



CITY AND COUNTY OF DENVER

DEPARTMENT OF EXCISE AND LICENSE

OFFICE OF DIRECTOR
201 West Colfax Avenue, Dept. 206
Denver, Colorado 80202

DENVER
THE MILE HIGH CITY

Michael B. Hancock
Mayor

March 12, 2019

Re: RB Cherry Creek, LLC
d/b/a The Halcyon
245 N. Columbine St.
Denver, CO 80206

Dear Neighborhood Organization:

Please be advised that an application for a transfer of ownership has been filed with this department regarding a liquor license establishment in your neighborhood. Please review the attached document for information regarding this change.

Objections to this transfer must be based only on the character and reputation of the applicant. Secondly, all objections to this application must be registered with the Executive Director of Excise and Licenses at 201 West Colfax Avenue, Department 206, Denver, Colorado 80202 by the close of business twenty (20) calendar days from the date of this letter.

To review this application for a transfer of ownership, please visit the Department of Excise & Licenses at 201 West Colfax Avenue, Department #206, between the hours of 8:00 am and 4:00 pm.

Sincerely,

Ashley Kilroy
Executive Director of Excise and Licenses

cc: Councilman Wayne New
Inter-Neighborhood Cooperation
7th Avenue Neighborhood Association
Capitol Hill United Neighborhood, Inc.
Cherry Creek Area Business Alliance
Cherry Creek North Business Improvement
Cherry Creek North Neighborhood Association
Congress Park Neighbors, Inc.
Country Club Historic Neighborhood, Inc.
Friends & Neighbors for Cheesman Park
Green Cherry Creek
Miller Park RNO
Morey Hill Homeowners Association
Washington Park East Neighborhood Association


1

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: www.colorado.gov/enforcement/liquor for more information

Items submitted, please check all appropriate boxes completed or documents submitted	
I. Applicant Information	<input type="checkbox"/> A. Applicant/Licensee identified <input type="checkbox"/> B. State sales tax license number listed or applied for at time of application <input type="checkbox"/> C. License type or other transaction identified <input type="checkbox"/> D. Return originals to local authority <input type="checkbox"/> E. Additional information may be required by the local licensing authority <input type="checkbox"/> F. All sections of the application need to be completed
II. Diagram of the premises	<input type="checkbox"/> A. No larger than 8 1/2" X 11" <input type="checkbox"/> B. Dimensions included (does not have to be to scale). Exterior areas should show type of control (fences, walls, entry/exit points, etc.) <input type="checkbox"/> C. Separate diagram for each floor (if multiple levels) <input type="checkbox"/> D. Kitchen - identified if Hotel and Restaurant <input type="checkbox"/> E. Bold/Outlined Licensed Premises
III. Proof of property possession (One Year Needed)	<input type="checkbox"/> A. Deed in name of the applicant (or) (matching question #2) date stamped / filed with County Clerk <input type="checkbox"/> B. Lease in the name of the applicant (or) (matching question #2) <input type="checkbox"/> C. Lease assignment in the name of the applicant with proper consent from the Landlord and acceptance by the Applicant <input type="checkbox"/> D. Other agreement if not deed or lease. (matching question #2) (Attach prior lease to show right to assumption)
IV. Background Information and financial documents	<input type="checkbox"/> A. Individual History Records(s) (Form DR 8404-I) <input type="checkbox"/> B. Fingerprints taken and submitted to the appropriate Local Licensing Authority through an approved State Vendor. Master File applicants submit results to the State using code 25YQHT with IdentoGO. The Vendors are as follows: IdentoGO - https://uenroll.identogo.com/ Phone: (844)539-5539 (toll-free) IdentoGO FAQs: https://www.colorado.gov/pacific/cbi/identification-faqs Colorado Fingerprinting by American Bioidentity – Details to be announced <input type="checkbox"/> C. Purchase agreement, stock transfer agreement, and/or authorization to transfer license <input type="checkbox"/> D. List of all notes and loans (Copies to also be attached)
V. Sole proprietor/husband and wife partnership (if applicable)	<input type="checkbox"/> A. Form DR 4679 <input type="checkbox"/> B. Copy of State issued Driver's License or Colorado Identification Card for each applicant
VI. Corporate applicant information (if applicable)	<input type="checkbox"/> A. Certificate of Incorporation date stamped by the Colorado Secretary of State's Office <input type="checkbox"/> B. Certificate of Good Standing <input type="checkbox"/> C. Certificate of Authorization if foreign corporation <input type="checkbox"/> D. List of officers, directors and stockholders of applying corporation (If wholly owned, designate a minimum of one person as principal officer of parent)
VII. Partnership applicant information (if applicable)	<input type="checkbox"/> A. Partnership Agreement (general or limited). Not needed if husband and wife <input type="checkbox"/> B. Certificate of Good Standing (If formed after 2009)
VIII. Limited Liability Company applicant information (if applicable)	<input type="checkbox"/> A. Copy of articles of organization (date stamped by Colorado Secretary of State's Office) <input type="checkbox"/> B. Certificate of Good Standing <input type="checkbox"/> C. Copy of operating agreement <input type="checkbox"/> D. Certificate of Authority if foreign company
IX. Manager registration for Hotel and Restaurant, Tavern, Lodging & Entertainment, and Campus Liquor Complex licenses when included with this application	<input type="checkbox"/> A. \$75.00 fee <input type="checkbox"/> B. Individual History Record (DR 8404-I) <input type="checkbox"/> C. If owner is managing, no fee required

Name RB Cherry Creek LLC		Type of License		Account Number
7. Is the applicant (including any of the partners if a partnership; members or managers if a limited liability company; or officers, stockholders or directors if a corporation) or managers under the age of twenty-one years?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
8. Has the applicant (including any of the partners if a partnership; members or managers if a limited liability company; or officers, stockholders or directors if a corporation) or managers ever (in Colorado or any other state):				
(a) Been denied an alcohol beverage license?				<input type="checkbox"/> <input checked="" type="checkbox"/>
(b) Had an alcohol beverage license suspended or revoked?				<input type="checkbox"/> <input checked="" type="checkbox"/>
(c) Had interest in another entity that had an alcohol beverage license suspended or revoked?				<input type="checkbox"/> <input checked="" type="checkbox"/>
If you answered yes to 8a, b or c, explain in detail on a separate sheet.				
9. Has a liquor license application (same license class), that was located within 500 feet of the proposed premises, been denied within the preceding two years? If "yes", explain in detail.				<input type="checkbox"/> <input checked="" type="checkbox"/>
10. Are the premises to be licensed within 500 feet, of any public or private school that meets compulsory education requirements of Colorado law, or the principal campus of any college, university or seminary?				<input checked="" type="checkbox"/> <input type="checkbox"/>
				or
Waiver by local ordinance?				<input checked="" type="checkbox"/> <input type="checkbox"/>
Other: _____				
11. Is your Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 1500 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of greater than (>) 10,000? NOTE: The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.				<input type="checkbox"/> <input checked="" type="checkbox"/>
12. Is your Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 3000 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of less than (<) 10,000? NOTE: The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.				<input type="checkbox"/> <input checked="" type="checkbox"/>
13a. For additional Retail Liquor Store only. Was your Retail Liquor Store License issued on or before January 1, 2016?				<input type="checkbox"/> <input checked="" type="checkbox"/>
13b. Are you a Colorado resident?				<input checked="" type="checkbox"/> <input type="checkbox"/>
14. Has a liquor or beer license ever been issued to the applicant (including any of the partners, if a partnership; members or manager if a Limited Liability Company; or officers, stockholders or directors if a corporation)? If yes, identify the name of the business and list any current financial interest in said business including any loans to or from a licensee.				<input type="checkbox"/> <input checked="" type="checkbox"/>
15. Does the applicant, as listed on line 2 of this application, have legal possession of the premises by ownership, lease or other arrangement?				<input checked="" type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/> Ownership <input type="checkbox"/> Lease <input type="checkbox"/> Other (Explain in Detail) _____				
a. If leased, list name of landlord and tenant, and date of expiration, exactly as they appear on the lease:				
Landlord		Tenant		Expires
b. Is a percentage of alcohol sales included as compensation to the landlord? If yes, complete question 16.				<input type="checkbox"/> <input checked="" type="checkbox"/>
c. Attach a diagram that designates the area to be licensed in black bold outline (including dimensions) which shows the bars, brewery, walls, partitions, entrances, exits and what each room shall be utilized for in this business. This diagram should be no larger than 8 1/2" X 11".				
16. Who, besides the owners listed in this application (including persons, firms, partnerships, corporations, limited liability companies) will loan or give money, inventory, furniture or equipment to or for use in this business; or who will receive money from this business? Attach a separate sheet if necessary.				
Last Name	First Name	Date of Birth	FEIN or SSN	Interest/Percentage
None				
Last Name	First Name	Date of Birth	FEIN or SSN	Interest/Percentage
Attach copies of all notes and security instruments and any written agreement or details of any oral agreement, by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment, and any agreement relating to the business which is contingent or conditional in any way by volume, profit, sales, giving of advice or consultation.				
17. Optional Premises or Hotel and Restaurant Licenses with Optional Premises:				
Has a local ordinance or resolution authorizing optional premises been adopted?				N/A <input type="checkbox"/> <input type="checkbox"/>
Number of additional Optional Premise areas requested. (See license fee chart)				
18. Liquor Licensed Drugstore (LLDS) applicants, answer the following:				
(a) Is there a pharmacy, licensed by the Colorado Board of Pharmacy, located within the applicant's LLDS premise?				N/A <input type="checkbox"/> <input type="checkbox"/>
If "yes" a copy of license must be attached.				
19. Club Liquor License applicants answer the following: Attach a copy of applicable documentation				N/A
(a) Is the applicant organization operated solely for a national, social, fraternal, patriotic, political or athletic purpose and not for pecuniary gain?				<input type="checkbox"/> <input type="checkbox"/>
(b) Is the applicant organization a regularly chartered branch, lodge or chapter of a national organization which is operated solely for the object of a patriotic or fraternal organization or society, but not for pecuniary gain?				<input type="checkbox"/> <input type="checkbox"/>
(c) How long has the club been incorporated?				
(d) Has applicant occupied an establishment for three years (three years required) that was operated solely for the reasons stated above?				<input type="checkbox"/> <input type="checkbox"/>
20. 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)				N/A <input type="checkbox"/> <input type="checkbox"/>

