

CITY USE ONLYDate Received: 11-17-17

Date Issued: _____

License No: _____

Geo Code: _____

Form 101.0.04.17

**GENERAL BUSINESS LICENSE******ALL FIELDS REQUIRE A RESPONSE****

Ownership: Individual Partnership Corporation
Nonprofit (attach tax-exempt letter) LLC LLP

Business Type: Retail sales Home occupation Wholesale
Utility Construction Leasing
Financial Institution Government Hospitality
Transportation Professional Services Manufacturing

CONTACT INFORMATION:Taxpayer Entity Name (Owner, Partnership, Corp): KERR Panel Manufacturing, LLC

Trade Name of Business (d/b/a): _____

Physical Address of Business: 6125 E 56th Ave Unit C Commerce City, CO 80022

Mailing Address, including Unit #: _____

Business Phone: _____

Business Email Address: KERR Panelmfg.comWebsite: www.kerrpanelmfg.comFully describe business operations: manufacture structural, lightweight panels usually Aluminum with Aluminum honeycomb core

City of Commerce City
7887 East 60th Avenue
Commerce City, CO 80022-4199
(303) 289-3600

Date: 11/17/2017
Receipt: 2017-00012716
Cashier: Yadira Dosai
Received From: Kerr Panel Manufacturing,
LLC

CD011	20.00

Receipt Total	20.00
Total Check	20.00

Total Remitted	20.00

Total Received	20.00



GENERAL BUSINESS LICENSE INTERNAL PROCESS CHECKLIST

City Clerk's Office

☒ Verify completeness of application (including GIS check) & accept payment 11/17/2017

☒ Yes ☐ No Business in Good Standing (attach certificate) ☐ N/A

☐ Send out of city licenses directly to finance for review and approval

Community Development

Date Received: Click here to enter a date.

Zoning Verification (Brad Callender)

☐ Yes (attach verification form that confirms classification)

☐ Yes, with conditions (specify desired condition including timeframe.) Click here to enter text.

☒ No (Provide rationale for denial and/or options for resolution) Click here to enter text.

☐ No, need additional information (provide supplemental information needs for decision-making). Click here to enter text.

Occupancy Verification (Patrick Buckley)

☐ Yes (provide CO # for reference) Click here to enter text.

☐ Yes, matches historical use with new owner (Print copy of updated CO for owner).

☐ No (provide rationale for denial and/or options for resolution)

☐ No, need additional information (provide supplemental information needs for decision-making) Click here to enter text.

Finance (Joy Josifek)

Date Received:

Remittance/Filing Review

☐ Frequency

☐ Estimated Liability

Tax ID Number

☐ Enter information into mGov. System Tax Identification Number:

☐ Provide appropriate tax return information for clerk distribution.

City Clerk's Office (Cheryl Scott)

☐ Approved ☐ Approved w/conditions (note on license) ☐ Denied

License Number: Click here to enter text.

Decision Rationale:

☐ Information Packet Sent

Letter Date:

Issue Date:

Handwritten notes:
11/27/2017
Zoned I-1, NOT ALLOWED
★ METAL PRODUCT MANUFACTURING IS NOT ALLOWED LAND USE IN THE I-1 ZONING DISTRICT



LIST POINT OF CONTACT FOR TAX AND AUDIT INQUIRIES:

Tax Contact Name: Mary Hartman
Phone: 303-288-4534 Email: mary.hartman@Kerrpanelmfg.com
Federal Employer ID No. (FEIN): 46-4159481 Colorado State ID: 20131646527

First Day of Business in Commerce City: 5-1-17 Estimated Tax Due:

Filing Frequency: ☐ Monthly (more than \$50 tax/month) No. of Employees: 12
☐ Quarterly (less than \$50 tax/month) Full Time: 12
☐ Annually (less than \$10 tax/month) Part Time:

PLEASE LIST ALL PRIMARY OWNERS, PARTNERS, OFFICERS OR MEMBERS IN THE BUSINESS:

Name: Brian Kerr Title: President, CEO
Address: 1677 Hemlock Way City: Broomfield State: CO Zip: 80020
Phone: 303-288-4534 Email: brian.kerr@Kerrpanelmfg.com

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Attach additional ownership/officer sheets if necessary.

IF YOU ACQUIRED THE BUSINESS IN WHOLE OR IN PART, PLEASE COMPLETE OR ☐ N/A

Prior Owner's Name: N/A

Prior Owner's Address: N/A

City: _____ State: _____ Zip: _____

1. The first part of the paper is devoted to a general discussion of the problem of the existence of solutions of the system of equations (1) for arbitrary values of the parameters α and β . It is shown that the system has solutions for all values of the parameters α and β if and only if the condition $\alpha + \beta > 0$ is satisfied. In the case when $\alpha + \beta < 0$, the system has no solutions.

2. In the second part of the paper, the problem of the stability of the solutions of the system (1) is considered. It is shown that the solutions of the system are stable for all values of the parameters α and β if and only if the condition $\alpha + \beta > 0$ is satisfied. In the case when $\alpha + \beta < 0$, the solutions of the system are unstable.

