



TOWN OF ELIZABETH

MICHELLE OESER, TOWN CLERK

TO: Honorable Mayor and Board of Trustees
FROM: Michelle M. Oeser, Town Clerk
DATE: March 26, 2024
SUBJECT: Town of Elizabeth Farmers Market Special Event License

SUMMARY

On February 29, 2024, the Town of Elizabeth applied for a Special Event Liquor License for the Town's Summer Friday Night Market series. Posting has been provided at Running Creek Park. Brendan Kloser will be the event manager for the Friday Night Markets. Mr. Briggs will be present at the Board meeting to answer any questions the Board has. The map that is included depicts where the stage, serving areas and check point gates will be located for the event.

The Elizabeth Police Department does not have any issues that would affect approval of this license application.

STAFF RECOMMENDATION

Staff recommends approval of the Town of Elizabeth's Friday Night Market Special Event License application.

ATTACHMENTS

Special Event Application

Application for a Special Events Permit

Departmental Use Only

RECEIVED
FEB 29 2024
Town of Elizabeth

Town of Elizabeth

In order to qualify for a Special Events Permit, You Must Be a Qualifying Organization Per 44-5-102 C.R.S. and One of the Following (See back for details.)

- | | | |
|------------------------------------|---|--|
| <input 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"/> National Organization or Society | <input checked="" type="checkbox"/> Municipality Owned Arts Facilities |
| <input type="checkbox"/> Political | <input type="checkbox"/> Religious Institution | |

LIAB	DO NOT WRITE IN THIS SPACE
Type of Special Event Applicant is Applying for: 2110 <input checked="" type="checkbox"/> Malt, Vinous And Spirituous Liquor \$100.00 Per Application 2170 <input type="checkbox"/> Fermented Malt Beverage \$100.00 Per Application	Liquor Permit Number

1. Name of Applicant Organization or Political Candidate: Town of Elizabeth State Sales Tax Number (Required): 98

2. Mailing Address of Organization or Political Candidate (include street, city/town and ZIP):
PO Box 159 Elizabeth, CO 80107

3. Address of Place to Have Special Event (include street, city/town and ZIP):
500 E. Kiowa Ave Elizabeth, CO 80107

4. Authorized Representative of Qualifying Organization or Political Candidate: Patrick Davidson Date of Birth: [REDACTED] Phone Number: [REDACTED]

Authorized Representative's Mailing Address (if different than address provided in Question 2.):
Same as above

5. Event Manager: Brendon Kloser Date of Birth: [REDACTED]

Event Manager Home Address (Street, City, State, ZIP): [REDACTED] Elizabeth, CO 80107 brendon.k@brewelizabeth.com

6. Has Applicant Organization or Political Candidate been issued a Special Event Permit this Calendar Year?
 Yes No Yes How many days? _____

7. Is the premises for which your event is to be held currently licensed under the Colorado Liquor or Beer codes?
 Yes No License Number _____

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 <u>6-14-24</u> Hours From <u>5pm</u> To <u>10 pm</u>	Date <u>6-21-24</u> Hours From <u>5pm</u> To <u>10pm</u>	Date <u>6-28-24</u> Hours From <u>5pm</u> To <u>10 pm</u>	Date <u>7-5-24</u> Hours From <u>5pm</u> To <u>10.m</u>	Date <u>7-12-24</u> Hours From <u>5pm</u> To <u>10p</u>
Date <u>7-19-24</u> Hours From <u>5pm</u> To <u>10p</u>	Date <u>7-26-24</u> Hours From <u>5pm</u> To <u>10pm</u>	Date <u>8-2-24</u> Hours From <u>5pm</u> To <u>10p</u>	Date <u>8-9-24</u> Hours From <u>5pm</u> To <u>10p</u>	Date <u>8-16-24</u> Hours From <u>5pm</u> To <u>10p</u>
Date _____ Hours From _____ .m. To _____ .m.	Date _____ Hours From _____ .m. To _____ .m.	Date _____ Hours From _____ .m. To _____ .m.	Date _____ Hours From _____ .m. To _____ .m.	Date _____ Hours From _____ .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: [Signature] Title: TOWN ADMINISTRATOR Date: 2/27/2024

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.

