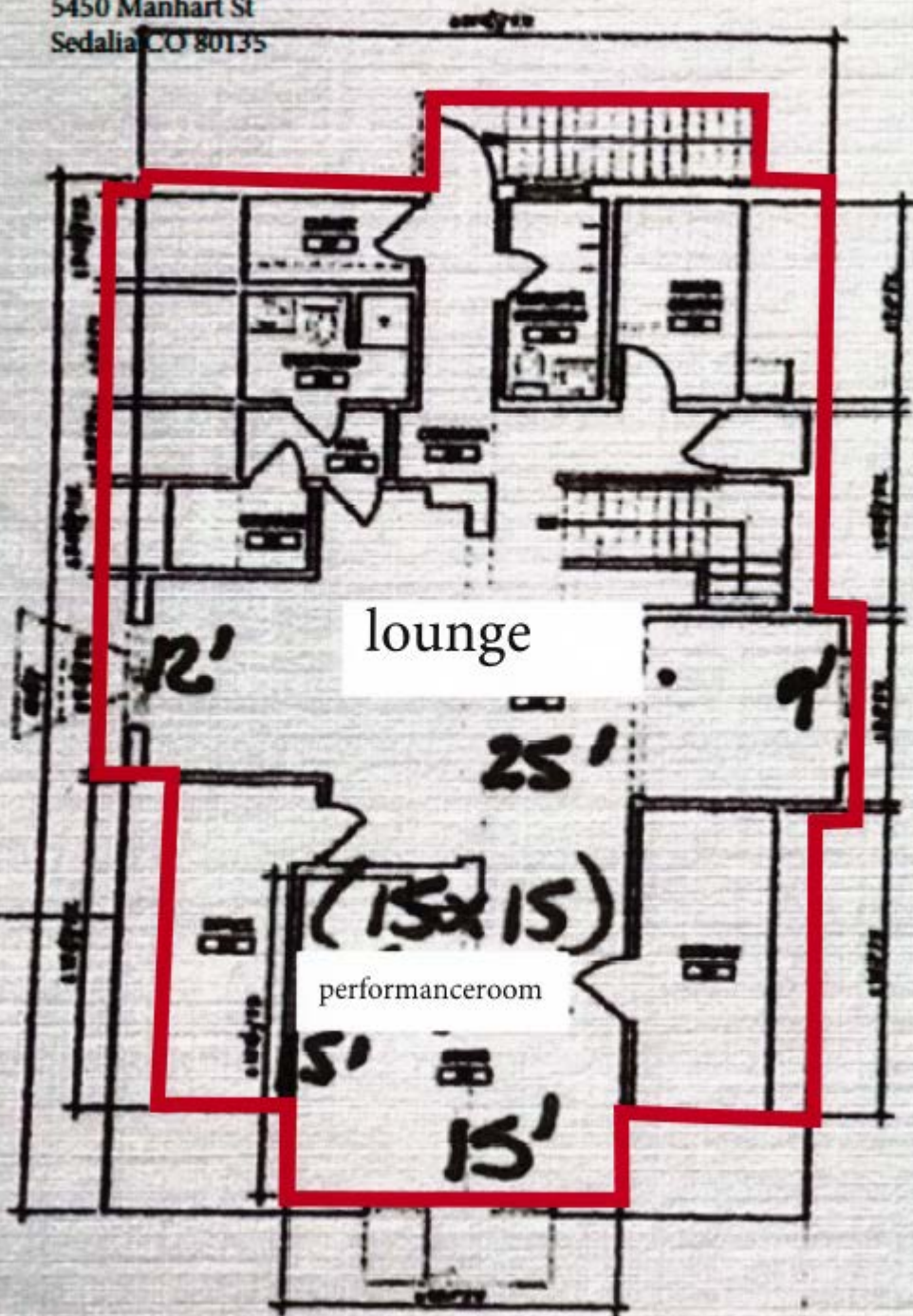


LOWER LEVEL



UPPER LEVEL

Dream Masterz Productions Inc
The Magic Manor
5450 Manhart St
Sedalia CO 80135

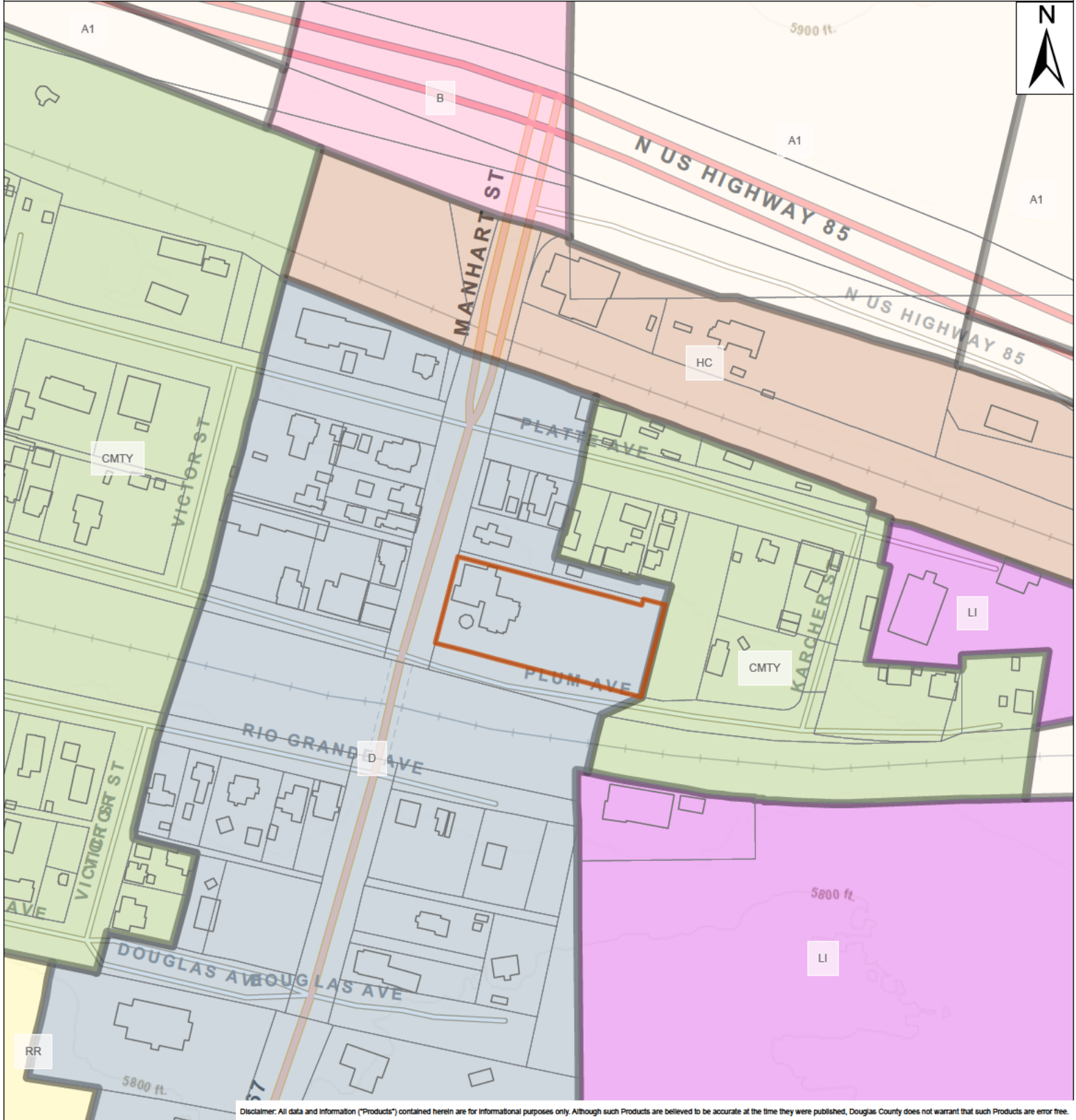


New Liquor License Hearing Questions

1. Are the documents which you provided for the liquor license application still accurate and valid? yes
2. Is the property leased or owned? leased
3. What is the buildings occupancy limit? 90
4. Have you owned or operated a similar establishment with a liquor license in the past? No
5. Is this a new or existing business (how long in existence?) New
6. How many full and part time employees do you have? 8
7. Why type of service do you provide? Cabaret shows, music, birthday parties, celebrations. Is there a menu which can be reviewed? This still being developed
8. What are the hours of operation for liquor sales? Varies per event or shows booked, typically between the hours of 5 pm & midnight, and Wednesdays through Sundays normal operation only as shows or events are happening.
9. Are all your employees trained on the liquor code? Yes, all will have to be, and only hire those who have undergone training will serve.
10. Please list what particular training or program you use? ServeSafe planned.
11. Are there any point of sale systems in place to check identification? Yes, there will be




12. What do you do if an employee violates the policy and serves a minor? The employee will no longer be working in the front of the house serving drinks. They will be on probation until they can provide proof of re-training on safe liquor service and internal house policies.
13. How are you going to monitor that your employees are asking for ID? Via security cameras. Are you going to have your own compliance check? We are still developing this and will have it in place before serving customers.
14. Will you have a policy that all individuals purchasing alcohol will be asked for identification and will you post a sign informing customers of this policy? Yes, all employees will be required to acknowledge this requirement.
15. How is liquor secured during hours of operation and when closed? Its locked in the secure closet.
16. Is there an outside area or patio? yes If so, how will this area be secured to guarantee that no transfer of alcohol occurs to outside the serving area? There are fences and gates on the perimeter of the property.
17. Outside of the formal petition, why do you believe there is a community need and desire in this are for this type of service? Yes, we want to provide the community with a fun place to become part of their regular outings, somewhere people can bring their friends in a family friendly environment, a place to not only entertain but learn about magic.
18. Are you confident that you can comply with the liquor code? yes