Name RB Cherry Creek LLC		Type of License	Account Number	
21. Campus Liquor Complex applicants answer the following:				
(a) Is the applicant an institution of higher education?			N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
(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.				<input type="checkbox"/> <input type="checkbox"/>
22. For all on-premises applicants.				
a. Hotel and Restaurant, Lodging and Entertainment, Tavern License and Campus Liquor Complex, the Registered Manager must also submit an Individual History Record - DR 8404-I and fingerprint submitted to approved State Vendor through the Vendor's website. See application checklist, Section IV, for details.				
b. For all Liquor Licensed Drugstores (LLDS) the Permitted Manager must also submit an Manager Permit Application - DR 8000 and fingerprints.				
Last Name of Manager Delcamp		First Name of Manager Jason		
23. Does this manager act as the manager of, or have a financial interest in, any other liquor licensed establishment in the State of Colorado? If yes, provide name, type of license and account number.				<input type="checkbox"/> <input checked="" type="checkbox"/>
24. Related Facility - Campus Liquor Complex applicants answer the following:				N/A
a. Is the related facility located within the boundaries of the Campus Liquor Complex? 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.				Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Designated Manager for Related Facility- Campus Liquor Complex				
Last Name of Manager		First Name of Manager		
25. Tax Dstraint Information. Does the applicant or any other person listed on this application including its partners, officers, directors, stockholders, members (LLC) or managing members (LLC) and any other persons with a 10% or greater financial interest in the applicant currently have an outstanding tax dstraint issued to them by the Colorado Department of Revenue? If yes, provide an explanation and include copies of any payment agreements.				<input type="checkbox"/> <input checked="" type="checkbox"/>
26. 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 See Attachment A Organization Chart	Home Address, City & State	DOB	Position	%Owned
Name See Attachment B List of Officers	Home Address, City & State	DOB	Position	%Owned
Name	Home Address, City & State	DOB	Position	%Owned
Name	Home Address, City & State	DOB	Position	%Owned
Name	Home Address, City & State	DOB	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: <input checked="" type="checkbox"/> Applicant affirms that no individual other than these disclosed herein owns 10% or more of the applicant and does not have financial interest in a prohibited liquor license pursuant to Article 3 or 5, C.R.S.				
Name RB Cherry Creek LLC		Type of License	Account Number	
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 Code which affect my license.				
Authorized Signature By: 		Printed Name and Title Kenneth J. Krebs, Vice President		Date 3/8/19
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)		

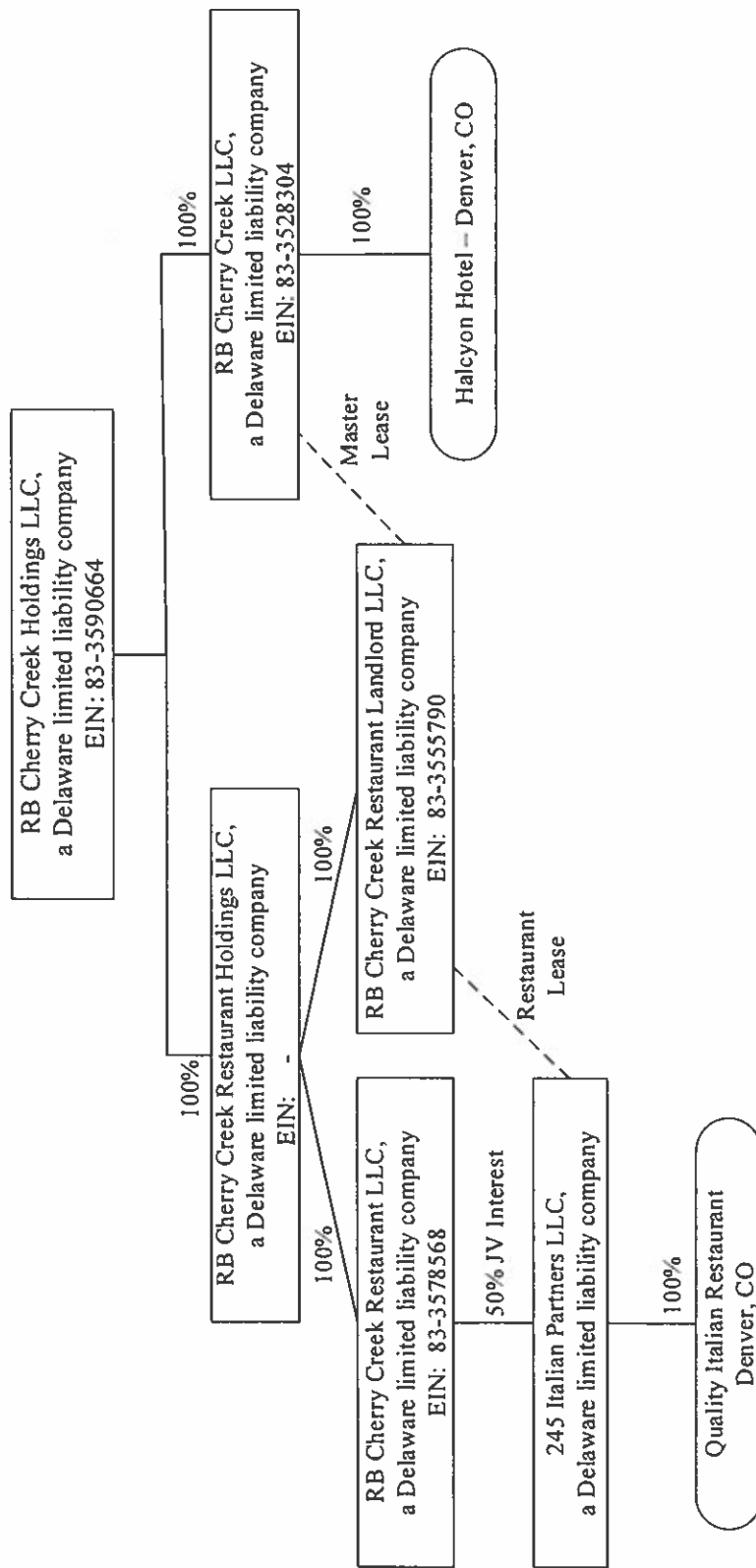
The Local Licensing Authority Hereby Affirms that each person required to file DR 8404-I (Individual History Record) or a DR 8000 (Manager Permit) has been:			
<input checked="" type="checkbox"/> Fingerprinted <input checked="" type="checkbox"/> Subject to background investigation, including NCIC/CCIC 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)			
<input type="checkbox"/> Date of inspection or anticipated date _____			
<input checked="" type="checkbox"/> Will conduct inspection upon approval of state licensing authority			
<input type="checkbox"/> Is the Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 1,500 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of > 10,000?			Yes No <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Is the Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 3,000 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of < 10,000?			<input type="checkbox"/> <input type="checkbox"/>
NOTE: The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.			
<input type="checkbox"/> 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?			<input type="checkbox"/> <input type="checkbox"/>
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.			
Local Licensing Authority for DENVER		Telephone Number _____	<input type="checkbox"/> Town, City <input type="checkbox"/> County
Signature _____	Print _____	Title _____	Date _____
Signature _____	Print _____	Title _____	Date _____

Attachment B

Officers of RB Cherry Creek LLC

- James T. Merkel- CEO
- Jordan B. Hansell- President
- Kenneth J. Krebs- Vice President

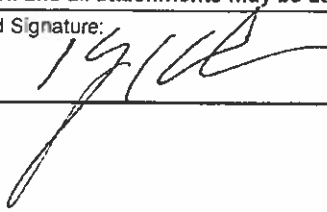
Organizational Chart – Halcyon Hotel Privileged and Confidential March 4, 2019





City and County of Denver
DEPARTMENT OF EXCISE AND LICENSES
201 W. Colfax Ave. Dept. 206
Denver, CO 80202
P: 720.865.2740
F: 720.865.2881
www.denvergov.org/businesslicensing

