OATH BY ASSOCIATED PERSON/ASSOCIATED KEY/KEY EMPLOYEE

I declare, under penalty of perjury, that the entire foregoing pages, including all statements made and attachments (if any), are true, correct, and complete to the best of my knowledge and belief. I understand and acknowledge that any information contained herein or submitted as a part of this application that is found to be false or misleading may result in this application being denied, or any license granted pursuant to this application, suspended or revoked, in addition to possible filing of applicable criminal charges.

Signature	Title (*owner, manager, director, etc.*)	Date

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

_____

Signature Date

State of _____)
) ss.
County of _____)

Subscribed and sworn to before me this ___ day of _____, 20__, by

_____.

_____

Notary Public

This Fort Collins Oath must be submitted in lieu of page 13 on DR 8520e.