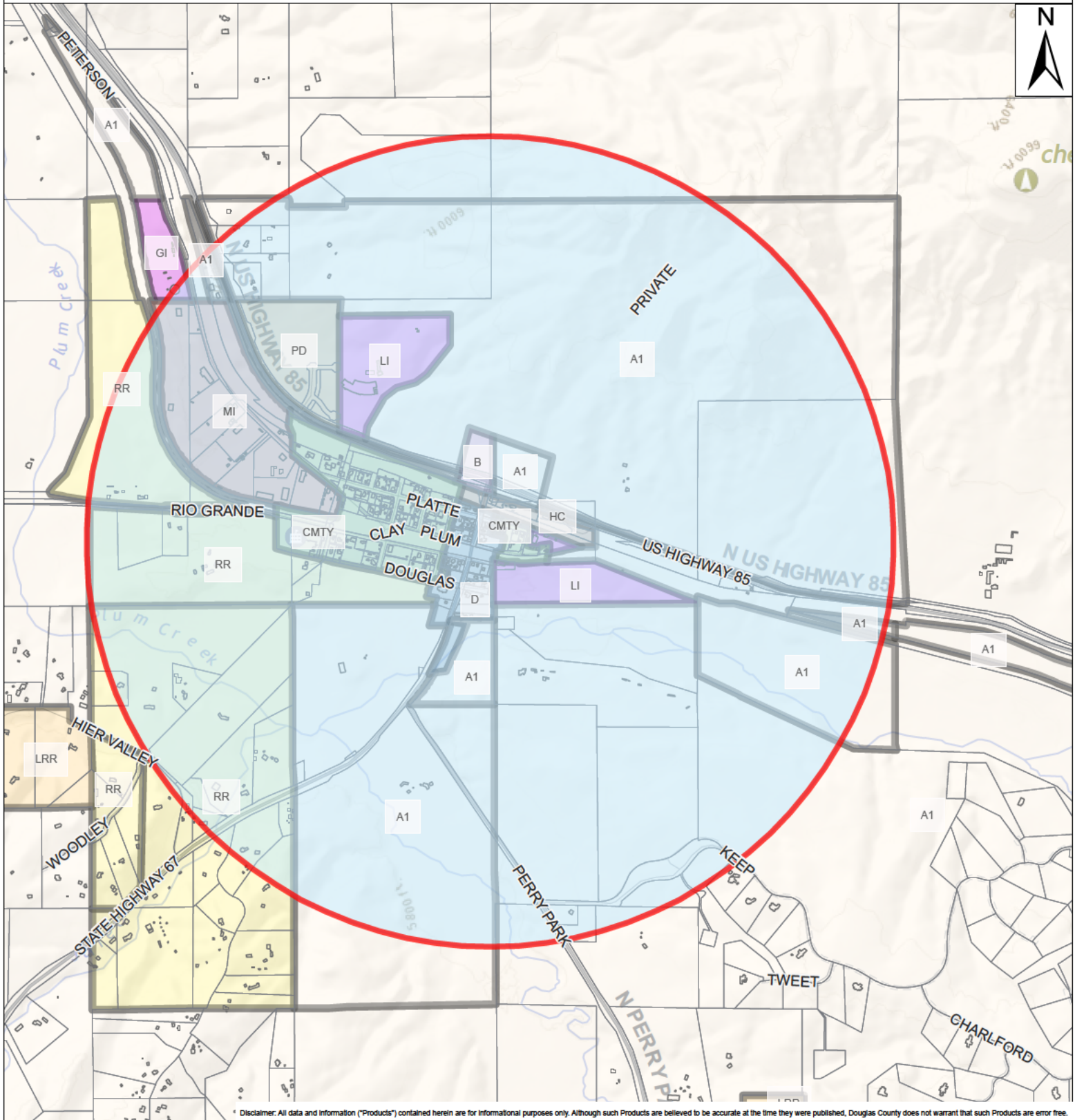
LL2026-040 Project Site Map



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|  PARCELS |  LI - LIGHT INDUSTRIAL |
|  A1 - AGRICULTURAL ONE |  CMTY - SEDALIA COMMUNITY |
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|  GI - GENERAL INDUSTRIAL | |

The logo consists of a dark blue stylized 'OP' monogram. The 'O' is a square with a white negative space, and the 'P' is a solid dark blue shape with a white arrow pointing to the right.

**OEDIPUS
PETITIONING**

*Dream Masterz
Productions Inc. d/b/a
The Magic Manor*

**5450 Manhart St.,
Sedalia, CO 80135**

**Entertainment Liquor
License**



PETITION SURVEYS
Liquor Licensing
Marijuana Licensing

June 22, 2026

Liquor Licensing Authority
Douglas County, Colorado

Re: Petition/Opinion Poll to Determine Needs and Desires
of the Defined Neighborhood in the Application of:

Dream Masterz Productions Inc. d/b/a The Magic Manor
5450 Manhart St., Sedalia, CO 80135
Entertainment Liquor License