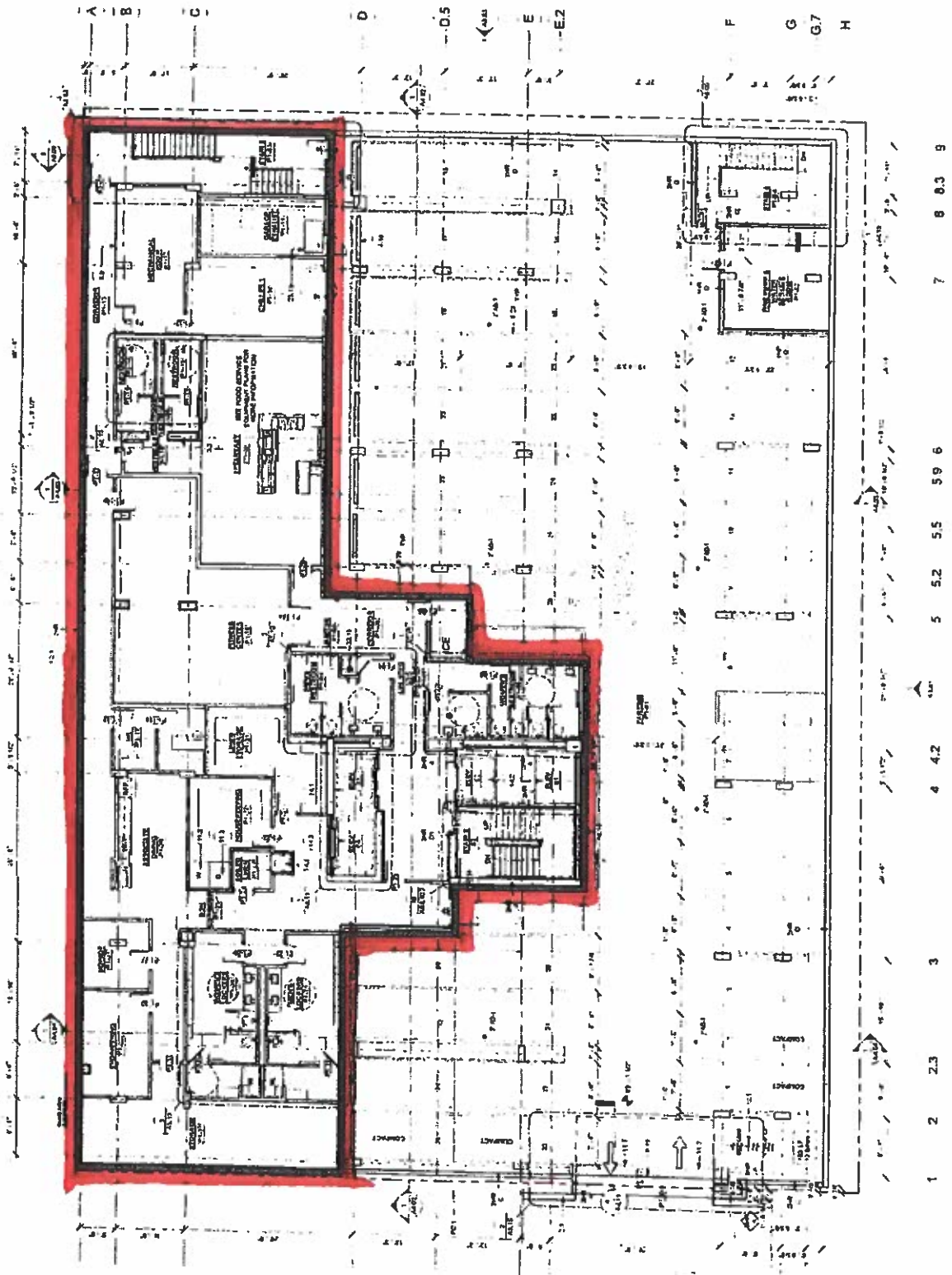
Cabaret License Application

<input type="checkbox"/> New License Application <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Modification of Premises	Type of License Applied for and Application Fees:		
Instructions: 1. Attach appropriate application and license fees. 2. Attached approved Zoning Use Permit. 3. Attach detailed sketch of interior showing entertainment and/or dance areas (include dimensions). 4. Include this application with liquor license application (if applicable).		Application	License
	<input type="checkbox"/> Standard Cabaret	\$500.00	\$750.00
	<input type="checkbox"/> Acoustic Cabaret	\$500.00	\$750.00
	<input type="checkbox"/> Dance Cabaret	\$1,000.00	\$1,500.00
	<input type="checkbox"/> Special Dance Cabaret	\$1,000.00	\$1,500.00
	<input type="checkbox"/> Events Center Cabaret	\$1,000.00	\$1,500.00
<input type="checkbox"/> Adult Cabaret	\$2,000.00	\$3,000.00	
1. Name of Applicant RB Cherry Creek LLC	1b. Trade Name of Establishment (DBA) The Halcyon		
1c. Address of Business to be Licensed (Number and Street) 245 N. Columbine St.	City or Town Denver	State CO	Zip Code 80206
1d. Applicant is Applying as a: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Association or Other			
2. Applicant has completed DR 8404, Retail License Application or DR 8403 3.2% Beer License Application. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2a. If no, Stop and complete DR 8404, Retail License Application or DR 8403 3.2% Beer License Application.			
2b. If yes, I declare under penalty of perjury in the second degree that all information contained in DR 8404, Retail License Application or DR 8403 3.2% Beer License Application and all attachments are true, correct, and complete to the best of my knowledge. Further, I agree that all information contained in DR 8404, Retail License Application or DR 8403 3.2% Beer License Application and all attachments may be used to support this application for cabaret license.			
Authorized Signature: By: 	Title: Vice President	Date: 3/8/19	

