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: December 16, 2013		
Please mark one:		☐ Bill Request	or	XX Res	olution Reque	est		
1.	Has your agency s	Has your agency submitted this request in the last 12 months?						
	☐ Yes	X⊠ No						
	If yes, please e	explain:						
2.	- that clearly indica	Citle: (Include a concise, one sentence description – please include <u>name of company or contractor</u> and <u>contract control number</u> that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, upplemental request, etc.)						
	To approve the District Board appointed.	Mayoral appointments or of Directors for a term eff	f Ron Vau ective Jan	ighn, Crystal S nuary 1, 2014	Sharp and Brad and expiring I	d Swanson to the Colfax Business Improvement December 31, 2016 OR until a successor is duly		
3.	Requesting Agenc	y: Mayor's Office						
4.	Contact Person: (With actual knowledge of proposed ordinance/resolution.) Name: Anthony Aragon Phone: 720-865-9032 Email: anthony.aragon@denvergov.org							
5.	 Contact Person: (With actual knowledge of proposed ordinance/resolution who will present the item at Mayor-Council and who will be available for first and second reading, if necessary.) Name: Anthony Aragon Phone: 720-865-9032 Email: anthony.aragon@denvergov.org 							
6.	_	on of proposed ordinanc description here.]	e includin	ig contract sc	ope of work i	if applicable:		
		following fields: (Incomp – please do not leave blar		may result in	a delay in pro	ocessing. If a field is not applicable, please		
	a. Contract	Control Number:						
	b. Durationc. Locationd. Affected		ry 1, 2014	and expiring	December 31	, 2016		
	e, Benefits: f. Costs:							
7.	Is there any contrexplain.	oversy surrounding this	ordinanc	ce? (Groups of	r individuals v	who may have concerns about it?) Please		
	[Start typing h	ere.]						
		To b	e complete	ed by Mavor's	Legislative T	'eam:		
SI	RE Tracking Number		p.		_	Entered:		

BOARDS AND COMMISSIONS APPLICATION



Please complete the following information in full and return with your current resume or biography to the address below.

Type or print in blue or black ink.

Board or Commission you are applying for: Or/fax Rusiness Improvement Dast						
Last Name: VAVGHN First Name: Kon						
Occupation/Employer: Po. Owner Avgonaut Wine + Liquok						
Work Address: 160 C Coffee Ave City: Denvel Zip: 80205						
Work E-mail Address: REVAUGHN @ ARGONAUT / igvor. com						
Work Phone: 303-831-3388 Work/Home Fax: 303-839-8305						
Home Address: 4.5 Frankles Ciecle City: Glenwas Villag Zip: 20121						
Home Phone: 303-78/-75-72 Cell Phone/ Pager: 303-578 2277						
Home E-mail Address: Ron@ Greanarliquok. Com						
Are you a registered voter? Yes No If so, what county? Are pa hor						
Colorado ID or Driver's License Number: 92-240-0039						
Denver City Council District No.: 6 Ethnicity (augustian						
Highest Level of Education or Degree Barned: One year J.C Year Completed: 72						
Memberships/ Organizations/ Volunteer Activities (include past or present):						
Liane Club Denver						
President, Color RADANS FOR Satery						
Board Member, Wine + Spirits Build of America						
References (List three persons, not related to you, whom you have known at least one year): Address Phone Number						
Name O						
Scott Chase 1580 Lincoln St. Henrik 120-570-9200						
TOC Marona + 1700 C MONCHAIL TI						
Dave Walstrom 1265 Race ST #Sof Denver 303-303-0408						
Special Information: Is there anything that would adversely affect public confidence in your appointment or service? Yes No						
If yes, please explain on a separate sheet of paper.						
0 11 8 1 1 1 10/2/12						
Signature Date						
Return Completed Form to:						
Anthony R. Aragon, Director of Boards and Commissions						
1437 Bannock Street, Room 350 Denver, CO 80202 Phone: (720) 865-9032 Fax: (720) 865-8787						
anthony.aragon@denvergov.org						

BOARDS AND COMMISSIONS APPLICATION



Please complete the following information in full and return with your current resume or biography to the address below.