PETITION/OPINION POLL PROCEDURE

1. Under the direction and control of Oedipus Petitioning LLC management, the Oedipus Petitioning LLC contractors were briefed on the application.
2. The contractors carried a clipboard with the following:
 - A. Maps and cover pages of the area denoting the proposed location of the license and the boundaries of the defined neighborhood;
 - B. Petition signature pages allowing individuals contacted to indicate their opinion; and
 - C. A statistics sheet to record the opinion of those not signing and not-at-homes.
3. Business and residential petitioning was conducted on June 1st and 18th, 2026, within the designated area prescribed by Douglas County (see maps). The circulation packets have cover maps, and the areas in which each petition circulation/polling took place are outlined in highlighter. Included in this Report is a master circulation map outlining all areas where circulation/polling was conducted.
4. Individuals who were available in areas not posted as “No Soliciting, Private Property/No Trespassing” were contacted on a random sampling basis, were screened to identify them as parties in interest, and were asked their opinion after they had been informed of the applicant, site location, and type of license being applied for. Their opinion was either recorded on the petition format or on the statistics sheet.
5. One (1) petition packet (representing businesses and residences) was pre-filed electronically with this Report on June 22, 2026 to Scott Weeks, Senior Planner, to comply with the pre-filing deadline.

PETITION/OPINION POLL RESULTS

1.	<u>Total Doorknocks:</u>		
	Not-at-Homes and/or Business Owners/Managers Not Available		39
	Not Qualified to Sign		7
	Neutral to Outcome		2
	Preferred to Not Participate		8
	Parties in Interest that Participated		19
	Deleted Signatures		5
	Inaccessible Homes		<u>22</u>
	Total Base Figure		102
2.	<u>Qualified Contacts:</u>		
A.	<u>Signatures</u>		
	Signatures Favoring Issuance		19
	Businesses	7	
	Residences	12	
	Signatures Opposing Issuance		0
	Businesses	0	
	Residences	0	
	Total Contacts		19
B.	<u>Breakdown of Reasons of Signatures in Opposition:</u>		
	Not Needed or Desired	0	
	Abhorrence of Alcohol	0	
	Religious Objections	0	
	Usage Objections	0	
	Miscellaneous Reasons	0	
	No Reason Given	<u>0</u>	
	Total Signatures	0	
C.	<u>Breakdown of Signatures Favoring and Opposing:</u>		
	Favoring Issuance (Based on Needs/Desires)	19	= 100.00%
	Opposing Issuance (Based on Needs/Desires)	0	= 0.00%
	Abhorrence of Alcohol	0	= 0.00%
	Religious Objections	0	= 0.00%

Usage Objections	0	=	0.00%
Other Miscellaneous Reasons	0	=	0.00%
No Reason Given	<u>0</u>	=	<u>0.00%</u>
Total Base Figure	19	=	100.00%

3. Needs and Desires Signatures:

Signatures Favoring Issuance (Based on Needs/Desires)	19	=	100.00%
Signatures Opposing Issuance (Based on Needs/Desires)	<u>0</u>	=	<u>0.00%</u>
Total Base Figure	19	=	100.00%

The petition packets are presented as follows: Cover maps, petitions, and affidavit.

#1 / Erin McCullough, Clark Bonner, & Kyle Cordo/ Businesses & Residences

CATEGORIES OF SIGNATURES IN OPPOSITION

NN NEEDS & DESIRES CRITERIA:

Individuals opposed to the license application based on needs and desires criteria per the Colorado Liquor/Beer Codes (currently existing licensed establishments of a same or similar type of license now located within the defined neighborhood are meeting the reasonable requirements of the adult inhabitants of the defined neighborhood at this time).

N/A NON-USAGE OF ALCOHOL / ABHORRENCE OF ALCOHOL:

Individuals opposed to the license application because they do not drink alcohol beverages, do not approve of alcohol consumption, and/or abhor alcohol.

RO RELIGIOUS OBJECTIONS:

Individuals opposed to the license application based on religious beliefs/reasons.

OBJ USAGE OBJECTIONS:

Individuals opposed to the license application because of their fear or concern for the potential of parking problems, traffic problems, crime, noise, littering, undesirable people drawn to the area, loss of property value; or individuals who opposed this type of business or applicant, any type of commercial usage in the neighborhood, any new growth in the neighborhood; or, individuals who think this type of business (if issued a liquor/beer license) should not be located near a residential neighborhood, church, or school, etc.; or, individuals who opposed because they are against any alcohol service at this type of facility, location, or atmosphere; or, individuals who favor the service of beer and wine but oppose the service of distilled spirits (on H&R applications).

