

## 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                 |  |

|   |   |
|---|---|
| <b>License</b><br>Type of Special Event Applicant is Applying for:<br>2110 <input type="checkbox"/> Malt, Vinous And Spirituous Liquor \$25.00 Per Day<br>2170 <input type="checkbox"/> Fermented-Malt Beverage \$10.00 Per Day | <b>DO NOT WRITE IN THIS SPACE</b><br>Liquor Permit Number |
|---|---|

|   |                                   |
|---|-----------------------------------|
| 1. Name of Applicant Organization or Political Candidate<br><u>Grand Old West Days DBA Ride 'N Tie Days Rodeo</u> | State Sales Tax Number (Required) |
|---|-----------------------------------|

|  |   |
|--|---|
| 2. Mailing Address of Organization or Political Candidate<br>(include street, city/town and ZIP)<br><u>Box 1143</u><br><u>Craig CO 81626</u> | 3. Address of Place to Have Special Event<br>(include street, city/town and ZIP)<br><u>Mc Fairgrounds</u><br><u>640 E. Victory Way</u><br><u>Craig CO 81625</u> |
|--|---|

|  |               |   |              |
|--|---------------|---|--------------|
| Name   | Date of Birth | Home Address (Street, City, State, ZIP) | Phone Number |
| 4. Pres./Secy of Org. or Political Candidate |               |   |              |

|   |                 |
|---|-----------------|
| 5. Event Manager<br><u>Melody Villard</u> | 970<br>326-6368 |
|---|-----------------|

|  |  |
|--|--|
| 6. Has Applicant Organization or Political Candidate been<br>Issued a Special Event Permit this Calendar Year?<br><input type="checkbox"/> NO <input checked="" type="checkbox"/> YES HOW MANY DAYS? <u>2 days</u> | 7. Is premises now licensed to sell 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  | Date                | Date           | Date           | Date           | Date           |
| July 3/2021   | July 4/2021         |                |                |                |                |
| Hours From 4pm .m.  | Hours From 11am .m. | Hours From .m. | Hours From .m. | Hours From .m. | Hours From .m. |
| To 10pm .m.   | To 10pm .m.         | To .m.         | To .m.         | To .m.         | To .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 <u>Melody Villard</u> | Title <u>Event Organizer</u> | Date <u>6/14/21</u> |
|---------------------------------|------------------------------|---------------------|

**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)<br><u>City of Craig</u> | <input checked="" type="checkbox"/> City<br><input type="checkbox"/> County | Telephone Number of City/County Clerk<br><u>970-826-2010</u> |
| Signature  | Title<br><u>Mayor</u>   | Date<br><u>6-22-21</u>                                       |

**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)