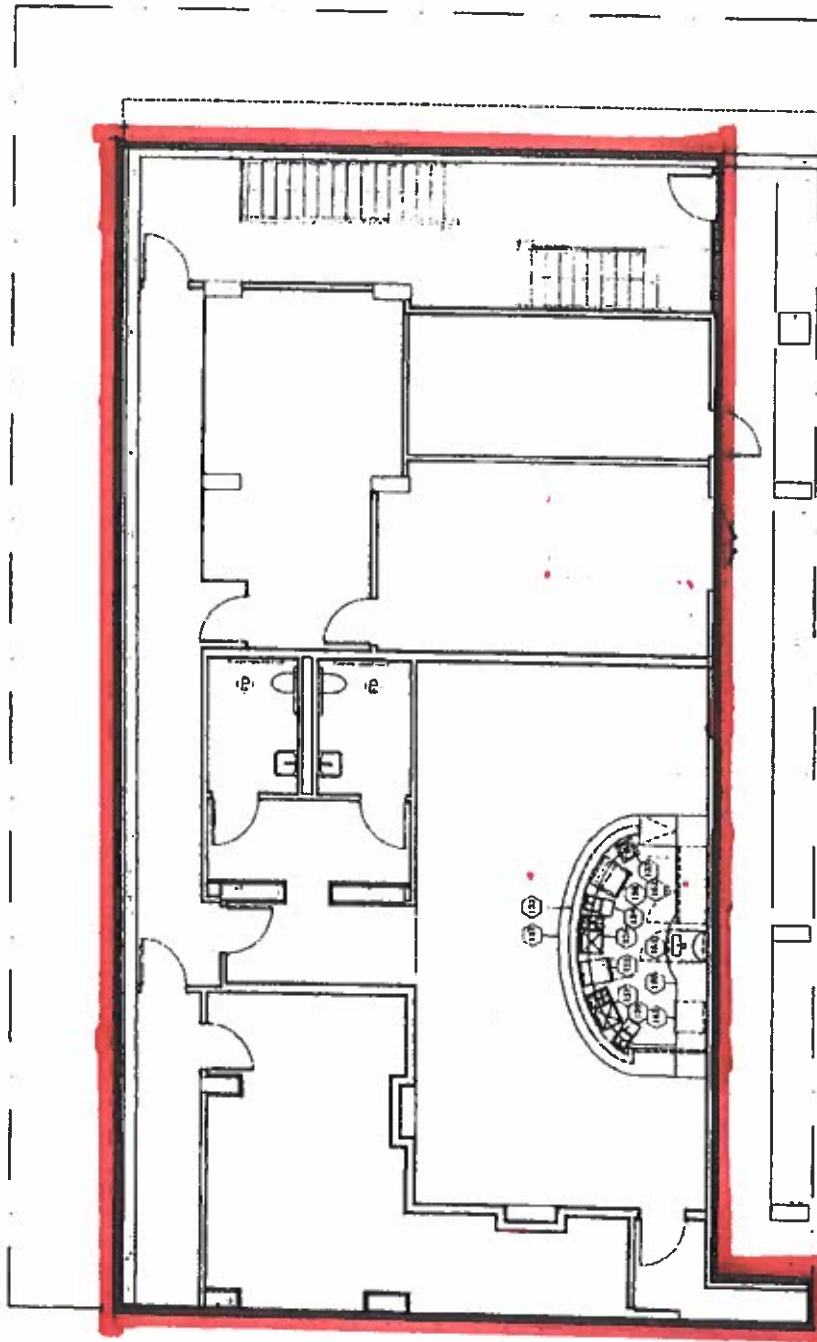


3a. Type of Entertainment to be offered Occasional live entertainment and patron dancing	b. Premises square footage 11,559 SF									
c. Seating Capacity Max 490 Occ Load in Ballroom	d. Square footage of dance entertainment areas 3,459 SF Ballroom									
4. Has a cabaret license been denied for the premises within the last 2 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
6. Has applicant or any of applicant's officers, directors, stockholders, members, partners, or managers ever been:										
<table style="width: 100%;"> <tr> <td style="width: 70%;">a. Denied a cabaret license?</td> <td style="width: 15%;"><input type="checkbox"/> Yes</td> <td style="width: 15%;"><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>b. Had a cabaret license suspended or revoked?</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>c. Been convicted of a felony, any alcohol related offense, or any non-traffic misdemeanor?</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> </table>		a. Denied a cabaret license?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	b. Had a cabaret license suspended or revoked?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	c. Been convicted of a felony, any alcohol related offense, or any non-traffic misdemeanor?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
a. Denied a cabaret license?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No								
b. Had a cabaret license suspended or revoked?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No								
c. Been convicted of a felony, any alcohol related offense, or any non-traffic misdemeanor?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No								
(If yes to any of the above, please attach an explanation.)										
OATH OF APPLICANT										
I declare under penalty of perjury in the second degree that this application, our liquor license 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 Denver Revised Municipal Code, which govern my cabaret license.										
Authorized Signature: By:	Title: Vice President	Date: 3/8/19								
CABARET LICENSE TYPES:										
Standard – Live Entertainment. No adult entertainment, no patron dancing. Acoustic Cabaret – Unamplified live entertainment. No Patron dancing permitted. Dance Cabaret – Live or recorded entertainment and patron dancing, no adult entertainment. Special Dance Cabaret – Live or recorded entertainment and patron dancing is permitted. Entertainment is confined to the interior of the building or located upon the licensed premises as defined in the Colorado Liquor Code. Unamplified live entertainment or recorded entertainment and patron dancing may be provided beyond the interior of the building before 8:00 p.m. Event Center Cabaret – Seating capacity of at least 2,000 in which both live and/or recorded entertainment is provided and in which patron dancing is permitted. Adult Cabaret – Adult entertainment is provided, as well as the entertainment included in the Dance Cabaret.										

Revised April 2017



1 P1 LEVEL OVERALL PLAN
1/8" = 1'-0"



1ST FLOOR EQUIPMENT PLAN

SCALE: 1/8" = 1'-0"

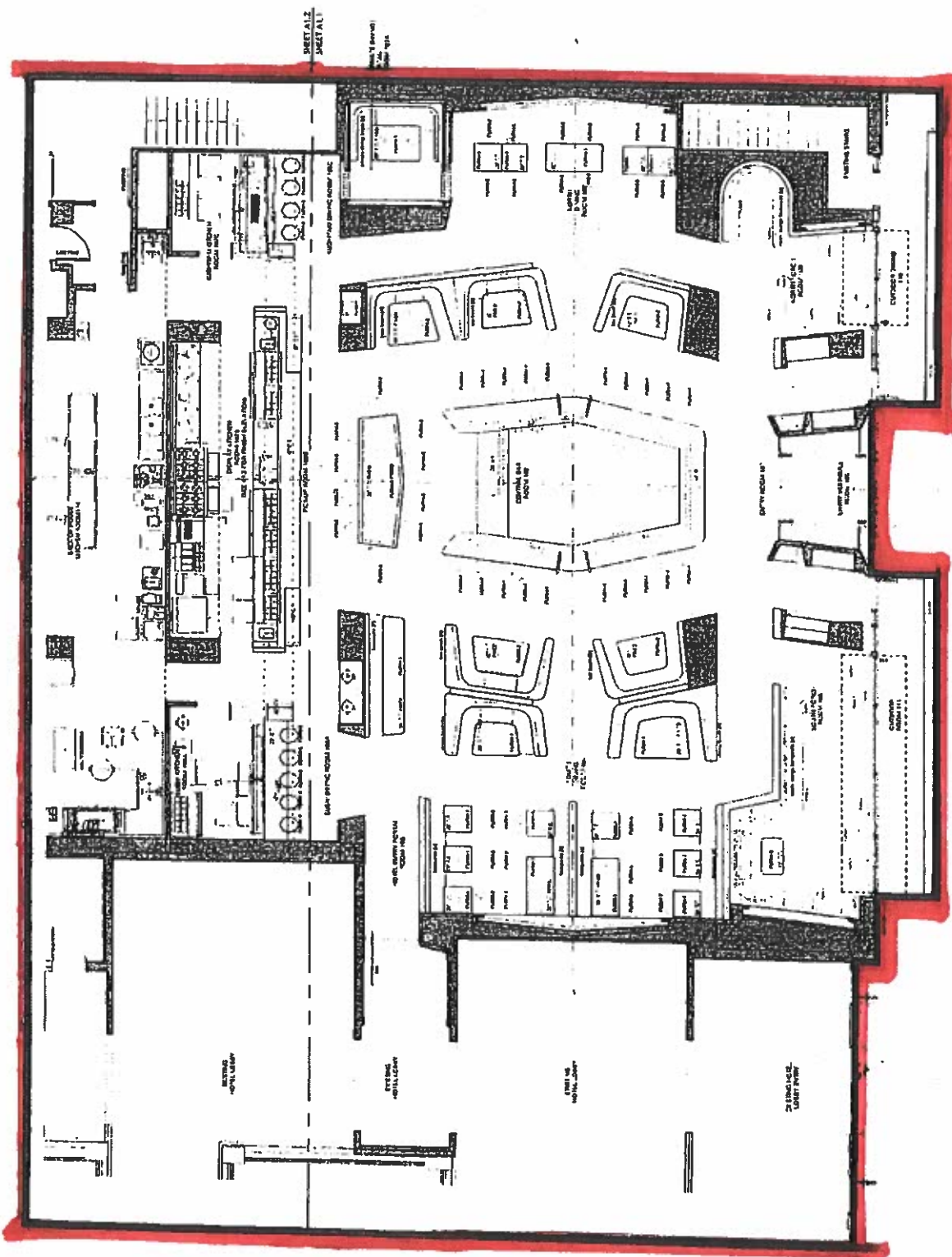
GENERAL CONTRACTOR NOTES

1. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL ELECTRICAL CODE (NEC) AND THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) CODES.
2. ALL MATERIALS AND EQUIPMENT SHALL BE OF THE BEST QUALITY AND SHALL BE APPROVED BY THE ENGINEER BEFORE INSTALLATION.
3. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
4. ALL WORK SHALL BE DONE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL ELECTRICAL CODE (NEC) AND THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) CODES.
5. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
6. ALL WORK SHALL BE DONE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL ELECTRICAL CODE (NEC) AND THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) CODES.
7. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
8. ALL WORK SHALL BE DONE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL ELECTRICAL CODE (NEC) AND THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) CODES.
9. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
10. ALL WORK SHALL BE DONE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL ELECTRICAL CODE (NEC) AND THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) CODES.
11. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
12. ALL WORK SHALL BE DONE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL ELECTRICAL CODE (NEC) AND THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) CODES.
13. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
14. ALL WORK SHALL BE DONE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL ELECTRICAL CODE (NEC) AND THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) CODES.
15. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.

NOTE:

ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.

