

# 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

**CRAIG CHAMBER OF COMMERCE**

State Sales Tax Number (Required)

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)

**1324 E. Hwy 40  
 CRAIG, CO 81625**

NAME	DATE OF BIRTH	HOME ADDRESS (Street, City, State, ZIP)	PHONE NUMBER
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4. PRES/SECY OF ORG. or POLITICAL CANDIDATE

5. EVENT MANAGER

**CHRISTINA OXLEY**

**397 SANDROCK DR.**

**970-824-5689**

6. HAS APPLICANT ORGANIZATION OR POLITICAL CANDIDATE BEEN ISSUED A SPECIAL EVENT PERMIT THIS CALENDAR YEAR?

NO  YES HOW MANY DAYS? **2**

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	Date	Hours From	To
Nov. 12, 16	4p	12p												

**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 **Executive director**

**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)