

DR 8439 (08/12/24)
COLORADO DEPARTMENT OF REVENUE
Liquor Enforcement Division
PO BOX 17087
Denver CO 80217-0087
(303) 205-2300

AUG 23 2024

Application for a Special Events Permit

Depart	mental Use Or	nly

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
○ Fraternal ○ Chartered Branch, Lodge or Chapter	O Political Candidate
O Patriotic O National Organization or Society	Municipality Owned Arts Facilities
O Political O Religious Institution	Chamber of Commerce
LIAB Type of Special Event Applicant is Ap	oplying for:
2110 Malt, Vinous And Spirituous Liquor	\$25.00 Per Day
2170 Fermented Malt Beverage	\$10.00 Per Day
Name of Applicant Organization or Political Candidate Rocky Mountain Folk S Mailing Address of Organization or Political Candidate	State Sales Tax Number (Required)
City	State ZIP Code
Address of Place to Have Special Event GL Community House /	1024 Grand Ave
City Grand Lake Authorized Representative of Qualifying Organization or Poli	State ZIP Code
Alan Walker	
Date of Birth (MM/DD/YY)	Phone Number
Authorized Representative's Mailing Address (if different than	address provided in Question 2.)
City	State ZIP Code

Event Manager				
Alan Walker				
Date of Birth (MM/DD/YY) Phone Number				
Event Manager Home Address				
City / State ZIP Code				
Email Address of Event Manager				
Email Address of Event Manager				
Is the place to have the Special Event located on State-owned property?				
○ Yes ○ No				
2. Has Applicant Organization or Political Candidate been issued a Special Event Permit this Calendar Year?				
O No 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?				
○ No ○ Yes, License Number				
4. Does the Applicant Have Possession or Written Permission for the Use of The Premises to be Licensed?				
○ Yes ○ No				
5. For Chambers of Commerce - Each member who holds a retail establishment permit attests they are not exercising the privileges of the retail establishment permit for the duration of the SEP days				
○ Yes ○ No				
6. For Chambers of Commerce - Please list all members participating in the SEP.				
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List Below the Exact Date(s) for Which Application is Being Made for Permit

Date	Date
OCT 12, 2024	
From: To:	From; To:
OCT 12, 2024 From: To: 4 pm 8 pm	
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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 -	Porke Mountain Fo	5/V S 4501
Signature	org retained,	Date (MM/DD/YY)
Hallval		08/27/24
Report and Approval of Local	Licensing Authority (City or Cou	nty)
The foregoing application has been examined ar of the applicant is satisfactory, and we do report to provisions of Title 44, Article 5, C.R.S., as amend	nd the premises, business conducte that such permit, if granted, will com led.	d and character
Therefore, this A	oplication is Approved.	
Local Licensing Authority (City or County)		W.
Telephone Number of City/County Clerk		City County
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Title		
Signature	S TWO IN THE STREET	Data (MM/DDAAA)
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Liability Information		
Liability information		
License Account Number	Liability Date	
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750 (999)	\$[.00