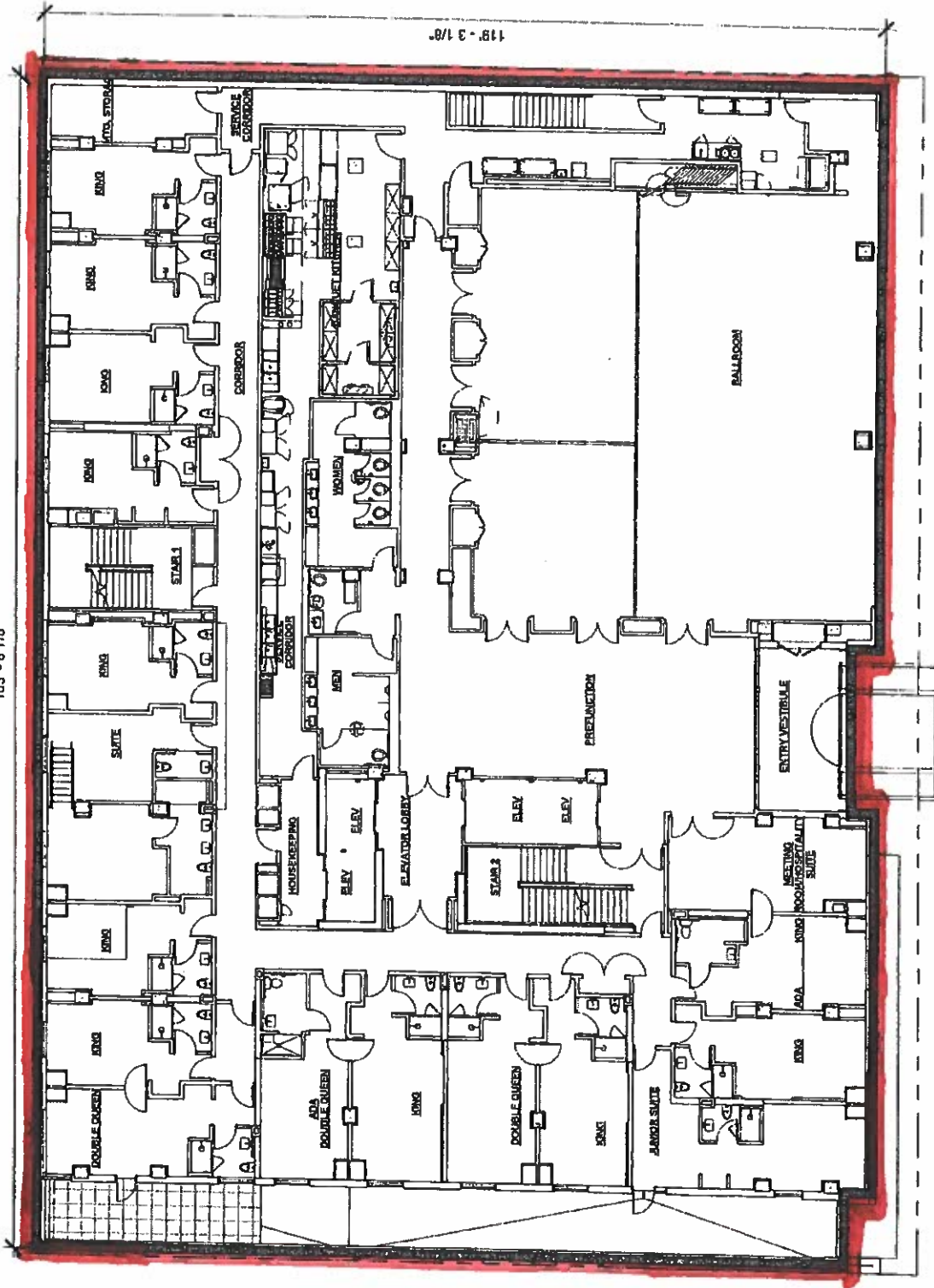
EQUIPMENT SCHEDULE			
ITEM NO.	EQUIPMENT CATEGORY	EQUIPMENT REMARKS	
101	1	101	BY E.C.
102	1	102	BY E.C.
103	1	103	BY E.C.
104	1	104	BY E.C.
105	1	105	BY E.C.
106	1	106	BY E.C.
107	1	107	BY E.C.
108	1	108	BY E.C.
109	1	109	BY E.C.
110	1	110	BY E.C.
111	1	111	BY E.C.
112	1	112	BY E.C.
113	1	113	BY E.C.
114	1	114	BY E.C.
115	1	115	BY E.C.
116	1	116	BY E.C.
117	1	117	BY E.C.
118	1	118	BY E.C.
119	1	119	BY E.C.
120	1	120	BY E.C.
121	1	121	BY E.C.
122	1	122	BY E.C.
123	1	123	BY E.C.
124	1	124	BY E.C.
125	1	125	BY E.C.
126	1	126	BY E.C.
127	1	127	BY E.C.
128	1	128	BY E.C.
129	1	129	BY E.C.
130	1	130	BY E.C.
131	1	131	BY E.C.
132	1	132	BY E.C.
133	1	133	BY E.C.
134	1	134	BY E.C.
135	1	135	BY E.C.
136	1	136	BY E.C.
137	1	137	BY E.C.
138	1	138	BY E.C.
139	1	139	BY E.C.
140	1	140	BY E.C.
141	1	141	BY E.C.
142	1	142	BY E.C.
143	1	143	BY E.C.
144	1	144	BY E.C.
145	1	145	BY E.C.
146	1	146	BY E.C.
147	1	147	BY E.C.
148	1	148	BY E.C.
149	1	149	BY E.C.
150	1	150	BY E.C.
151	1	151	BY E.C.
152	1	152	BY E.C.
153	1	153	BY E.C.
154	1	154	BY E.C.
155	1	155	BY E.C.
156	1	156	BY E.C.
157	1	157	BY E.C.
158	1	158	BY E.C.
159	1	159	BY E.C.
160	1	160	BY E.C.
161	1	161	BY E.C.
162	1	162	BY E.C.
163	1	163	BY E.C.
164	1	164	BY E.C.
165	1	165	BY E.C.
166	1	166	BY E.C.
167	1	167	BY E.C.
168	1	168	BY E.C.
169	1	169	BY E.C.
170	1	170	BY E.C.
171	1	171	BY E.C.
172	1	172	BY E.C.
173	1	173	BY E.C.
174	1	174	BY E.C.
175	1	175	BY E.C.
176	1	176	BY E.C.
177	1	177	BY E.C.
178	1	178	BY E.C.
179	1	179	BY E.C.
180	1	180	BY E.C.
181	1	181	BY E.C.
182	1	182	BY E.C.
183	1	183	BY E.C.
184	1	184	BY E.C.
185	1	185	BY E.C.
186	1	186	BY E.C.
187	1	187	BY E.C.
188	1	188	BY E.C.
189	1	189	BY E.C.
190	1	190	BY E.C.
191	1	191	BY E.C.
192	1	192	BY E.C.
193	1	193	BY E.C.
194	1	194	BY E.C.
195	1	195	BY E.C.
196	1	196	BY E.C.
197	1	197	BY E.C.
198	1	198	BY E.C.
199	1	199	BY E.C.
200	1	200	BY E.C.