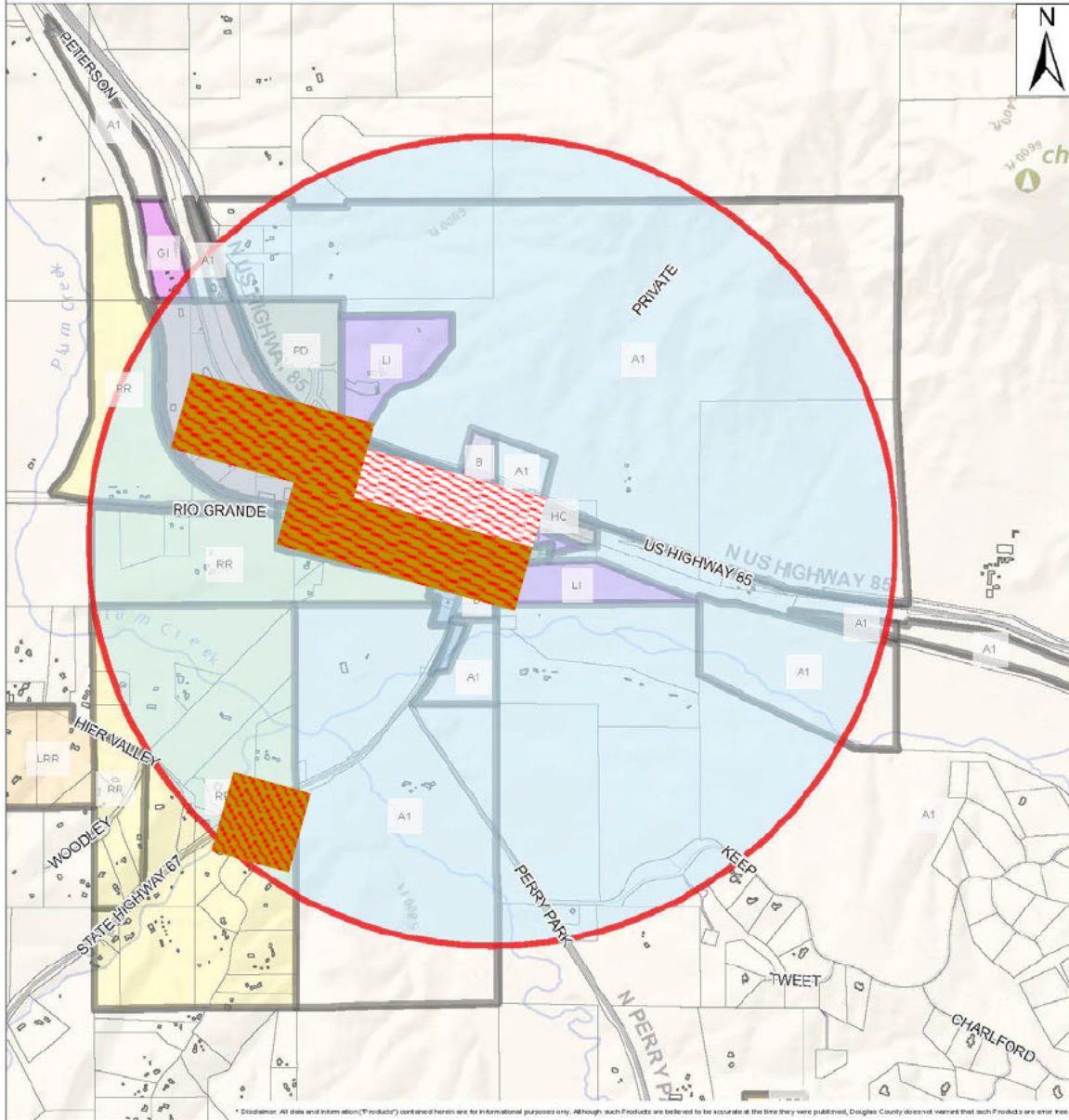
MS MISCELLANEOUS OBJECTIONS:

Individuals opposed to the license application for other miscellaneous reasons to include: fear or concern for the possibility of drunk drivers in the area, fear or concern of resulting behavioral problems, individuals who would purchase alcohol beverages then drink and drive, sales to minors/underaged drinking, the location becoming a teen hang-out and the problems that can arise from this, and the effect it could have on family values or their family in general because they have young children or teens; or, individuals who opposed because competition is not desired or how said business may affect the livelihood of existing businesses; or, individuals who compared the “needs and desires” criteria to existing licensed outlets other than the type of license applied for.

NR NO REASON GIVEN:












Individuals who preferred to not state a reason for opposing.

