

## **Special Events Liquor Permit Application**

In order to ap <sub>i</sub> Educational  Fraternal  Patriotic	ernal 🛛 🗆 Chartered Branch, Lodge or Chap		<ul> <li>Philanthropic Institution</li> <li>r</li></ul>		egories: (C.R.S. 44-5-102) Religious Institution Political Special District	
<i>.</i>	a <b>l Event Permit Being</b> Aalt Beverage (FMB) (	••	: "All 3": FMB/V	inous Liquor/Spirituo	us Liquor (Be	eer/Wine/Liquor)
Applicant Info						
State Sales Ta	x Number:		(Requi	red: check with Color	rado Depar	tment of Revenue)
Physical Addre	PSS: Number	Street		City	State	Zip Code
Mailing Addre □ same as phy		Street		City	State	Zip Code
Contact Inforn President/Secr	nation: retary of Applicant O	ganization:				
Email Address:						
Direct or Mobile Telephone Number:			Date of Birth:			
Event Manage	er (if different):					
Email Address:						
Direct or Mobi	le Telephone Number:		Date of Birth:			
Location Infor Location of Eve	<b>mation:</b> ent (Full Physical Addre					
Do you have v	e (if applicable): written permission to u ise currently licensed o					
Event Informa	tion:					
Day 1:	Date:		me:			
Day 2: Day 3:	Date: Date:		me: me:			
	<b>cant:</b> r penalty of perjury ir at all information ther	-				all attachments
Signature		Title	 Title		Date	
<ul> <li>Diagram of the</li> <li>Copy of lease,</li> <li>Certificate of n</li> <li>A non-profit choice</li> </ul>	mental Submissions Check proposed licensed area (8. deed, or written permissio on-profit good standing fr arter or if a political candid e (checks only, must be in th	.5"x11" size/label bars, v n of owner for authorized om Colorado Secretary o date, copy of COSOS-fil	walls, doors, barrier d use of premises of State ( <u>www.sos.st</u> ed campaign affido	s if outside) rate.co.us) avit from TRACER		

## Contact Information: Stacey Nell, Town Clerk

townclerk@townoffrisco.com