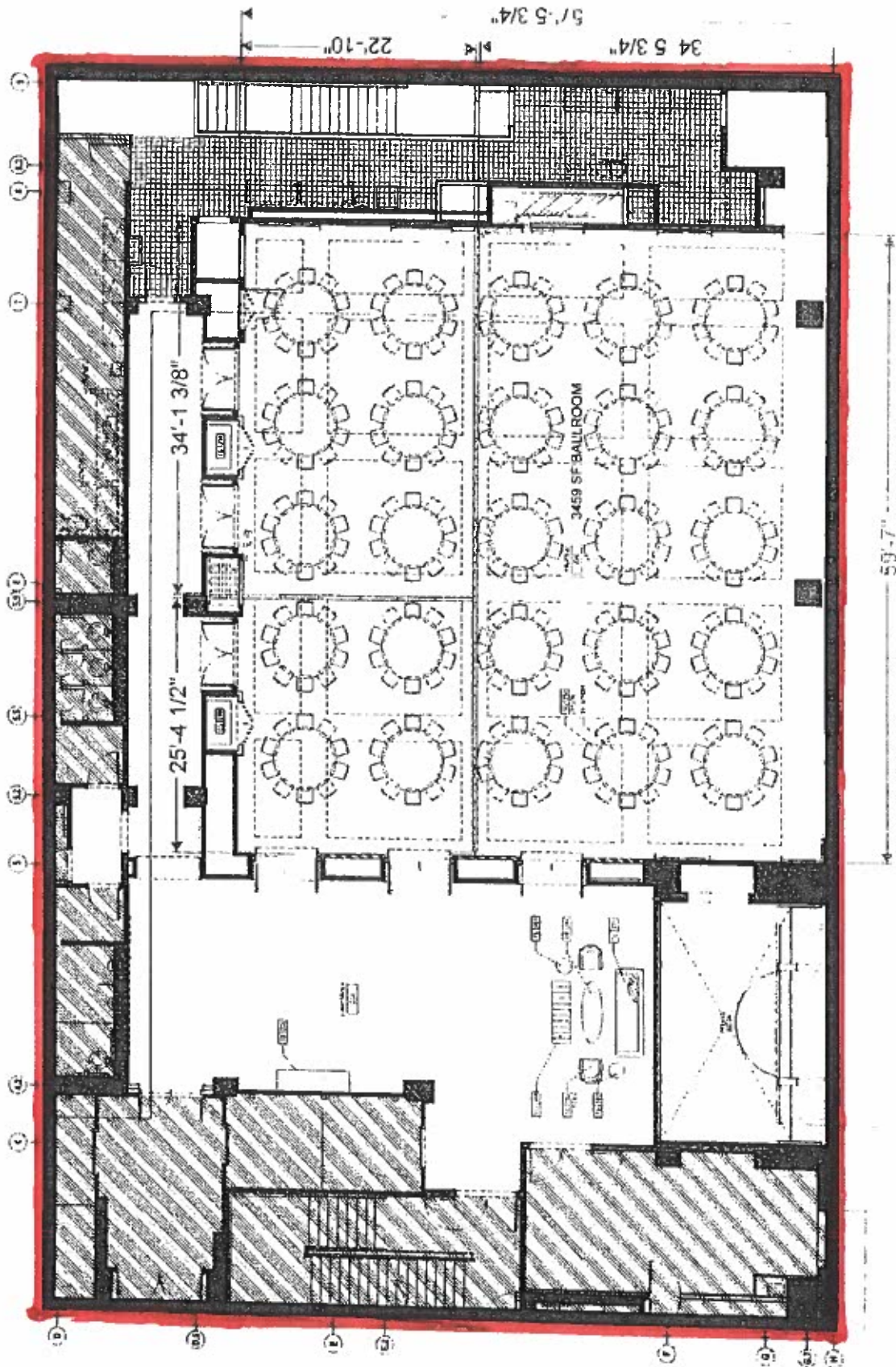
DETAIL DIAGRAM - RESTAURANT

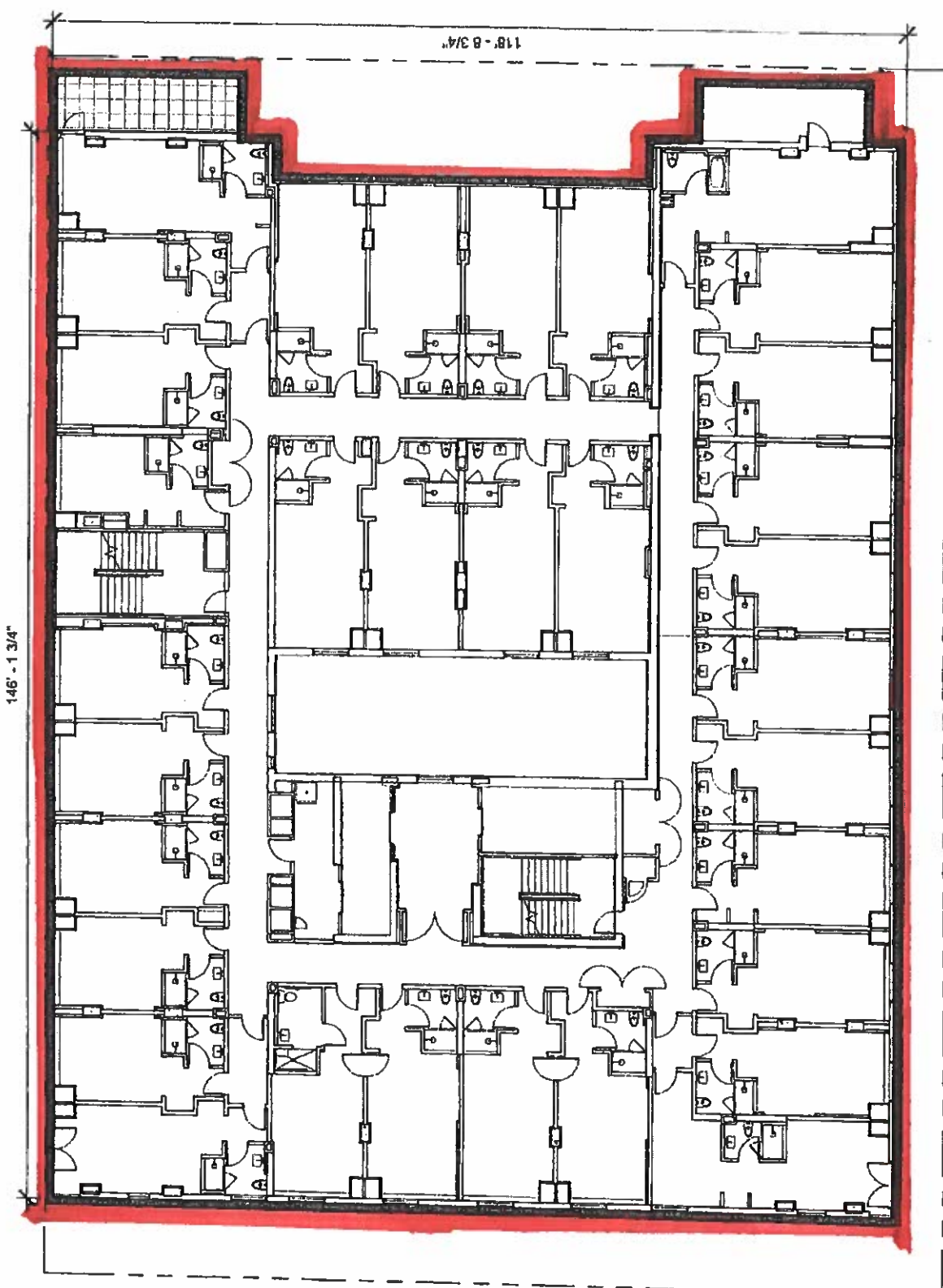
153' - 8 7/8"

119' - 3 1/8"



① 2ND LEVEL
1/16" = 1'-0"





3RD LEVEL

1/16" = 1'-0"

1

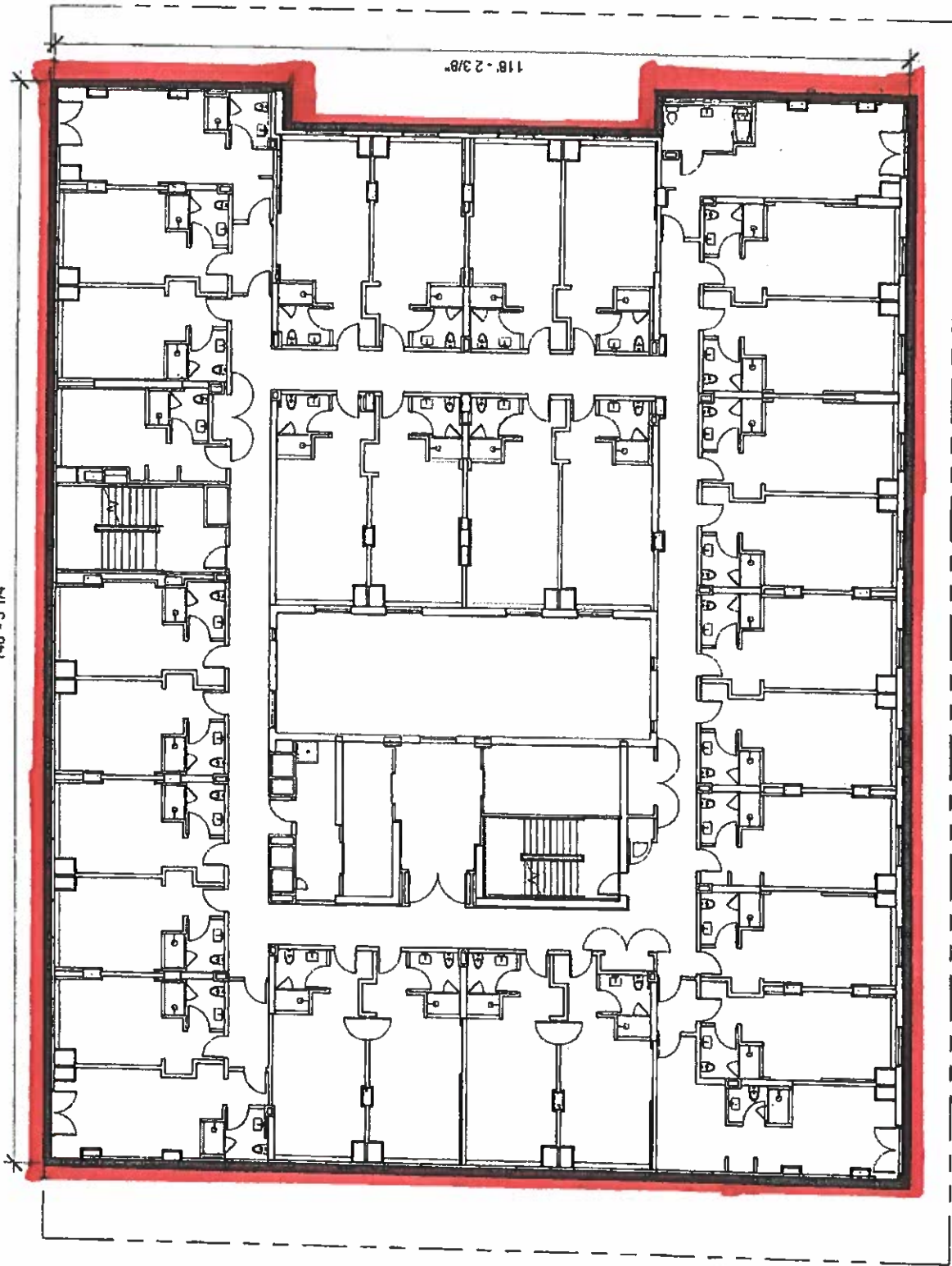
146' - 3 1/4"

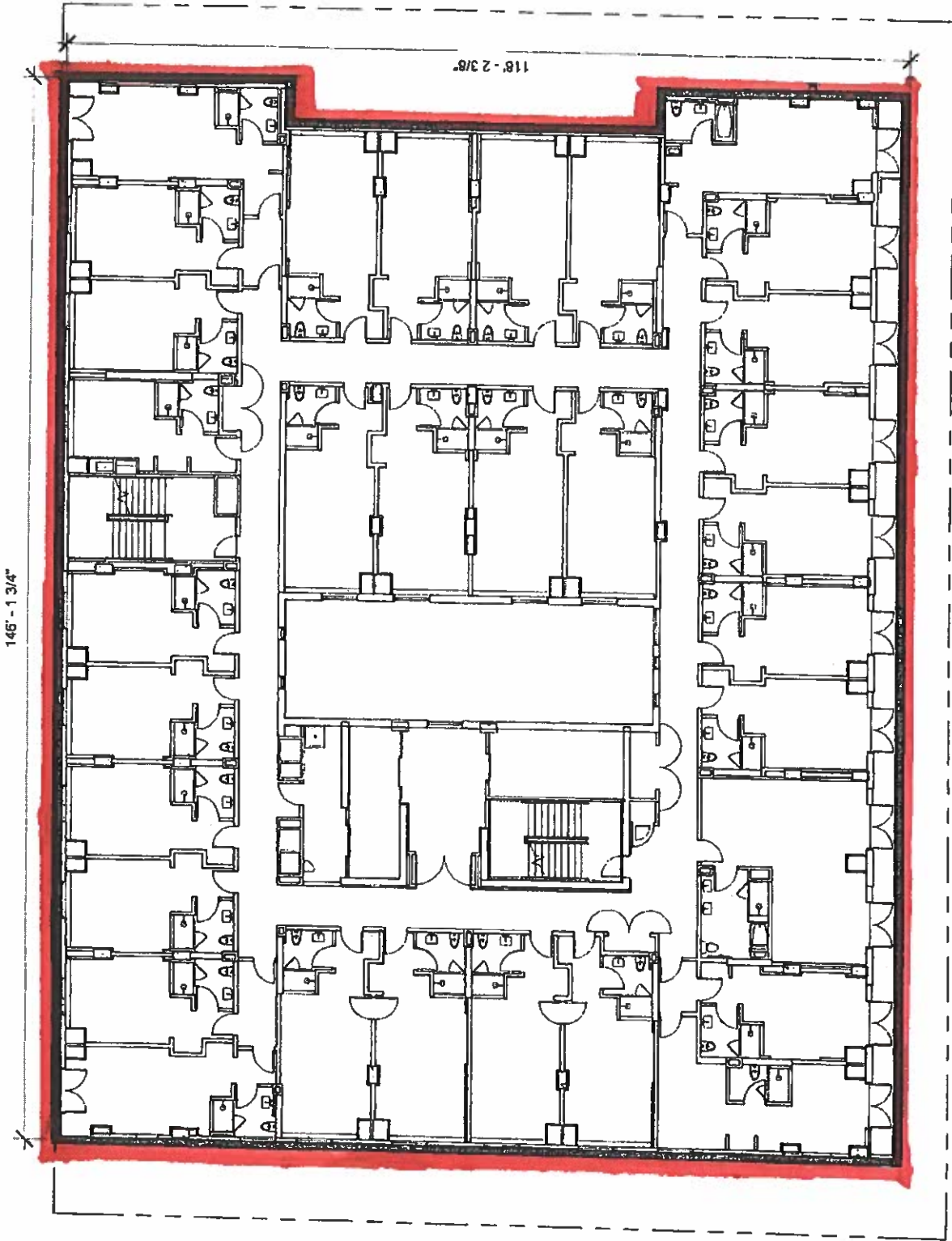
118' - 2 3/8"