LL2026-040 Dream Masterz Productions DOUGLAS COUNTY COLORADO



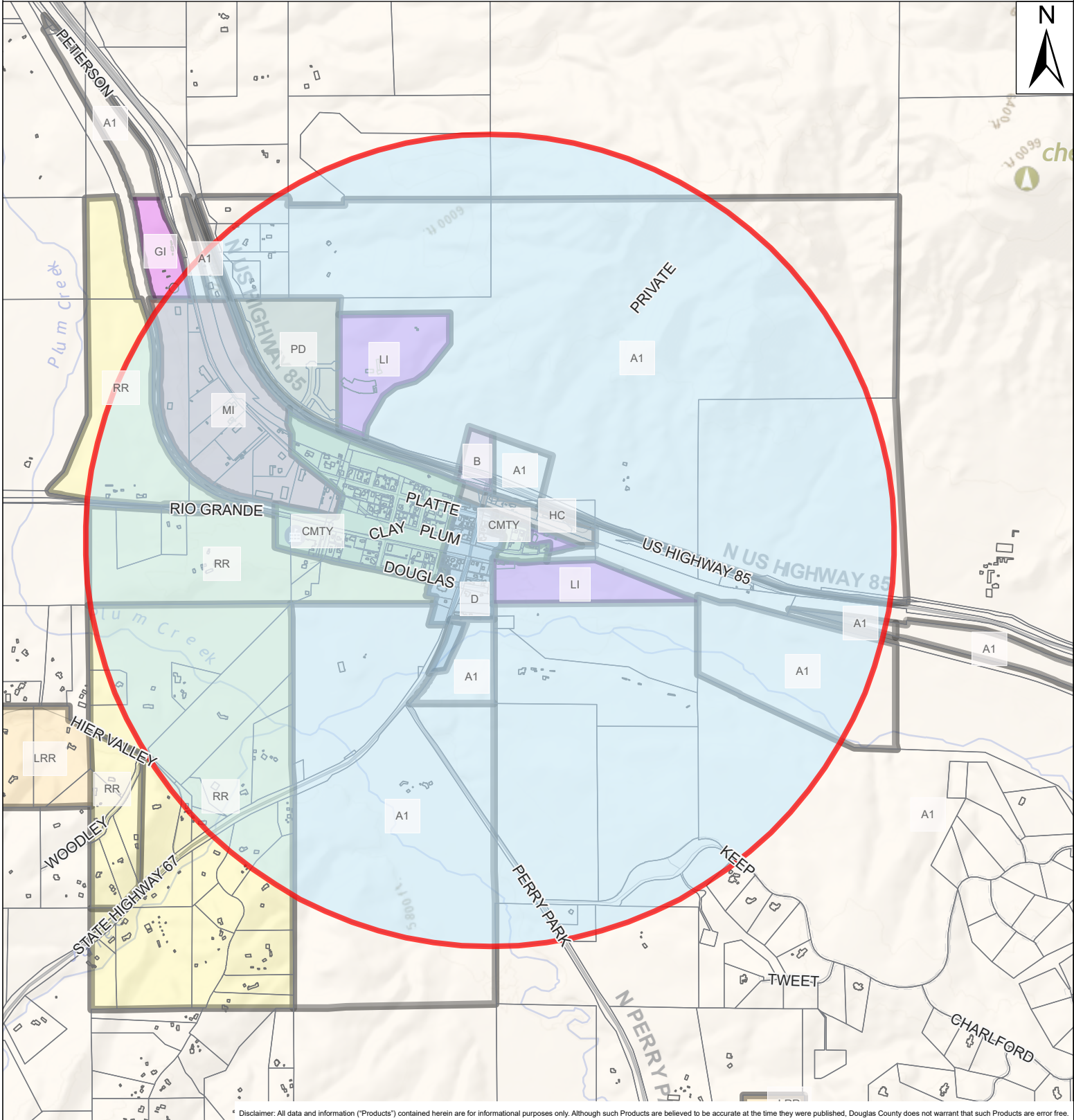
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









 - **BUSINESSES**

 - **RESIDENCES**



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PETITION TO THE LIQUOR LICENSING AUTHORITY OF DOUGLAS COUNTY, COLORADO

APPLICANT/TRADE NAME: Dream Masterz Productions Inc d/b/a The Magic Manor
SITE LOCATION: 5450 Manhart St, Sedalia, CO 80135
APPLICATION FOR: Entertainment Liquor License
PUBLIC HEARING: Tuesday, July 7, 2026 at 1:30 p.m. Details on attending the hearing can be requested from the Public Assistance Planner listed below.
DEFINED NEIGHBORHOOD: Area Radius Defined by The Liquor Licensing Authority of Douglas County (SEE MAP)

INSTRUCTIONS/QUALIFICATIONS: (1) Must be 21 years of age or older and a resident of the defined neighborhood (SEE MAP); (2) OR, Must be Owner or Manager of business located within the defined neighborhood and be 21 years of age or older; (3) Must sign in presence of petition circulator and may only sign for this matter one time; and (4) Must sign own given name [first name or first initial and last name]. No individual may sign for another individual.

PETITION ISSUE: [*] If you *favor and support* this application for an ENTERTAINMENT LIQUOR LICENSE because it is your opinion the reasonable requirements of the adult inhabitants of the defined neighborhood (see map) are not now being adequately served by existing businesses that hold the same or similar type of license now doing business in the defined neighborhood, and it is your desire this ENTERTAINMENT LIQUOR LICENSE be *issued*, please sign and check the *favor* [*] column to *grant* the requested license, and please write in your reason why you favor this license application.
 [**] If you *oppose and do not support* this application for an ENTERTAINMENT LIQUOR LICENSE, please sign and check the *oppose* [**] column, and please write in your reason why you oppose this license application..

This petition/opinion poll is being conducted to determine the reasonable requirements, needs, & desires of the adult inhabitants of the defined neighborhood per C.R.S. 44-3 and/or C.R.S. 44-4, The Colorado Beer and Liquor Codes, and per local licensing authority rules/procedures. If you think you have been unduly influenced by the petition circulator or have questions or comments concerning the proposed application or survey method, please contact: liquorlicense@douglasco.gov 303.660.7460.