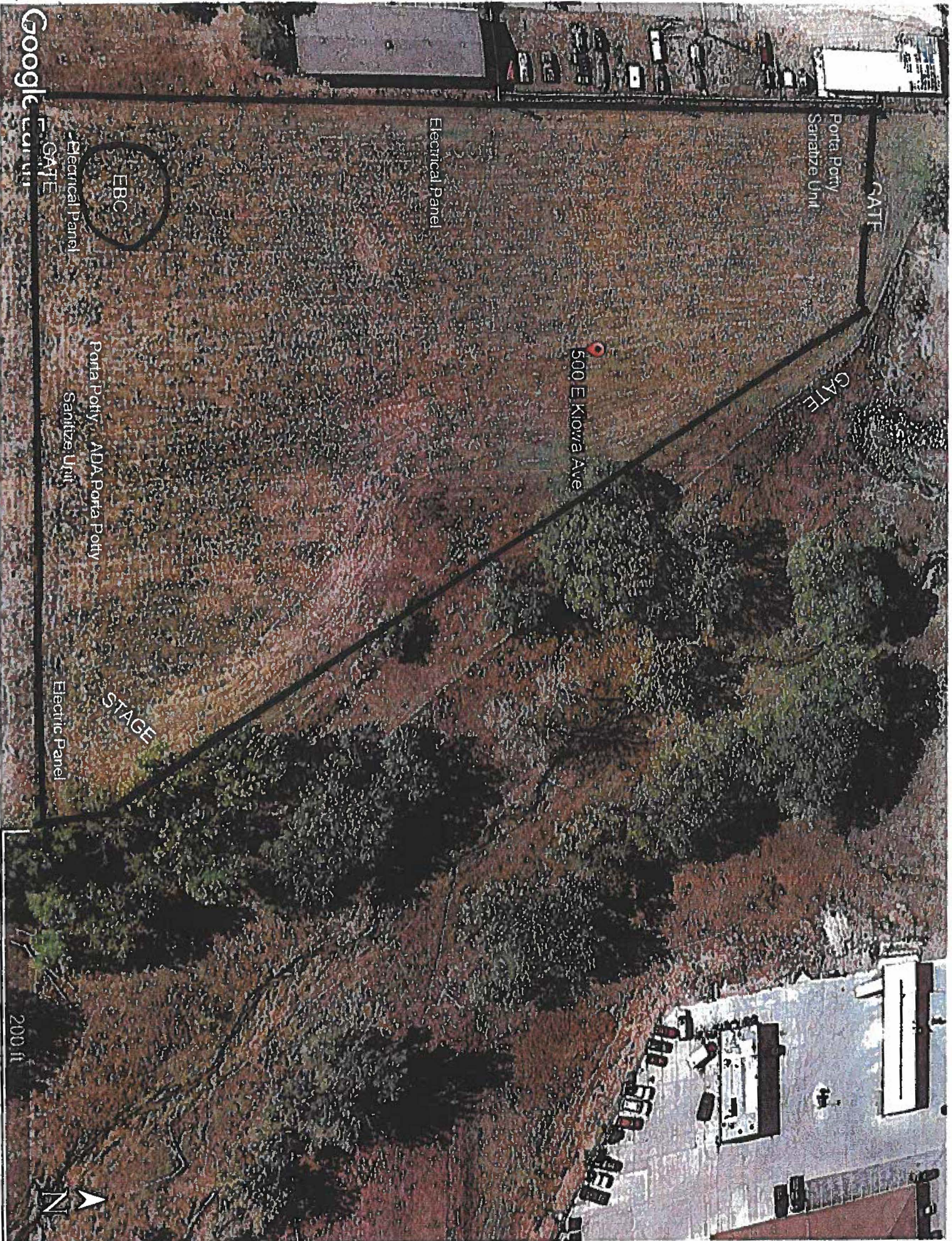
THEREFORE, THIS APPLICATION IS APPROVED.

Local Licensing Authority (City or County): City County Telephone Number of City/County Clerk

Signature: _____ Title: _____ Date: _____

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

Liability Information			
License Account Number	Liability Date	State	Total



Porta Potty
Sanitize Unit

GATE

GATE

500 E Kiowa Ave

Electrical Panel

EBC

Electrical Panel

Porta Potty, ADA Porta Potty
Sanitize Unit

STAGE

Electric Panel

Google Earth

200 ft

