

JAN 22 2025

Departmental Use Only

Application for a Special Events Permit

Liquor Permit Number (Do Not Fill Out)

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="radio"/> Social | <input type="radio"/> Athletic | <input type="radio"/> Philanthropic Institution |
| <input type="radio"/> Fraternal | <input checked="" type="radio"/> Chartered Branch, Lodge or Chapter | <input type="radio"/> Political Candidate |
| <input type="radio"/> Patriotic | <input type="radio"/> National Organization or Society | <input type="radio"/> Municipality Owned Arts Facilities |
| <input type="radio"/> Political | <input type="radio"/> Religious Institution | <input type="radio"/> Chamber of Commerce |

LIAB **Type of Special Event Applicant is Applying for:**

- | | | |
|------|---|--|
| 2110 | <input type="checkbox"/> Malt, Vinous And Spirituous Liquor | \$25.00 Per Day |
| 2170 | <input checked="" type="checkbox"/> Fermented Malt Beverage | \$10.00 Per Day <i>or Please waire</i> |

Name of Applicant Organization or Political Candidate

State Sales Tax Number (Required)

Rotary Club of Grand Lake

Mailing Address of Organization or Political Candidate

City

State ZIP Code

Address of Place to Have Special Event

1026 Park Avenue

City

State ZIP Code

Grand Lake

Authorized Representative of Qualifying Organization or Political Candidate

Judy Eberly

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

Judy Eberly

Date of Birth (MM/DD/YY)

Phone Number

Event Manager Home Address

City

State

ZIP Code

Email Address of Event Manager

1. 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?

☐ 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 *Filed an application.*

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.

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

Date

March 8, 2025

From:

9

To:

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Date

March 9, 2025

From:

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To:

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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

Grand Lake Rotary Vice President

Signature

Date (MM/DD/YY)

01/25/26

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

Title

Signature

Date (MM/DD/YY)

Do Not Write in this Space - For Department of Revenue Use Only

Liability Information

License Account Number

Liability Date

State

Total

-750 (999) \$.00



Grand Lake Community House