	SIGNATURE	PRINTED NAME	ADDRESS	AGE	DATE	FAVOR	OPPOSE	REASON WHY YOU FAVOR OR OPPOSE THIS APPLICATION (Optional)
1.	<i>[Signature]</i>	<i>Utah...</i>	4050 PLATE	64	6-1-26	<input checked="" type="checkbox"/>		
2.	<i>[Signature]</i>	<i>Pat...</i>	5600 Manhart	47	6/11/26	<input checked="" type="checkbox"/>		
3.	<i>[Signature]</i>	CADENCE JAEHLING	5030 NEWY 67	33	6/18/26		<input checked="" type="checkbox"/>	Too many selling liquor
4.	<i>[Signature]</i>	LARRY ALEXANDER	5208 PLYM AVE	79	6/18/26	<input checked="" type="checkbox"/>		
5.	<i>[Signature]</i>	Kyle Huskey	339 N County Highway 67	25	6/18/26	<input checked="" type="checkbox"/>		
6.	<i>[Signature]</i>	Morgan Thompson	6946 Parkside	29	6/18/26	<input checked="" type="checkbox"/>		
7.	<i>[Signature]</i>	MINDY MCKINNEY	5421 CLAY ST.	67	6-18-26	<input checked="" type="checkbox"/>		
8.	<i>[Signature]</i>	JOHN MCKINNEY	5421 CLAY ST	70	1/27/56	<input checked="" type="checkbox"/>		
9.								
10.								
11.								
12.								
13.								
14.								
15.								

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	SIGNATURE	PRINTED NAME	TITLE (Owner/Mgr)	BUSINESS NAME	BUSINESS ADDRESS	AGE	DATE	FAVOR	OPPOSE	REASON WHY YOU FAVOR OR OPPOSE THIS APPLICATION (Optional)
1.		Laritza Bernal	Owner	Encanto, LLC	5457 Manhart Ave Sedalia, CO 80135	25	06/01	X		
2.		CLAY Hounshell	worker	Sedalia Country Store	5466 manhart	57	06/01/26	X		
3.		Mackenzie Thompson	Manager	Sedalia Brewery	4110 Rio grande	29	6/1	X		
4.		Ed Worthley	owner	The Whistlestop	4064 DOUGLASS AVE	64	6/1	X		
5.		Donna Ingman	owner	O'Brien Cafe	5585 US Hwy 85 80135	61	6/18/26	X		
6.		ROXANN MARTINEZ	Owner		5500 N. Plum Ave	54	6/18/26	X		
7.										
8.										
9.										
10.										

DREAM MASTERZ PRODUCTION INC d/b/a)
THE MAGIC MANOR)
5450 MANHART ST,)
SEDALIA, CO 80135)
ENTERTAINMENT LIQUOR LICENSE)

AFFIDAVIT

I, ERIN McCullough, an agent of Oedipus Petitioning, LLC, circulated petition(s) in the above matter;

THAT I explained to potential signers of the petition the type of license being applied for, the proposed license location, the applicant's name and tradename (if applicable), the survey issue and the qualifications for signing the petition;

THAT I gave signers of the petition the opportunity to read, or have read to them, the petition in its entirety and understand its meaning;

THAT I personally witnessed each signature appearing on the attached petition(s);

THAT to the best of my knowledge, the information (name, address, age) written on the petition by the individual signing same is true and valid;

THAT no promises, threats, or inducements were made on my part in the presentation of this petition;

THAT each signature was voluntarily given; and

THAT I personally have no financial interest or equity in the establishment named in this application pursuant to C.R.S. 44-3 or C.R.S. 44-4, the Colorado Liquor and Beer Codes.

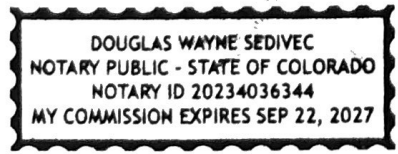
FURTHER THE AFFIANT SAYETH NOT.

SIGNATURE Erin McCullough

PRINTED NAME ERIN MCCULLOUGH

STATE OF COLORADO) ss.
COUNTY OF DOUGLAS

Subscribed and sworn to before me this 5 day of JUNE, 2026.



[Signature]
NOTARY PUBLIC

DREAM MASTERZ PRODUCTION INC d/b/a)
THE MAGIC MANOR)

5450 MANHART ST,)
SEDALIA, CO 80135)
ENTERTAINMENT LIQUOR LICENSE)

AFFIDAVIT

I, Clark Bonner, an agent of Oedipus Petitioning, LLC, circulated petition(s) in the above matter;

THAT I explained to potential signers of the petition the type of license being applied for, the proposed license location, the applicant's name and tradename (if applicable), the survey issue and the qualifications for signing the petition;

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FURTHER THE AFFIANT SAYETH NOT.

SIGNATURE

Clark Bonner

PRINTED NAME

Clark Bonner

STATE OF COLORADO) ss.
COUNTY OF Douglas)

Subscribed and sworn to before me this 18 day of JUNE, 2026.

