



TOWN OF ELIZABETH

MICHELLE OESER, TOWN CLERK

TO: Honorable Mayor and Board of Trustees
FROM: Michelle M. Oeser, Town Clerk
DATE: July 9, 2024
SUBJECT: Town of Elizabeth Farmers Market Alternate Special Event License

SUMMARY

On June 10, 2024, the Town of Elizabeth applied for an Alternate location special Event Liquor License for the Town's Summer Friday Night Market series. Posting has been provided at the Gesin Lot.

Brendan Kloser will be the event manager for the Friday Night Markets. Zach Higgins will answer any questions you have as to the plans and needs for an alternate location.

The map that is included depicts where the stage, serving areas, and checkpoint gates will be located for the event.

There will be no alcohol served at these locations at the same time. If Running Creek Park cannot be used for any reason, then the Gesin Lot will be used in its place. The use and planned setup has been approved by Elizabeth Public Works, the Elizabeth Police Department, and the Elizabeth Fire Department.

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

STAFF RECOMMENDATION

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

ATTACHMENTS

Special Event Application
Map

Application for a Special Events Permit

Departmental Use Only

Town of Elizabeth

RECEIVED

JUN 10 2024

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

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

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):
1165 E. Main Street 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] Phone Number: [REDACTED]

Event Manager Home Address (Street, City, State, ZIP): [REDACTED] Email Address of Event Manager: brendonk@brewelizabeth.com

6. Has Applicant Organization or Political Candidate been issued a Special Event Permit this Calendar Year?
 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?
 No Yes 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>7-12-24</u> Hours From <u>5 p.m.</u> To <u>10 p.m.</u>	Date <u>7-19-24</u> Hours From <u>5 p.m.</u> To <u>10 p.m.</u>	Date <u>7-26-24</u> Hours From <u>5 p.m.</u> To <u>10 p.m.</u>	Date <u>8-2-24</u> Hours From <u>5 p.m.</u> To <u>10 p.m.</u>	Date <u>8-9-24</u> Hours From <u>5 p.m.</u> To <u>10 p.m.</u>
Date <u>8-16-24</u> Hours From <u>5 p.m.</u> To <u>10 p.m.</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.	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: 6/10/2024

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 _____

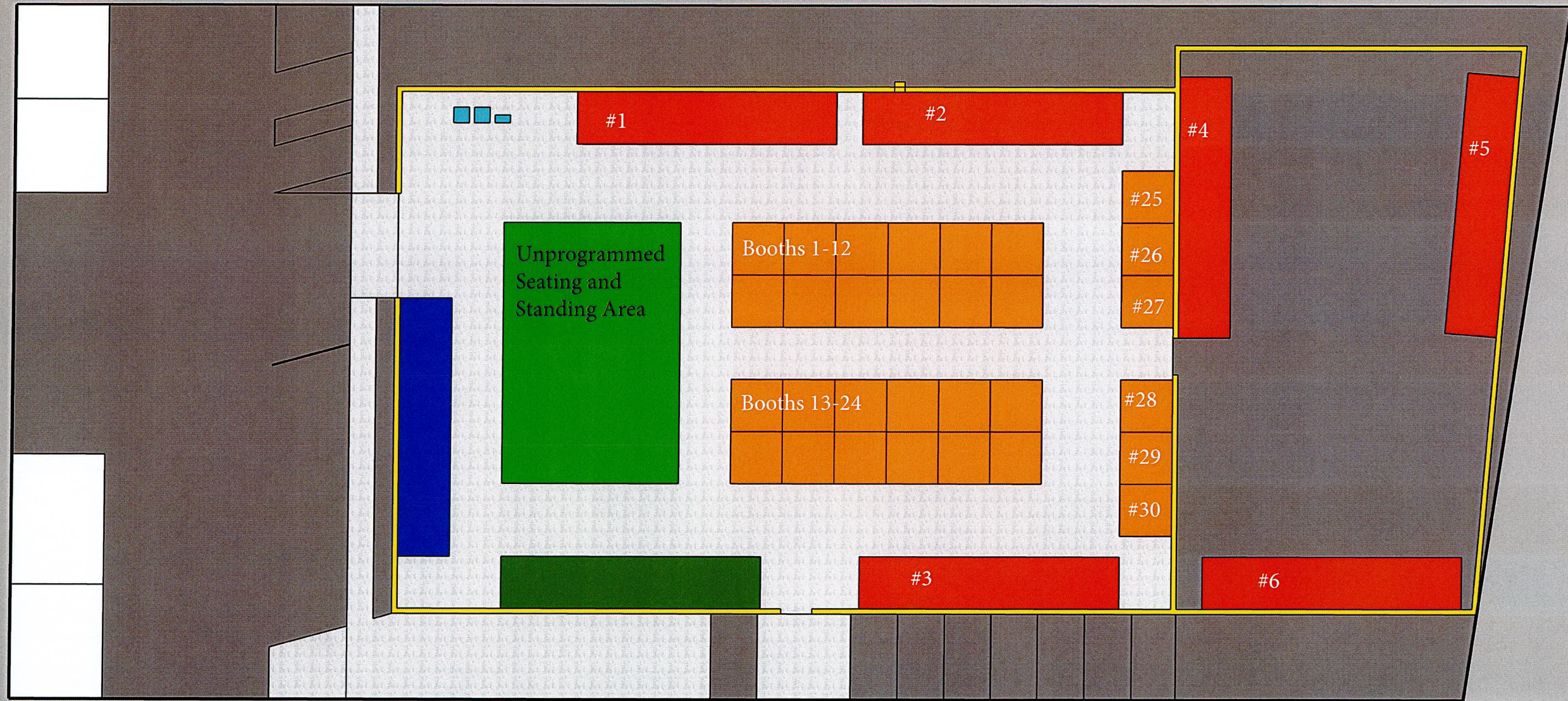
Signature _____ Title _____ Date _____

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

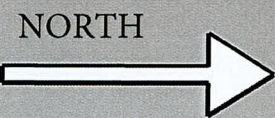
Liability Information			Total
License Account Number	Liability Date	State	

	10'x50' Food Truck Space		10'x50' Band Space		10'x50' EBC
	10'x10' Vendor Booth		Portapotties		Gesin Lot Fencing Permanent and Temporary

Broadway



Hwy 86



165 Main Street