

## 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 type="checkbox"/> Athletic                              | <input type="checkbox"/> Philanthropic Institution           |
| <input type="checkbox"/> Fraternal | <input 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 checked="" type="checkbox"/> Religious Institution      |  |

|   |                                   |
|---|-----------------------------------|
| <b>LIAB</b> Type of Special Event Applicant is Applying for:                                | <b>DO NOT WRITE IN THIS SPACE</b> |
| 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<br><b>St John The Baptist Greek Orthodox Church</b> | State Sales Tax Number (Required) |
|--|-----------------------------------|

|  |  |
|--|--|
| 2. Mailing Address of Organization or Political Candidate<br>(include street, city/town and ZIP)<br><b>PO Box 848 Craig CO 81626</b> | 3. Address of Place to Have Special Event<br>(include street, city/town and ZIP)<br><b>Moffat County Fairgrounds Pavilion<br/>750 E. 4th Street<br/>Craig CO 81625</b> |
|--|--|

|  |                |   |                     |
|--|----------------|---|---------------------|
| Name   | Date of Birth  | Home Address (Street, City, State, ZIP) | Phone Number        |
| 4. Pres./Sec'y of Org. or Political Candidate<br><b>Katrina Springer</b> | <b>5/12/77</b> | <b>6200 CR 7<br/>Craig CO 81625</b>     | <b>970 629 0498</b> |
| 5. Event Manager<br><b>Audrey Anna Masterson</b>                         | <b>6/9/81</b>  | <b>6794 Hwy 394<br/>Craig CO 81625</b>  | <b>970 629 2851</b> |

|  |  |
|--|--|
| 6. Has Applicant Organization or Political Candidate been<br>Issued a Special Event Permit this Calendar Year?<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES HOW MANY DAYS? _____ | 7. Is premises now licensed under state liquor or beer code?<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TO WHOM? _____ |
|--|--|

|   |
|---|
| 8. Does the Applicant Have Possession or Written Permission for the Use of The Premises to be Licensed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

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

|   |   |                          |                          |                          |
|---|---|--------------------------|--------------------------|--------------------------|
| Date <b>02/16/19</b><br>Hours From <b>600 P.m.</b><br>To <b>1200 A.m.</b> | Date <b>02/17/19</b><br>Hours From <b>1200 a.m.</b><br>To <b>200 a.m.</b> | Date<br>Hours From<br>To | Date<br>Hours From<br>To | Date<br>Hours From<br>To |
|---|---|--------------------------|--------------------------|--------------------------|

### 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 <b>AK Mast</b> | Title <b>member</b> | Date <b>1/10/19</b> |
|--------------------------|---------------------|---------------------|

### 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) | <input type="checkbox"/> City<br><input type="checkbox"/> 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) | \$    |

(Instructions on Reverse Side)