ELAINE F BRIMAGE II
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20154040119
MY COMMISSION EXPIRES NOV. 25, 2027

Elaine F Brimage II
NOTARY PUBLIC
ELAINE F BRIMAGE II

© Oedipus Petitioning, LLC

PETITION TO THE LIQUOR LICENSING AUTHORITY OF DOUGLAS COUNTY, COLORADO

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	SIGNATURE	PRINTED NAME	ADDRESS	AGE	DATE	FAVOR	OPPOSE	REASON WHY YOU FAVOR OR OPPOSE THIS APPLICATION (Optional)
1.		Melissa Benson	4178 Rio Grande Ave	58	6-18-26	X		
2.		Holly Smith	5112 CURTIS ST.	29	6-18-26	X		
3.		Jason Kinsey	5148 Plum Ave.	41	6-18-26	X		
4.		Ronda Dudeck	5016 N. Huxley	50	6-18-26	X		
5.		Terry Thompson	5264 PLATTE AVE	73	6-18-26	X		
6.		Brian Dudeck	5016 N. Huxley	50	6-18-26	X		
7.		Amber Jachetta	5600 Hunt St	39	6-18-26	X		
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

PETITION TO THE LIQUOR LICENSING AUTHORITY OF DOUGLAS COUNTY, COLORADO

APPLICANT/TRADE NAME: Dream Masterz Productions Inc d/b/a The Magic Manor
SITE LOCATION: 5450 Manhart St, Sedalia, CO 80135
APPLICATION FOR: Entertainment Liquor License
PUBLIC HEARING: Tuesday, July 7, 2026 at 1:30 p.m. Details on attending the hearing can be requested from the Public Assistance Planner listed below.
DEFINED NEIGHBORHOOD: Area Radius Defined by The Liquor Licensing Authority of Douglas County (SEE MAP)

INSTRUCTIONS/QUALIFICATIONS: (1) Must be 21 years of age or older and a resident of the defined neighborhood (SEE MAP); (2) OR, Must be Owner or Manager of business located within the defined neighborhood and be 21 years of age or older; (3) Must sign in presence of petition circulator and may only sign for this matter one time; and (4) Must sign own given name [first name or first initial and last name]. No individual may sign for another individual.

PETITION ISSUE: [*] If you **favor and support** this application for an ENTERTAINMENT LIQUOR LICENSE because it is your opinion the reasonable requirements of the adult inhabitants of the defined neighborhood (see map) are not now being adequately served by existing businesses that hold the same or similar type of license now doing business in the defined neighborhood, and it is your desire this ENTERTAINMENT LIQUOR LICENSE be **issued**, please sign and check the **favor** [*] column to **grant** the requested license, and please write in your reason why you favor this license application.
 [**] If you **oppose and do not support** this application for an ENTERTAINMENT LIQUOR LICENSE, please sign and check the **oppose** [**] column, and please write in your reason why you oppose this license application.

This petition/opinion poll is being conducted to determine the reasonable requirements, needs, & desires of the adult inhabitants of the defined neighborhood per C.R.S. 44-3 and/or C.R.S. 44-4, The Colorado Beer and Liquor Codes, and per local licensing authority rules/procedures. If you think you have been unduly influenced by the petition circulator or have questions or comments concerning the proposed application or survey method, please contact: liquorlicense@douglasco.gov 303 660 7460.

#	SIGNATURE	PRINTED NAME	TITLE (Owner/Mgr)	BUSINESS NAME	BUSINESS ADDRESS	AGE	DATE	FAVOR	OPPOSE	REASON WHY YOU FAVOR OR OPPOSE THIS APPLICATION (Optional)
1.		Ronda Dudeek	owner	Auto Alley	4118 Platte Ave	50	6/18/20	X		
2.		Brian Dudeek	owner	Auto Alley	4118 Platte Ave	51	6/18/20	X		
3.		BRIAN MARTINEZ	OWNER	BRIAN'S BBQ	5500 N. PLUM	52	3/15/24	X		
4.										
5.										
6.										
7.										
8.										
9.										
10.										

DREAM MASTERZ PRODUCTION INC d/b/a)
THE MAGIC MANOR)
5450 MANHART ST,)
SEDALIA, CO 80135)
ENTERTAINMENT LIQUOR LICENSE)

AFFIDAVIT

I, Kyle Cordo, an agent of Oedipus Petitioning, LLC, circulated petition(s) in the above matter;

THAT I explained to potential signers of the petition the type of license being applied for, the proposed license location, the applicant's name and tradename (if applicable), the survey issue and the qualifications for signing the petition;

THAT I gave signers of the petition the opportunity to read, or have read to them, the petition in its entirety and understand its meaning;

THAT I personally witnessed each signature appearing on the attached petition(s);

THAT to the best of my knowledge, the information (name, address, age) written on the petition by the individual signing same is true and valid;

THAT no promises, threats, or inducements were made on my part in the presentation of this petition;

THAT each signature was voluntarily given; and

THAT I personally have no financial interest or equity in the establishment named in this application pursuant to C.R.S. 44-3 or C.R.S. 44-4, the Colorado Liquor and Beer Codes.

FURTHER THE AFFIANT SAYETH NOT.


SIGNATURE 

PRINTED NAME Kyle F Cordo

STATE OF COLORADO) ss.
COUNTY OF Douglas)

Subscribed and sworn to before me this 18 day of JUNE, 2026.

ELAINE F BRIMAGE II
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20154040119
MY COMMISSION EXPIRES NOV. 25, 2027


NOTARY PUBLIC
ELAINE F BRIMAGE II

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