3. In the third part of the paper, the problem of the asymptotic behavior of the solutions of the system (1) is considered. It is shown that the solutions of the system approach zero as $t \rightarrow \infty$ for all values of the parameters α and β if and only if the condition $\alpha + \beta > 0$ is satisfied. In the case when $\alpha + \beta < 0$, the solutions of the system do not approach zero as $t \rightarrow \infty$.



Date of Acquisition:

Purchase Price: _____

Price of Personal Property (Furniture, Fixtures, Equipment & Supplies): _____

PROVIDE COPIES OF ANY OTHER PERMITS NEEDED TO REGULATE BUSINESS:

- | | |
|--|---|
| <input type="checkbox"/> Colorado Department of Regulatory Affairs | <input type="checkbox"/> Colorado Department of Public Health & Environment |
| <input type="checkbox"/> Tri-County Health Department | <input type="checkbox"/> Colorado Department of Labor & Employment |
| <input type="checkbox"/> Colorado Department of Human Services | <input type="checkbox"/> Other (specify): Click here to enter text. |
| <input type="checkbox"/> Not Applicable (N/A) | |

Do you store or display outdoor materials?

- ☒ No ☐ Yes, specify type _____

Do you store or use hazardous materials?

- ☒ No ☐ Yes, specify. _____

I hereby certify under penalty of perjury that the statements made herein are true, correct and complete to the best of my knowledge. I hereby acknowledge and agree that if I have provided any false or misleading information herein, the City of Commerce City is authorized to immediately suspend or revoke any license issued pursuant to this application and issue a Stop Work Order to the licensed business. I further agree that I and the business named herein shall comply with all requirements of the ordinances and regulations of the City of Commerce City, including the duty to supplement the information provided herein. This application is only for a City of Commerce City business license; additional land use, zoning, building permit or license approvals may be required.

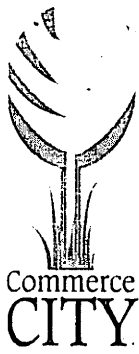
Applicant Signature: Mary Hartman

Title: General Manager Date: 10-18-17

Applicant Name (Printed): MARY HARTMAN

Direct Phone Number: 303-288-4534 Ext 104

The City will occasionally email you relevant business and regulatory information unless you decide to opt out by checking this box ☐.



Commerce City Clerk's Office
Business Licensing
7887 E. 60th Avenue
Commerce City, CO 80022
Phone: 303-289-3611

Date: Nov. 7, 2017

Thank you for the submittal of your Business license application. Your application has been deemed incomplete and the enclosed documents are being returned to you. Please see the checked reason(s) below:

X Your application is missing payment in the form of a check payable to Commerce City for \$20.00

 You have not filled out your application completely. Please refer to the highlighted areas, complete and resubmit your application.

 Currently, your business is not in good standing with the Colorado Secretary of State. Please contact the Colorado Department of State, Business & Licensing to rectify any issues at 303-894-2200. To obtain a Certificate of Good Standing visit www.sos.state.co.us/biz/BusinessEntityCriteria.do and enter your business name in the search field. To attain a business license in Commerce City you must be in good standing with the State.

 Businesses serving food to the public must first obtain approval from Tri-County Health Department. Please contact at 303-439-5959. Please provide verification and submit with your application.

 Outdoor Vendors utilizing motorized vehicles or trailers must provide the following documents that are missing from your application:

- ☐ Proof of insurance
- ☐ Copy of registration
- ☐ Copy of Drive License (for all drivers)

Comments: _____

Please complete changes and/or additions and submit to Commerce City Business Licensing Office at the address above with all attachments. Your cooperation is appreciated. You may contact the City Clerk's office at (303) 289-3611 for clarification or questions.



Colorado
Secretary of State
Wayne W. Williams

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Summary

Details			
Name	Kerr Panel Manufacturing, LLC		
Status	Good Standing	Formation date	11/07/2013
ID number	20131646527	Form	Limited Liability Company
Periodic report month	June	Jurisdiction	Colorado
Principal office street address	6125 E 56th Ave, Unit C, Commerce City, CO 80022, United States		
Principal office mailing address	7283 E 96TH AVENUE, UNIT B, HENDERSON, CO 80640, United States		

Registered Agent	
Name	Brian Edward Kerr
Street address	6125 E 56th Ave, Unit C, Commerce City, CO 80022, United States
Mailing address	n/a

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OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Kerr Panel Manufacturing, LLC

is a

Limited Liability Company

formed or registered on 11/07/2013 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 20131646527.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 11/03/2017 that have been posted, and by documents delivered to this office electronically through 11/07/2017 @ 11:04:20.

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 11/07/2017 @ 11:04:20 in accordance with applicable law. This certificate is assigned Confirmation Number 10538838.



A handwritten signature in cursive script that reads 'Wayne W. Williams'.

Secretary of State of the State of Colorado

*****End of Certificate*****
Notice: A certificate issued electronically from the Colorado Secretary of State's Web site 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 Web site, <http://www.sos.state.co.us/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 Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

