



# Special Events Liquor Permit Application

In order to apply, your organization **must be not-for-profit**, and fall under one of these categories: (C.R.S. 44-5-102)

- Educational     Athletic     Philanthropic Institution     Religious Institution
- Fraternal     Chartered Branch, Lodge or Chapter     Educational     Political
- Patriotic     of a National Organization or Society     Municipality/County     Special District

**Type of Special Event Permit Being Applied For:**

- Fermented Malt Beverage (FMB) (Beer) Only
- "All 3": FMB/Vinous Liquor/Spirituos Liquor (Beer/Wine/Liquor)

**Applicant Information:**

Organization Name: \_\_\_\_\_

State Sales Tax Number: \_\_\_\_\_ (Required: check with Colorado Department of Revenue)

Physical Address: \_\_\_\_\_

Number	Street	City	State	Zip Code
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Mailing Address: \_\_\_\_\_

<input type="checkbox"/> same as physical	Number	Street	City	State	Zip Code
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**Contact Information:**

**President/Secretary of Applicant Organization:** \_\_\_\_\_

Email Address: \_\_\_\_\_

Direct or Mobile Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Event Manager (if different):** \_\_\_\_\_

Email Address: \_\_\_\_\_

Direct or Mobile Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Location Information:**

Location of Event (Full Physical Address): \_\_\_\_\_

Number	Street	City	State	Zip Code
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Name of Venue: \_\_\_\_\_

Do you have written permission to use this location for your Special Event, including alcohol service?     Yes     No

Is this premise currently licensed under another Liquor License? (Inquire: townclerk@townoffrisco.com)     Yes     No

**Event Information:**

Day 1:	Date: _____	Start Time: _____	End Time: _____
Day 2:	Date: _____	Start Time: _____	End Time: _____
Day 3:	Date: _____	Start Time: _____	End Time: _____

**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	Title	Date
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**Required Supplemental Submissions Checklist:** In addition to this form, submit all at once the following documents:

- Diagram of the proposed licensed area (8.5"x11" size/label bars, walls, doors, barriers if outside)
- Copy of lease, deed, or written permission of owner for authorized use of premises
- Certificate of non-profit good standing from Colorado Secretary of State ([www.sos.state.co.us](http://www.sos.state.co.us))
- A non-profit charter or if a political candidate, copy of COSOS-filed campaign affidavit from TRACER
- Payment for fee (checks only, must be in the name of the Non-Profit Organization) for: \$100 application fee

**Contact Information: Stacey Nell, Town Clerk**  
[townclerk@townoffrisco.com](mailto:townclerk@townoffrisco.com)