DR 8420 (07/22/24)
COLORADO DEPARTMENT OF REVENUE
Liquor Enforcement Division
PO BOX 17087
Denver CO 80217-0087
(303) 205-2300

## **Festival Permit Application**

This permit is only available for the following license types:

| Beer and Wine license;                                                                                                                                                                        | Entertainment License;                                                                                                  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|
| <ul> <li>Hotel and Restaurant license;</li> </ul>                                                                                                                                             | Lodging License;                                                                                                        |  |
| Tavern license;                                                                                                                                                                               | Manufacturer's license (beer, wine, or spirits);                                                                        |  |
| Brew Pub license;                                                                                                                                                                             | Wholesaler's license; or                                                                                                |  |
| Vintner's Restaurant license;                                                                                                                                                                 | <ul> <li>Limited Wineries</li> </ul>                                                                                    |  |
| Distillery Pub license;                                                                                                                                                                       |                                                                                                                         |  |
| <ul> <li>✓ Initial Application – \$50.00 Processing Fee</li> <li>✓ Subsequent Festival Application - \$50.00 per festiv</li> <li>Note - An authorized participating licensee can p</li> </ul> | val (9 total allowed per <b>calendar year</b> , per permittee)<br>participate in up to 52 festivals in a calendar year. |  |
| Ron-Lee-Von                                                                                                                                                                                   | 110                                                                                                                     |  |
| Frade Name/DBA Name                                                                                                                                                                           | 7,50                                                                                                                    |  |
| White Horse                                                                                                                                                                                   | Inn LLC                                                                                                                 |  |
| icense Number License Type                                                                                                                                                                    | Sales Tax Number                                                                                                        |  |
| 40-21555-0000 Malt, vinous                                                                                                                                                                    | 3 Spirituous Liquor 40 215550000                                                                                        |  |
| Business Phone Number Email Address                                                                                                                                                           |                                                                                                                         |  |
| 970-356 5386<br>Premises Address                                                                                                                                                              |                                                                                                                         |  |
| 2750 8th Avenue                                                                                                                                                                               |                                                                                                                         |  |
| City O'Th AVENUE                                                                                                                                                                              | State ZIP Code                                                                                                          |  |
| Garden City Mailing Address                                                                                                                                                                   | CO 80631                                                                                                                |  |
| 2750 8th Avenue                                                                                                                                                                               |                                                                                                                         |  |
| City                                                                                                                                                                                          | State ZIP Code                                                                                                          |  |
| estival Location                                                                                                                                                                              |                                                                                                                         |  |
| 621 27th Street Bood, Gard                                                                                                                                                                    | ten City Co 80631                                                                                                       |  |
| ate(s) of Festival                                                                                                                                                                            |                                                                                                                         |  |
| August 22nd and 23rd, 8                                                                                                                                                                       | R025                                                                                                                    |  |
| What are the hours of alcohol service during each festival date(s)? (1 festival can be no more than 72 hours)                                                                                 |                                                                                                                         |  |
| 8am - 10pm Ro-                                                                                                                                                                                | th days.                                                                                                                |  |
|                                                                                                                                                                                               | Page 1 of 3                                                                                                             |  |

## Attach a copy of Premises Use Authorization Letter or Lease

## **Control Plan Attestation**

I affirm that I have attached a Security and Control plan that has been circulated and agreed upon by all participating licensees.

| Applicant's Signature                  | Date (MM/DD/YY)                           |
|----------------------------------------|-------------------------------------------|
| Afraia                                 | 3/20/25                                   |
| Licensing Authority Signature          |                                           |
|                                        |                                           |
| Object O Do Not Object                 |                                           |
| Local Licensing Authority Contact Name | Phone Number                              |
| Cheryl Campbell                        | 970-361-0041                              |
| List of participating businesses (     | Attach a separate sheet if needed)        |
| Name                                   |                                           |
| Bule 105 Bree                          | wing                                      |
| License Number                         |                                           |
| 03-15728                               | Sale Room Malt                            |
| Person Responsible                     | Phone Number                              |
| Michael Moser                          | 970-30L-4575                              |
| Wing Shack                             | *                                         |
| License Number                         | License Type                              |
| 26-647-87-0001<br>Person Responsible   | Wholesale Beer (malt liquor) Phone Number |
|                                        |                                           |
| Brian Seifried Name                    | 970-356-7900                              |
| White Horse I                          | in LLC                                    |
| License Number                         | License Type                              |
| 40-21555-0000                          | Malt, Vinous 3 Spirituous Liquor          |
| Person Responsible                     | Phone Number                              |
| Ronica Lara Name                       | 970-356-5386                              |
| Trainio .                              |                                           |
| License Number                         | License Type                              |
|                                        |                                           |
| Person Responsible                     | Phone Number                              |
|                                        |                                           |
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## **Oath Of Applicant**

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also know that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Colorado Liquor or Beer and Wine Code and Colorado Liquor Rules which affect my license or permit.

| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |  |
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| Report And Approval of Local Licensing Authority (City/County)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |  |
| The foregoing application has been examined and the premises, business conducted the applicant is satisfactory.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I and character of |  |
| Local Licensing Authority (City or County)  Date Notice was provided to Local Lice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ensing Authority   |  |
| Town of Garden City Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |  |
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| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date (MM/DD/YY)    |  |
| Mayor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |  |
| During this festival alcohol will only be sold by the participating alcohol beverage holders (Check All that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |  |
| In open containers for on-premises consumption In sealed containers for off-premises                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ses consumption    |  |
| Notice To Local Licensing Authority                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |  |
| This application for a festival permit will be granted to the above named applicant unless any of the below listed conditions apply. If any of these conditions apply please contact the state licensing authority immediately.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |  |
| The applicant has not provided you with at least 30 calendar days notice of the provided you with at least 30 calendar days notice of the provided you with at least 30 calendar days notice of the provided you with at least 30 calendar days notice of the provided you with at least 30 calendar days notice of the provided you with at least 30 calendar days notice of the provided you with at least 30 calendar days notice of the provided you with at least 30 calendar days notice of the provided you with at least 30 calendar days notice of the provided you with at least 30 calendar days notice of the provided you with at least 30 calendar days notice of the provided you with at least 30 calendar days notice of the provided you with at least 30 calendar days notice of the provided you with at least 30 calendar days notice of the provided you with at least 30 calendar days notice of the provided you with at least 30 calendar days notice of the provided you with at least 30 calendar days not 10 calendar days no | oposed festival    |  |
| Past festivals have had a history of violation of the Colorado Liquor Code or Colorado Liquor Rules or violations of local ordinances                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |  |
| If granted, this permit would result in violations of the Colorado Liquor Code or Colorado Liquor Rules, or the laws of the local government                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |  |
| If the Local Licensing Authority objects, provide a separate page with details of the ob                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | jection.           |  |
| Report of State Licensing Authority                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |  |
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| DR 8420 (07/22/24)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Page 3 of 3        |  |

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