

## 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 checked="" 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:

- 2110 ☐ Malt, Vinous And Spirituous Liquor \$25.00 Per Day  
2170 ☐ Fermented-Malt Beverage \$10.00 Per Day

DO NOT WRITE IN THIS SPACE

Liquor Permit Number

1. Name of Applicant Organization or Political Candidate

VETERANS OF FOREIGN WARS POST 4265

State Sales Tax Number (Required)

12-022282-0000

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

419 E VICTORY WAY  
CRAIG CO 81625

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

Pavilion  
640 E Victory Way  
Craig, Co. 81625

Name

Date of Birth

Home Address (Street, City, State, ZIP)

Phone Number

4. Pres./Sec'y of Org. or Political Candidate

MARK F Wick

5. Event Manager

MARK F Wick

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
4-24-2021															
	16:00		23:00												

### 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

Mark F Wick

Title

COMMANDER POST 4265

Date

3/16/2021

### 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)