

Department of Labor and Employment
Division of Workers' Compensation
707 17th St., Suite 2300, Denver, CO 80202
Telephone: 303.318.8640

WORKERS' COMPENSATION EMPLOYER'S COMPLIANCE QUESTIONNAIRE

WINDSOR HAIR SHOPPE LLC

DATE: MARCH 10, 2026
FEIN: TP-FN08806
UI #: 0000000

The Colorado Workers' Compensation Act requires most employers of Colorado workers to carry workers' compensation insurance and to respond to requests for information. The Division of Workers' Compensation enforces compliance.

Complete and return the following form within 20 days of the date at the top of this form to comply with the laws regulating workers' compensation. Send the completed form within 20 days to:

Division of Workers' Compensation
Coverage Enforcement Unit
707 17th St., Suite 2300
Denver, CO 80202
Attention: CARMEN

If you have any questions, contact CARMEN at (303) 318-8750 or
CDLE_DOWC_COVERAGE@STATE.CO.US.

1. Legal Business Name: Windsor Hair Shoppe LLC
2. Name by which your business is known (if different from legal name): _____
3. Business Physical Location Address:
229 North 7th Street

Address
Windsor CO 80550
City State Zip
4. Business Mailing Address: (If different from business location)

Address

City State Zip
5. Telephone Number: (970) 674-5129
6. Email Address: carie@windsorhairshoppe.com
7. Preferred method of correspondence: Email Mail
8. Federal Employer Identification Number (FEIN): 46-0607862
9. What date did your business begin operation in Colorado? 2012
10. What date did your business first employ employees in Colorado? NA
11. How many employees do you currently have working in Colorado? 0
12. If you have a seasonal business, how many employees do you normally have during your operational season? 0
13. How many contractors currently work for you in Colorado? 0
14. If you have contract employees, are they independent contractors or are they contracted through another company (such as an employee leasing company, temporary agency, etc.)? NA
Please attach a separate sheet of names, addresses, and telephone numbers of companies that provide contract workers for your business, and/or independent contractors working for your business.

15. If you currently do not have any employees or contractors working in Colorado, please indicate:

The last date any employee worked for you in Colorado: Date: NA

The last date any contractor worked for you in Colorado: Date: NA

16. What is the nature of your business? Hair Salon

17. What type of ownership is your business? If other, please explain:

Sole Proprietorship Limited Liability Company

Partnership Farm Operation

Corporation Other, please explain _____

18. How many owners do you currently have working in Colorado? 2

19. Name the sole proprietor, partners, corporate officers, or members of a limited liability company:

Name	Title	% of ownership
<u>Carie Winter</u>	<u>Partner</u>	<u>50</u>
<u>Steve Winter</u>	<u>Partner</u>	<u>50</u>

20. Name of Insurance Company currently providing your workers' compensation insurance coverage:

21. **Attach copies of the Certificates of Insurance or Declaration Pages of all workers' compensation policies your business has had for the past three years. (Include the FEIN #)**

22. Policy Number(s): NA

23. Effective dates of the policy(ies): NA

24. Name of your insurance agent or broker: NA

25. Telephone number of your insurance agent or broker: ()

26. Has your business closed? Yes No

If yes, on what date did it close? _____

If yes, what is the last date any employee worked? _____

Is the business closed permanently? Yes No

Is the business seasonal? Yes No

If yes, which months do you normally operate? _____

27. Has your business been sold or transferred? Yes No

If yes, what date was your business sold or transferred? _____ Date

Provide the name, telephone number, and address of the person or organization who bought or received the transfer of your business:

NA ()

Name Telephone Number

Address City State Zip

28. _____ carie@windsorhairshoppe.com

Authorized Signature and Title **Email Address**

Carie Winter (970) 231-5854 03 / 28 / 2026

Printed Name **Telephone Number** **Date Signed**

C.R.S. Section 8-47-201 Information to division-blanks-verification

Every employer receiving from the division any blanks with directions to fill out the same or requests for information required for the purpose of articles 40 to 47 of this title shall properly fill out the blanks and furnish the information so requested fully and correctly. The director may require that any information requested by the division be verified under oath and may fix the time within which said information shall be returned.