	Type or print in blue or black ink.							
	Board or Commission you are applying for: CBID - Board							
	Last Name: Shar p First Name: Crystal							
ţ	Occupation/Employer: OWNer General Manager The Holida							
	Work Address: 1820 &, Colfax AUE City: Denver Zip: 80218 Chalet Bs.							
	Work E-mail Address: Noli day Chalot @ acc. Com							
	Work Phone: 303 437 8245 Work/Home Fax: N/A							
	Home Address: SA We City: Zip:							
	Home Phone: Cell Phone/ Pager:							
	Home E-mail Address: Same							
	Are you a registered voter? Yes No If so, what county?							
	Colorado ID or Driver's License Number: 94-118-1311 EX: 11-09-2014							
	Denver City Council District No.: Ethnicity							
	Highest Level of Education or Degree Earned: 3electives away Year Completed:							
	Memberships/Organizations/Volunteer Activities (include past or present):							
	created & produced charity fashion shows for							
	- Dress for Success, Kilds Inc, Maxfund-Animal Shel							
	- Victorian Holiday House Town Co-Sporter w Nelly Brown House Fo							
	References (List three persons, not related to you, whom you have known at least one year):							
	Name Address I hole Number							
	Ste phanie Dalazar CED 720. 127, 9597 - CBID							
Kathy Bacon: 1734 Washington st. Denver 80203720.234								
え ^い	Danky Rudolph: 303-858.1443							
	Special Information: Is there anything that would adversely affect public confidence in your appointment or service? Yes No.							
	If yes, please explain on a separate sheet of paper.							
	10 22 17							
	Signature Date							
	Return Completed Form to:							
	Anthony R. Aragon, Director of Boards and Commissions							
	1437 Bannock Street, Room 350 Denver, CO 80202 Phone: (720) 865-9032 Fax: (720) 865-8787							

anthony.aragon@denvergov.org

BOARDS AND COMMISSIONS APPLICATION



Please complete the following information in full and return with your current resume or biography to the address below.

Type or print in blue or black ink.

Board or Commission you are applying for:	Colfax Business Improvement	ent District					
Last Name: Swanson	First Name: Brad						
Occupation/Employer: Client Relationship Manager (CRM), UMB Bank N.A.							
Work Address: 1635 E. Colfax Ave.	City: Denver	Zip: 80218					
Work E-mail Address: Brad.Swanson@UMB.com							
Work Phone: 720/941-2367	Work/Home Fax: 303/388-9799						
Home Address: 13970 Locust St.	City: Thornton	Zip: 80602					
Home Phone: 303/990-0311 Cell Phone/ Pager: 303/990-0311							
Home E-mail Address: swansbr@hotmail.com							
Are you a registered voter? Yes No If so, what county? Adams County							
Colorado ID or Driver's License Number: 94-122-1919							
Denver City Council District No.: 6	Ethnicity Caucasian						
Highest Level of Education or Degree Earne	ed: Associates Degree	Year Completed: 2008					
Memberships/ Organizations/ Volunteer Activities (include past or present):							
Colfax on the Hill, Capitol Hill United Ne Food Bank, Junior Achievement, Boys an							
References (List three persons, not related to you, whom you have known at least one year): Name Address Phone Number							
Bert Williams, President UMB Colorado	1670 Broadway Denver, 0	OO 303/839-2258					
Vicky Hales, Financial Center Manager UM	IB CO 1635 E. Colfax Ave. D	enver, CO 720/941-2363					

Is there anything that would adversely affect public confidence in your appointment or service? Yes No

Signature /

303/800-4500

Return Completed Form to:

Anthony R. Aragon, Director of Boards and Commissions

If yes, please explain on a separate sheet of paper,

1437 Bannock Street, Room 350

Special Information:

Denver, CO 80202 Phone: (720) 865-9032 Fax: (720) 865-8787

Josh Hanfling, Partner Sewald Hanfling Public Affairs 511 Broadway Denver, CO

anthony.aragon@denvergov.org