ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by 3:00pm on Monday

All fields must be completed.

Incomplete request forms will be returned to sender which may cause a delay in processing.

					Date of Request: 04/25/2	01	
ise mark	one:	Bill Request	or	☐ Resolution Re	quest		
Has you	ur agency submitted this request in the last 12 months?						
	Yes	⊠ No					
If yo	es, please exp	lain:					
number supplem Seve	- that clearly i ental request, e <mark>nth Amend</mark> n	indicates the type of etc nent to Agreement	request: grant AC 45002-07	between the City ar	t execution, amendment, municipal code change,		
Request	ing Agency:	Department of Avia	tion				
 Nan Pho Email 5. Cou Nan Pho 	ne: Susan H. ne: (303) 34: ail: susanh.m Contact ncil and who ne: Brian Eli ne: (303) 34:	Moore 2-2510 noore@flydenver.com Person: (With actual be available for ms 2-2278	m ual knowledge	e of proposed ordina	ance/resolution <u>who will present the item at Mo</u>	<u>ıyo</u>	
This itional rea ne public	s amendment intequal to 150 at 100% of re	revises Section 4.03 0% of monthly rent, and rate until an RFI	HOLDING O and to allow O P is issued.	VER of the Agreeme Concessionaire, upon	nt to allow Manager, at her sole discretion, to wa expiration of its term, to continue providing servi	ce	
			ncomplete fiel	ds may result in a de	lay in processing. If a field is not applicable, plea	ıse	
b. c. d.	Duration: Location: Affected Cou	Month-to-month ope DIA uncil District: 11	eration with th			Э.	
f.	Costs: N/A						
	Current C	Contract Amount	Ad	lditional Funds	Total Contract Amount		
		(A)		(B)	(A+B)		
	\$77,0	36 Annually		\$0.00	\$77,036 Annually		
	Current	Contract Term		Added Time	New Ending Date		
	05/11/1994 –	08/31/2010		N/A	Month-to-month with 30 days written notice to vacate.		
	Has you If you 2. Title number - supplement Sevo dba Itza Request Contact Nan Pho Email This itional reme public **Please enter N/A a. b. c. d. e.	Has your agency sub Yes If yes, please exp 2. Title: (Include a number - that clearly is supplemental request, Seventh Amendre dba Itza Wrap! Itza is Requesting Agency: Contact Person: (Wistanne: Susan H. Phone: (303) 34. Email: susanh.m. 5. Contact Council and who Name: Brian Elimanelment is itional rent equal to 150 in public at 100% of renter N/A for that field a. Contract Council and contract Council and contract Council at 100% of renter N/A for that field a. Contract Council at 100% of renter N/A for that field a. Contract Council and contract Council and contract Council at 100% of renter N/A for that field a. Contract Council at 100% of renter N/A for that field a. Contract Council and contract Council and contract Council and contract Council and contract Council at 100% of renter N/A for that field a. Contract Council and	Has your agency submitted this request Yes No If yes, please explain: 2. Title: (Include a concise, one sentence number - that clearly indicates the type of supplemental request, etc Seventh Amendment to Agreement dba Itza Wrap! Itza Bowl amending Sector Requesting Agency: Department of Aviate Contact Person: (With actual knowledge Name: Susan H. Moore Phone: (303) 342-2510 Email: susanh.moore@flydenver.com 5. Contact Person: (With actual knowledge Name: Brian Elms Phone: (303) 342-2278 Email: brian.elms@flydenver.com General description of proposed ordinate This amendment revises Section 4.03 itional rent equal to 150% of monthly rent, the public at 100% of rental rate until an RFI **Please complete the following fields: (It enter N/A for that field.) a. Contract Control Number: All the control DIA description: DIA description: DIA description: DIA description: DIA description: Month-to-month opens of the control Section in the control Section i	Has your agency submitted this request in the last 12 Yes No If yes, please explain: Title: (Include a concise, one sentence description number - that clearly indicates the type of request: grams supplemental request, etc Seventh Amendment to Agreement AC 45002-07 dba Itza Wrap! Itza Bowl amending Section 4.03 HO Requesting Agency: Department of Aviation Contact Person: (With actual knowledge of proposed of Name: Susan H. Moore Phone: (303) 342-2510 Email: susanh.moore@flydenver.com 5. Contact Person: (With actual knowledge Council and who will be available for first and secon Name: Brian Elms Phone: (303) 342-2278 Email: brian.elms@flydenver.com General description of proposed ordinance including This amendment revises Section 4.03 HOLDING Of itional rent equal to 150% of monthly rent, and to allow Compublic at 100% of rental rate until an RFP is issued. **Please complete the following fields: (Incomplete fiele enter N/A for that field.) a. Contract Control Number: AC45002-07 b. Duration: Month-to-month operation with the c. Location: DIA d. Affected Council District: 11 e. Benefits: Allows concessionaire to continue prof. Costs: N/A Current Contract Amount (A) \$77,036 Annually Current Contract Term	Has your agency submitted this request in the last 12 months? Yes No If yes, please explain: Title: (Include a concise, one sentence description – please include namnumber - that clearly indicates the type of request: grant acceptance, contract supplemental request, etc Seventh Amendment to Agreement AC 45002-07 between the City and the Itza Wrap! Itza Bowl amending Section 4.03 HOLDING OVER. Requesting Agency: Department of Aviation Contact Person: (With actual knowledge of proposed ordinance/resolution., Name: Susan H. Moore Phone: (303) 342-2510 Email: susanh.moore@flydenver.com Scouncil and who will be available for first and second reading, if necess. Name: Brian Elms Phone: (303) 342-2278 Email: brian elms@flydenver.com General description of proposed ordinance including contract scope of w This amendment revises Section 4.03 HOLDING OVER of the Agreeme itional rent equal to 150% of monthly rent, and to allow Concessionaire, upon ne public at 100% of rental rate until an RFP is issued. **Please complete the following fields: (Incomplete fields may result in a detenter N/A for that field.) a. Contract Control Number: AC45002-07 b. Duration: Month-to-month operation with thirty (30) days prior w c. Location: DIA d. Affected Council District: 11 e. Benefits: Allows concessionaire to continue providing services to the f. Costs: N/A Current Contract Amount Additional Funds (A) (B) \$77,036 Annually \$0.00	Has your agency submitted this request in the last 12 months? Yes No If yes, please explain:	

To be completed by Mayor's Legislative Team:

Date: _____

SIRE Tracking Number:

7.	Is there any controversy surrounding this ordinance? (Groups or individual explain. No	als who may have concerns about it?) Please						
	To be completed by Mayor's Legislative Team:							
SIR		Date:						

g. Date Goals Assigned: 1994

h. Goals: 100%