CONSTRUCTION COMPANIES

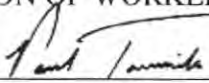
There are additional requirements for the construction industry. Everyone performing construction work on construction sites must be covered by workers' compensation insurance unless they have filed forms with the Division rejecting such coverage. Also, anyone who contracts for the performance of construction work on construction sites must either provide workers' compensation insurance for everyone or require proof of workers' compensation coverage or rejection of coverage from every person with whom there is a direct contract to perform work. If you are in the construction industry and use workers you believe to be contractors, include with your response:

- **A list of all individuals with whom your company has, or has had, direct contracts for the performance of construction work on construction sites for the past three years, including complete names, addresses and telephone numbers;**
- **Copies of all workers' compensation insurance policies documenting all persons covered under each policy;**
- **Certificates of workers' compensation insurance or proof of rejection of workers' compensation coverage from all persons with whom your company has or had direct contracts for the past three years.**

Additional information is available to you at the Division's website <https://cdle.colorado.gov/dwc> and by contacting CARMEN at (303) 318-8750 or CDLE_DOWC_COVERAGE@STATE.CO.US.

Si usted tiene alguna pregunta o si usted no entiende lo que se solicita, póngase en contacto con Customer Service al 303-318-8700 o al 1-888-390-7936.

DIVISION OF WORKERS' COMPENSATION

BY 
Paul Tauriello, Director

CERTIFICATE OF MAILING

A copy of this **DIRECTOR'S NOTICE TO SHOW COMPLIANCE** and *Employer's Compliance Questionnaire* were mailed to the following at the address shown below on MARCH 10, 2026 by VDD .

WINDSOR HAIR SHOPPE LLC
229 N 7TH ST
WINDSOR, CO 80550

FEIN: TP-FN08806
UI #: 0000000

**STATE OF COLORADO
BEFORE THE DEPARTMENT OF LABOR AND EMPLOYMENT
DIVISION OF WORKERS' COMPENSATION**

DIRECTOR'S NOTICE TO SHOW COMPLIANCE

Respondent: WINDSOR HAIR SHOPPE LLC
FEIN #: TP-FN08806
UI #: 0000000

YOUR RESPONSE TO THIS NOTICE TO SHOW COMPLIANCE IS REQUIRED.

All Colorado employers who have one or more employees are required to obtain and maintain workers' compensation insurance coverage unless specifically exempted. The Division's records indicate that your business has employees but does not have workers' compensation insurance as required by law.

ALL BUSINESSES

You have TWENTY (20) days from the date of this Notice to Show Compliance to complete the enclosed *Employer's Compliance Questionnaire*. Include your Federal Employer Identification Number (FEIN) on all forms and correspondence. Attach a copy of all workers' compensation Certificates of Insurance or the Declaration Pages from your workers' compensation insurance policies for the three years prior to the date of this notice through the present. Include supporting evidence for any claimed exemption. Send these documents to:

**Coverage Enforcement Unit
Division of Workers' Compensation
707 17th Street, Suite 2300
Denver, CO 80202**

or

CDLE_DOWC_COVERAGE@STATE.CO.US

Following the expiration of the TWENTY (20) days afforded you to respond to this Notice to Show Compliance, you will receive preliminary findings indicating whether you are required to have workers' compensation insurance and whether you have such coverage. The preliminary findings will consider all documentation provided in response to this Notice to Show Compliance. **If you fail to respond to this Notice to Show Compliance, the preliminary findings will be issued based solely on the information in the Division's records.** After you receive the preliminary findings, you will have twenty days to submit additional evidence or to request a prehearing conference on the issue of default.

If the Director determines that you are or were in default of your insurance obligations for any time during the three years prior to the date of this notice through the present, the Director will impose fines on you and/or compel you to cease and desist your business operations. Fines up to \$250/day for periods of non-compliance beginning three years prior to the date of this notice will be assessed.

JARED POLIS
Governor

JOE BARELA
Executive Director

PAUL TAURIELLO
Director



DEPARTMENT OF LABOR AND EMPLOYMENT

DIVISION OF WORKERS' COMPENSATION
COVERAGE ENFORCEMENT UNIT

707 17th Street, Suite 2300
Denver, Colorado 80202
303.318.8640

WINDSOR HAIR SHOPPE LLC
229 N 7TH ST
WINDSOR, CO 80550

Date: MARCH 10, 2026
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The enclosed **Director's Notice to Show Compliance and Employer's Compliance Questionnaire** require your immediate attention and response.

If you have further questions, please contact me at (303) 318-8750 or
CDLE_DOWC_COVERAGE@STATE.CO.US.

DIVISION OF WORKERS' COMPENSATION
COVERAGE ENFORCEMENT UNIT

CARMEN