

APPLICATION FOR A SPECIAL EVENTS PERMIT

IN ORDER TO QUALIFY FOR A SPECIAL EVENTS PERMIT, YOU MUST BE NONPROFIT AND ONE OF THE FOLLOWING (See back for details.)

✓ CHECK ONE: SOCIAL CHARTERED BRANCH, LODGE OR CHAPTER OF A NATIONAL ORGANIZATION OR SOCIETY

FRATERNAL RELIGIOUS INSTITUTION

PATRIOTIC PHILANTHROPIC INSTITUTION

POLITICAL POLITICAL CANDIDATE

ATHLETIC MUNICIPALITY OWNING ARTS FACILITIES

DO NOT WRITE IN THIS SPACE

LIAB TYPE OF SPECIAL EVENT APPLICANT IS APPLYING FOR:

2110 MALT, VINOUS AND SPIRITUOUS LIQUOR \$25.00 PER DAY

2170 FERMENTED MALT BEVERAGE (3.2 Beer) \$10.00 PER DAY

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LIQUOR PERMIT NUMBER

1. NAME OF APPLICANT ORGANIZATION OR POLITICAL CANDIDATE State Sales Tax Number (Required)

Craig Chamber of Commerce *84-0379357*

2. MAILING ADDRESS OF ORGANIZATION OR POLITICAL CANDIDATE (include street, city/town and ZIP)

*360 E. Victory Way
 Craig, CO 81625*

3. ADDRESS OF PLACE TO HAVE SPECIAL EVENT (include street, city/town and ZIP)

*MC Pavilion
 750 E. 4th
 Craig, CO 81625*

| NAME | DATE OF BIRTH | HOME ADDRESS (Street, City, State, ZIP) | PHONE NUMBER |
|---|--|---|---------------------|
| 4. PRES./SECY OF ORG. or POLITICAL CANDIDATE <i>Christina Oxley</i> | <i>5-21-74</i> | <i>397 Sandrock Dr</i> | <i>970.824.5689</i> |
| 5. EVENT MANAGER <i>same</i> | | | |
| 6. HAS APPLICANT ORGANIZATION OR POLITICAL CANDIDATE BEEN ISSUED A SPECIAL EVENT PERMIT THIS CALENDAR YEAR? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES HOW MANY DAYS? _____ | 7. IS PREMISES NOW LICENSED UNDER STATE LIQUOR OR BEER CODE? <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? Yes No

LIST BELOW THE EXACT DATE(S) FOR WHICH APPLICATION IS BEING MADE FOR PERMIT

| Date | Date | Date | Date |
|---|---------------|---------------|---------------|
| Hours From To | Hours From To | Hours From To | Hours From To |
| <i>May 21, 2014</i> | | | |
| From <i>5:30 p.m.</i> To <i>11:30 p.m.</i> | | | |

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 *Christina Oxley* TITLE *Exec. director* *4-25-16*

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 _____

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

LIABILITY INFORMATION

| License Account Number | Liability Date | State | TOTAL |
|------------------------|----------------|------------|-------|
| | | -750 (999) | |