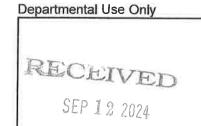
DR 8439 (02/27/24)
COLORADO DEPARTMENT OF REVENUE
Liquor Enforcement Division
PO BOX 17087
Denver CO 80217-0087
(303) 205-2300

Application for a Special Events Permit



| Liquor Permit Number (Do Not Fill Out) | |
|--|--|
| | |
| In order to qualify for a Special Events Permit, You C.R.S. and One of the Following (See back for | Must Be a Qualifying Organization Per 44-5-102 details.) |
| Social Athletic | O Philanthropic Institution |
| O Fraternal O Chartered Branch, Lodge or Chapter | O Political Candidate |
| O Patriotic O National Organization or Society | Municipality Owned Arts Facilities |
| O Political O Religious Institution | |
| LIAB Type of Special Event Applicant is A | pplying for: PEQUEST |
| 2110 Malt, Vinous And Spirituous Liquor | \$25.00 Per Day |
| 2170 | \$10.00 Per Day |
| Name of Applicant Organization or Political Candidate | State Sales Tax Number (Required) |
| GLAND ARTS COUNCIL | |
| Mailing Address of Organization or Political Candidate | |
| | |
| City | State ZIP Code |
| Address of Disease House Special Event | CD 80447 |
| Address of Place to Have Special Event | 00 |
| City | State ZIP Code |
| GRAND LAILE | Co (P0447) |
| Authorized Representative of Qualifying Organization or Po | litical Candidate |
| AZAN WALKER | |
| Date of Birth (MM/DD/YY) | Phone Number |
| | |
| Authorized Representative's Mailing Address (if different that | an address provided in Question 2.) |
| 04. | |
| City | State ZIP Code |

| E١ | ent Manager | | |
|----|--|--|--|
| | AZAN WATUER | | |
| Da | te of Birth (MM/DD/VV) Phone Number | | |
| | | | |
| ĒV | ent Manager Home Address | | |
| L | | | |
| Ci | State ZIP Code | | |
| | | | |
| En | ail Address of Event Manager | | |
| | | | |
| 1. | Is the place to have the Special Event located on State-owned property? | | |
| | | | |
| | O Yes O No | | |
| 2. | 2. Has Applicant Organization or Political Candidate been issued a Special Event Permit this | | |
| | Calendar Year? | | |
| | O No O Yes, How many days? | | |
| 3. | . Is the premises for which your event is to be held currently licensed under the Colorado Liquor or | | |
| | Beer codes? | | |
| | O No O Yes, License Number | | |
| 4. | . Does the Applicant Have Possession or Written Permission for the Use of The Premises to | | |
| | be Licensed? | | |
| | Q Yes () No | | |
| | | | |

List Below the Exact Date(s) for Which Application is Being Made for Permit

| Date | | Date | 41.00 |
|-------|--|-----------|-------|
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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.

| Title | |
|---|--|
| BOARD PRESIDENT | |
| Signature | Date (MM/DD/YY) |
| Hall to | 09/12/24 |
| Report and Approval of Local Li | censing Authority (City or County) |
| The foregoing application has been examined and of the applicant is satisfactory, and we do report the provisions of Title 44, Article 5, C.R.S., as amende | at such permit, if granted, will comply with the |
| Therefore, this App | lication is Approved. |
| Local Licensing Authority (City or County) | , r |
| | O City O County |
| Telephone Number of City/County Clerk | Only Obdainly |
| | |
| Title | |
| | |
| Signature | Date (MM/DD/YY) |
| | |
| Do Not Write in this Space - For | Department of Revenue Use Only |
| _iability Information | |
| License Account Number | Liability Date |
| 4 | |
| State | Total |
| -750 (999) | .00 |