4TH LEVEL

1

1/16" = 1'-0"





5TH LEVEL

1

1/16" = 1'-0"

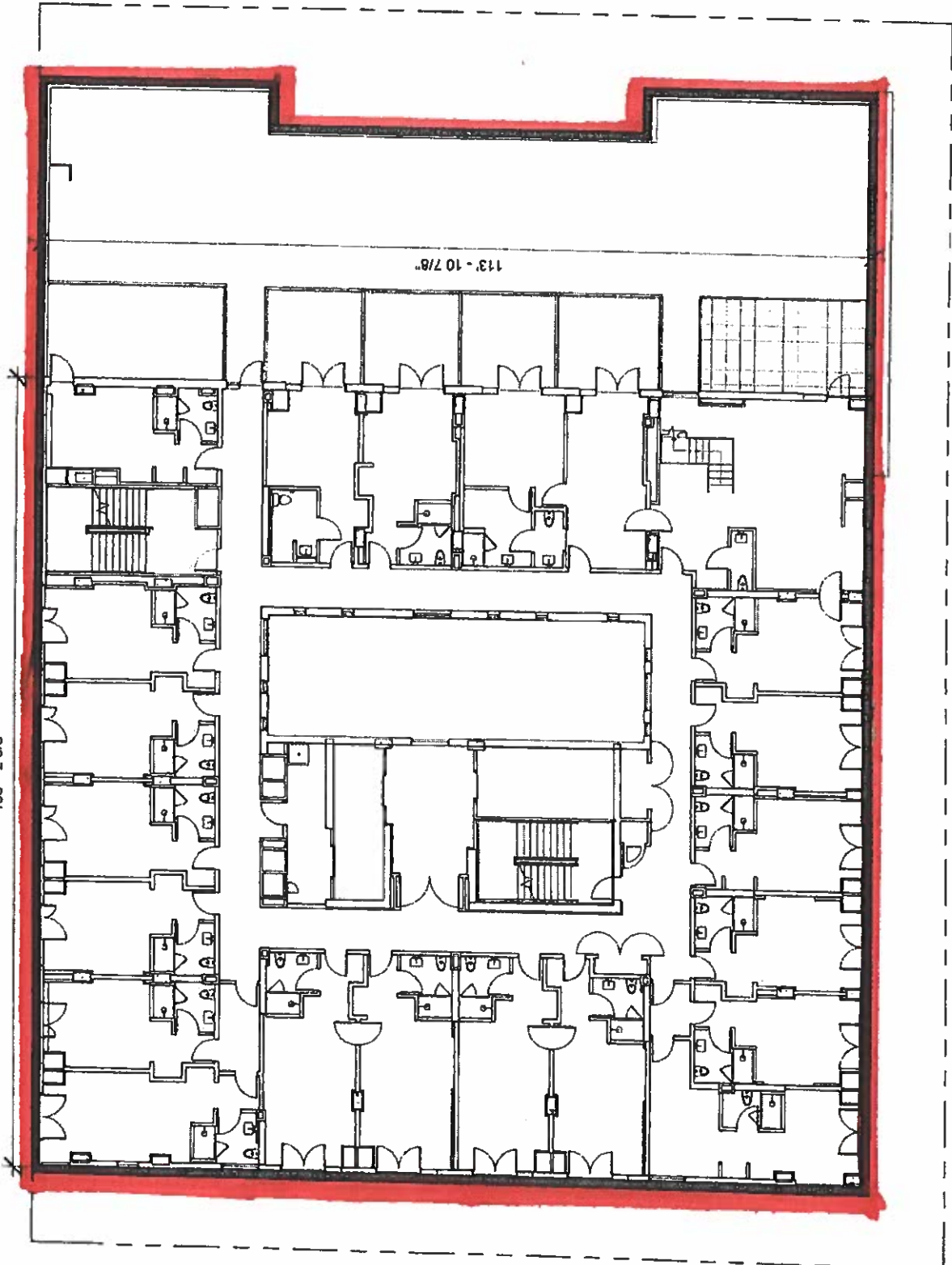
105' - 2 3/8"

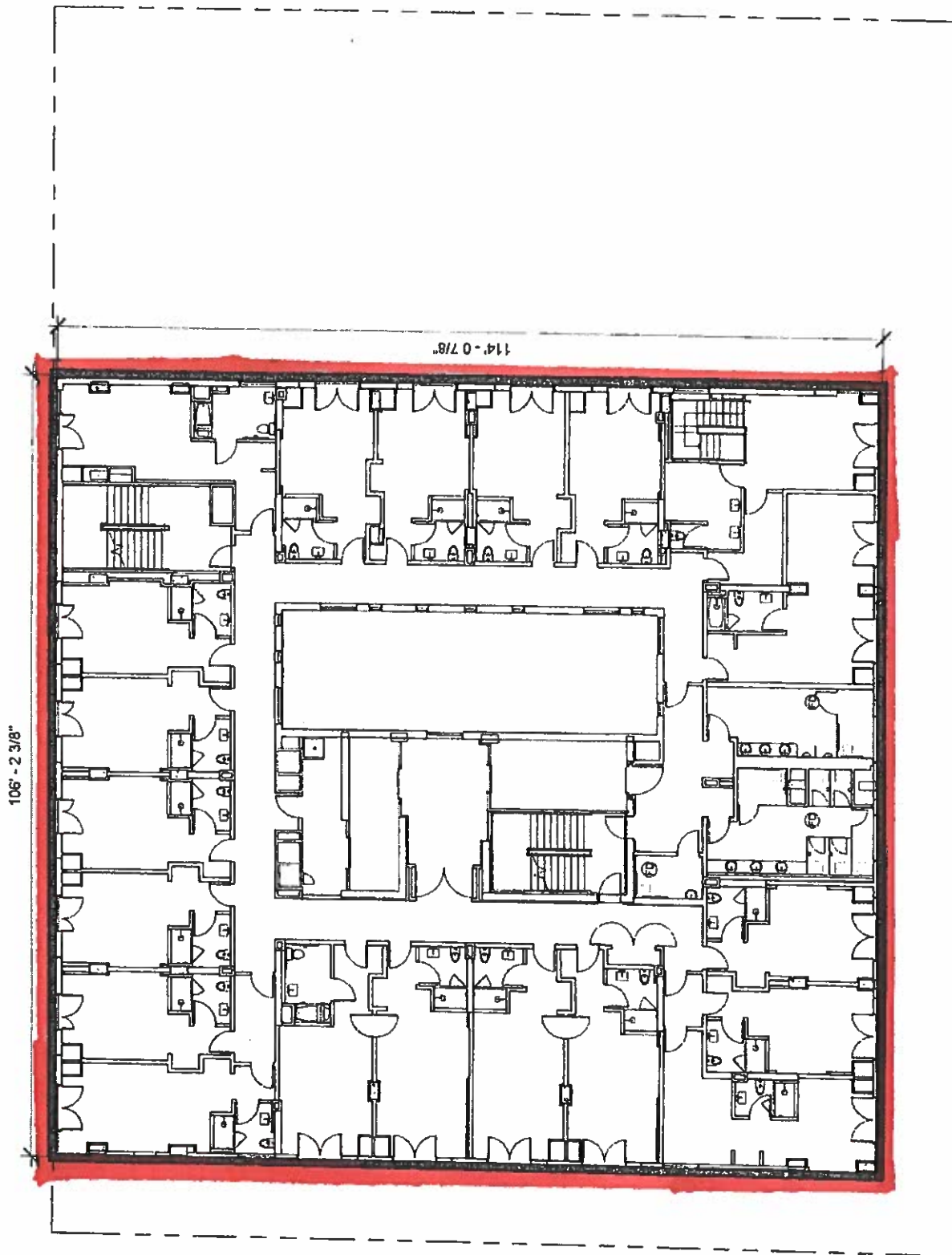
113' - 10 7/8"

