

Application for a Special Events Permit

Departmental Use Only

In order to qualify for a Special Events Permit, You **Must Be Nonprofit** and **One of the Following** (See back for details.)

<input type="checkbox"/> Social	<input checked="" type="checkbox"/> Athletic	<input checked="" type="checkbox"/> Philanthropic Institution
<input type="checkbox"/> Fraternal	<input checked="" type="checkbox"/> Chartered Branch, Lodge Or Chapter	<input type="checkbox"/> Political Candidate
<input type="checkbox"/> Patriotic	<input type="checkbox"/> Of A National Organization Or Society	<input type="checkbox"/> Municipality Owning Arts Facilities
<input type="checkbox"/> Political	<input type="checkbox"/> Religious Institution	

LIAB Type of Special Event Applicant is Applying for:	DO NOT WRITE IN THIS SPACE
2110 <input checked="" type="checkbox"/> Malt, Vinous And Spirituous Liquor \$25.00 Per Day	Liquor Permit Number
2170 <input type="checkbox"/> Fermented Malt Beverage (3.2 Beer) \$10.00 Per Day	

1. Name of Applicant Organization or Political Candidate Craig Rotary	State Sales Tax Number (Required) 47-5237916
2. Mailing Address of Organization or Political Candidate (include street, city/town and ZIP) PO Box 1400 Craig, CO 81626	3. Address of Place to Have Special Event (include street, city/town and ZIP) Moffat County Fairgrounds 640 E. Victory Way Craig, CO 81625

Name	Date of Birth	Home Address (Street, City, State, ZIP)	Phone Number
4. Pres./Secy of Org. or Political Candidate Benee Campbell	9/22/63	445 Woodbury Drive Craig, CO 81625	970-629-3829
5. Event Manager Benee Campbell	9/22/63	445 Woodbury Drive Craig, CO 81625	970-629-3829

6. Has Applicant Organization or Political Candidate been issued a Special Event Permit this Calendar Year?
 NO YES HOW MANY DAYS? _____

7. Is premises now licensed under state liquor or beer code?
 NO YES TO WHOM? **Moffat County**

8. Does the Applicant Have Possession or Written Permission for the Use of The Premises to be Licensed? Yes No

List Below the Exact Date(s) for Which Application is Being Made for Permit

Date	Hours From	To	Date	Hours From	To	Date	Hours From	To	Date	Hours From	To
1/26/19	5 P.M.	12 A.M.									

Oath of Applicant

I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.

Signature: **Benee A Campbell** Title: **Secretary** Date: **11/28/18**

Report and Approval of Local Licensing Authority (City or County)

The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the provisions of Title 12, Article 48, C.R.S., as amended.

THEREFORE, THIS APPLICATION IS APPROVED.

Local Licensing Authority (City or County) City County Telephone Number of City/County Clerk _____

Signature _____ Title _____ Date _____

DO NOT WRITE IN THIS SPACE - FOR DEPARTMENT OF REVENUE USE ONLY

Liability Information			
License Account Number	Liability Date	State	Total
		-750 (999)	\$.