

APPLICATION FOR A SPECIAL EVENTS PERMIT			Department Use Only
IN ORDER TO QUALIFY FOR A SPECIAL EVENTS PERMIT, YOU MUST BE NONPROFIT AND ONE OF THE FOLLOWING (See back for details.) SOCIAL _____ FRATERNAL _____ PATRIOTIC _____ POLITICAL _____ ATHLETIC <input checked="" type="checkbox"/> CHARTERED BRANCH, LODGE OR CHAPTER OF A NATIONAL ORGANIZATION OR SOCIETY _____ RELIGIOUS INSTITUTION _____ PHILANTHROPIC INSTITUTION _____ POLITICAL CANDIDATE _____ MUNICIPALITY OWNING ARTS FACILITIES _____			
TYPE OF SPECIAL EVENT APPLICANT IS APPLYING FOR: MALT, VINOUS AND SPIRITUOUS LIQUOR \$100.00 PER DAY _____ FERMENTED MALT BEVERAGE (3.2 Beer) \$100.00 PER DAY <input checked="" type="checkbox"/>		DO NOT WRITE IN THIS SPACE LIQUOR PERMIT NUMBER _____	
1. NAME OF APPLICANT ORGANIZATION OR POLITICAL CANDIDATE Panadero Ski Cororation			State Sales Tax Number (Required) _____
2. MAILING ADDRESS OF ORGANIZATION OR POLITICAL CANDIDATE (include street, city/town and ZIP) PO Box 983 La Veta, CO 81055		3. ADDRESS OF PLACE TO HAVE SPECIAL EVENT (include street, city/town and ZIP) 1234 Panadero Ave Cuchara, CO 81055	
NAME	DOB	HOME ADDRESS (Street, City, State, ZIP)	PHONE NUMBER
4. PRES./SECY OF ORG. or POLITICAL CANDIDATE Ken Clayton	[REDACTED] 68	[REDACTED] Cuchara, CO 81055	[REDACTED]
5. EVENT MANAGER Ken Clayton			
6. HAS APPLICANT ORGANIZATION OR POLITICAL CANDIDATE BEEN ISSUED A SPECIAL EVENT PERMIT THIS CALENDAR YEAR? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> HOW MANY DAYS? _____		7. IS PREMISES NOW LICENSED UNDER STATE LIQUOR OR BEER CODE? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> TO WHOM? _____	
8. DOES THE APPLICANT HAVE POSSESSION OR WRITTEN PERMISSION FOR THE USE OF THE PREMISES TO BE LICENSED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
LIST BELOW THE EXACT DATE(S) FOR WHICH APPLICATION IS BEING MADE FOR PERMIT			
Date <u>9/29/24</u> Hours From <u>12 P.m.</u> To <u>8 P.m.</u>	Date _____ Hours From _____ To _____	Date _____ Hours From _____ To _____	Date _____ Hours From _____ To _____
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 <i>Ken Clayton</i>		TITLE Treasurer	DATE 8/29/24
REPORT AND APPROVAL OF LOCAL LICENSING AUTHORITY			
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 12, Article 48, C.R.S., as amended.			
THEREFORE, THIS APPLICATION IS APPROVED.			
HUERFANO COUNTY LOCAL LICENSING AUTHORITY		TELEPHONE NUMBER OF/COUNTY CLERK 719-738-3000 x 220	
SIGNATURE		TITLE	DATE
DO NOT WRITE IN THIS SPACE - FOR LOCAL LICENSING AUTHORITY USE ONLY			
LIABILITY INFORMATION			
License Account Number	Liability Date	State	
		-750 (999)	TOTAL •\$