6TH LEVEL

1

1/16" = 1'-0"

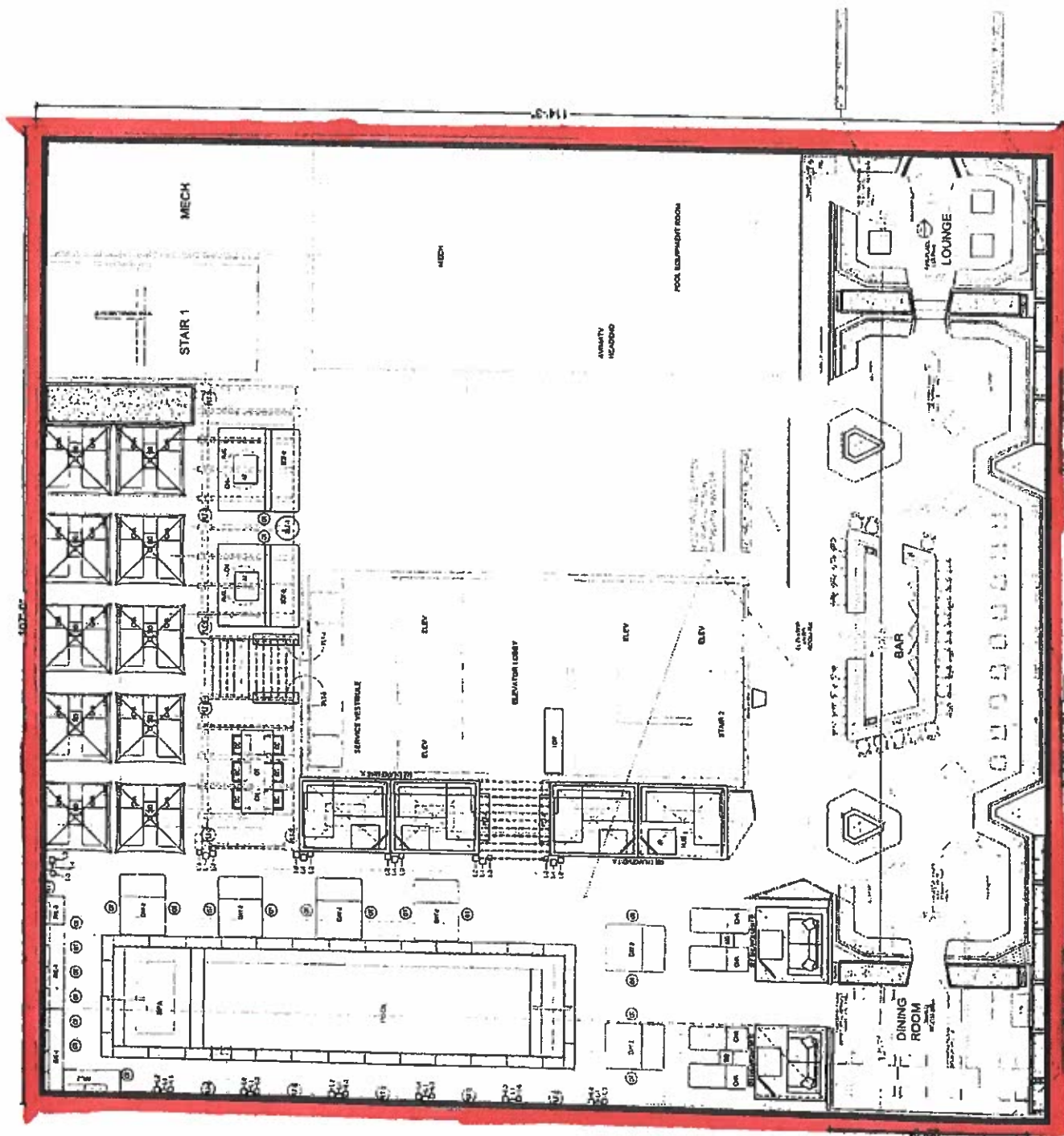




7TH LEVEL

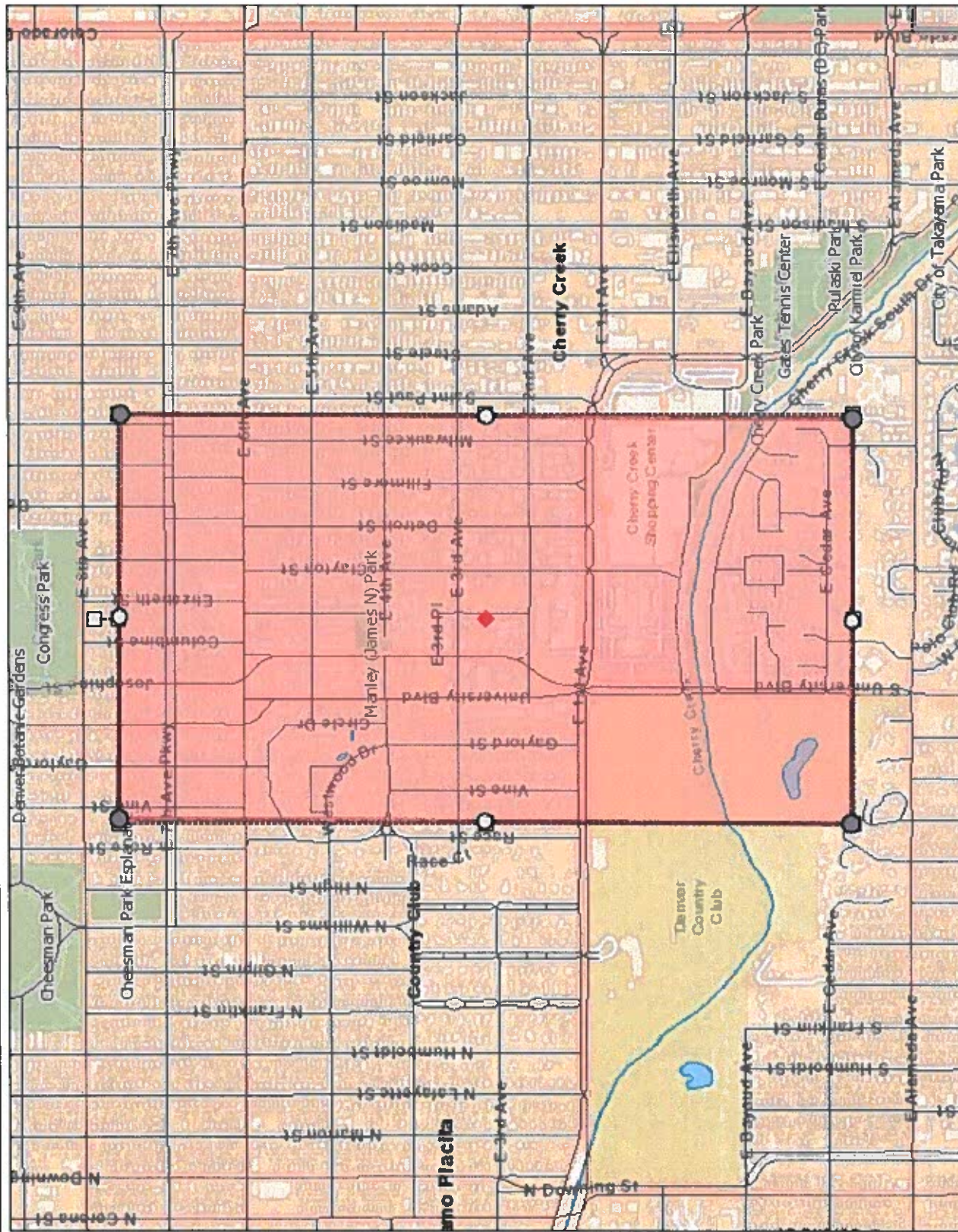
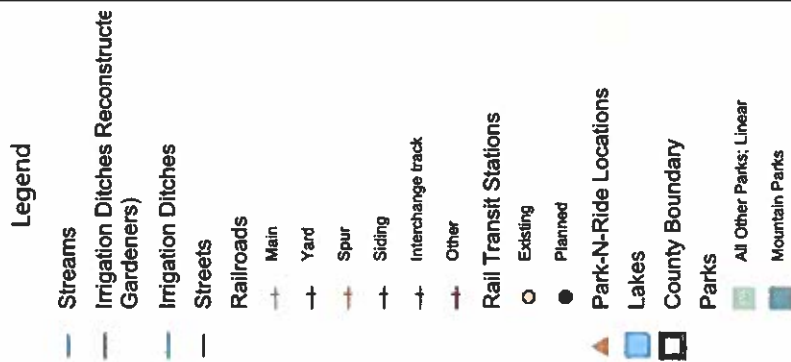
1

1/16" = 1'-0"





The Halcyon - 245 N. Columbine St.



2314. Feet

The City and County of Denver shall not be liable for damages of any kind arising out of the use of this information. The information is provided "as is" without warranty of any kind, express or implied, including, but not limited to, the fitness for a particular use.

1:18,056

Map Generated 3/12/2019

THIS IS NOT A LEGAL DOCUMENT.