

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 checked="" 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 type="checkbox"/> Religious Institution | |

~~License~~ Type of Special Event Applicant is Applying for:

- | | | |
|------|---|----------------------------|
| 2110 | <input type="checkbox"/> Malt, Vinous And Spirituous Liquor | \$25.00 Per Day |
| 2170 | <input type="checkbox"/> Fermented-Malt Beverage | \$10.00 Per Day |

DO NOT WRITE IN THIS SPACE

Liquor Permit Number

1. Name of Applicant Organization or Political Candidate

Downtown Business Association

State Sales Tax Number (Required)

32298236

2. Mailing Address of Organization or Political Candidate
(include street, city/town and ZIP)

523 Yampa Ave
Craig CO 81625

3. Address of Place to Have Special Event
(include street, city/town and ZIP)

550 Yampa Ave (Alice Pleasant
Craig CO 81625 Park)

Name

Date of Birth

Home Address (Street, City, State, ZIP)

Phone Number

4. Pres./Secy of Org. or Political Candidate

Karen Brown

4-23-62

972 Cnty Rd 103 Craig

5. Event Manager

Kandee Dilldine

8-15-1970

1055 School St Craig

824-6314

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? _____

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
<u>7-11-2020</u>															
		<u>10 a.m.</u>													
			<u>6 p.m.</u>												

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

Kel Will

Title

Treasurer

Date

6-18-2020

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 44, Article 5, 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)	\$

(Instructions on Reverse Side)