

Application for a Special Events Permit

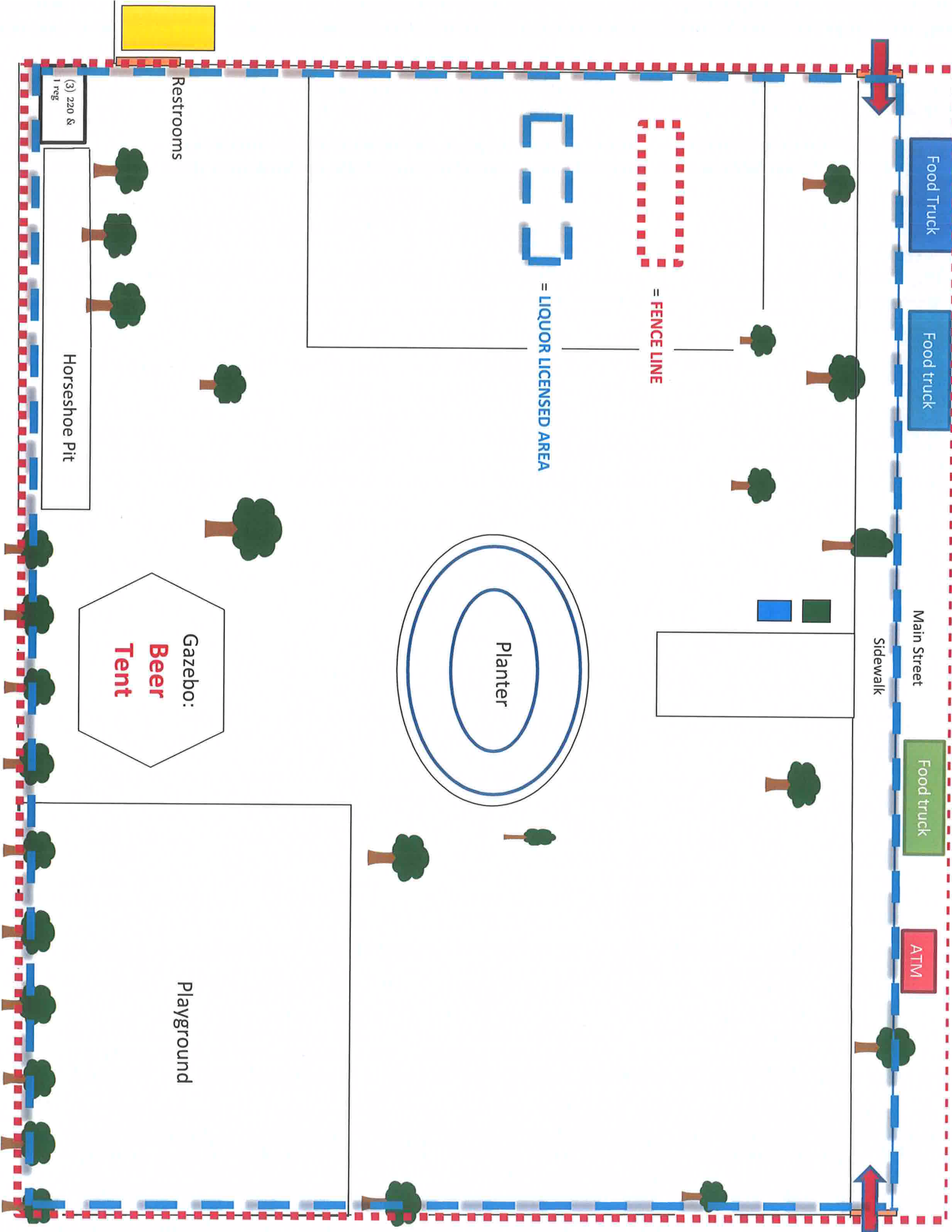
Departmental Use Only

☐ State Only Permit/State Property

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

LIAB Type of Special Event Applicant is Applying for:		DO NOT WRITE IN THIS SPACE	
2110 <input checked="" type="checkbox"/> Malt, Vinous And Spirituous Liquor	\$25.00 Per Day	Liquor Permit Number	
2170 <input type="checkbox"/> Fermented Malt Beverage	\$10.00 Per Day		
1. Name of Applicant Organization or Political Candidate Town of New Castle, Colorado		State Sales Tax Number (Required)	
2. Mailing Address of Organization or Political Candidate (include street, city/town and ZIP) 450 W. Main Street PO Box 90 New Castle, CO 81647		3. Address of Place to Have Special Event (include street, city/town and ZIP)	
4. Authorized Representative of Qualifying Organization or Political Candidate Kelley Cox		Date of Birth [REDACTED]	Phone Number 970-984-3352
Authorized Representative's Mailing Address (if different than address provided in Question 2.) PO Box 90 New Castle, CO			
5. Event Manager Kelley Cox		Date of Birth Same	Phone Number -
Event Manager Home Address (Street, City, State, ZIP) Same		Email Address of Event Manager kcox@newcastlecolorado.org	
6. Has Applicant Organization or Political Candidate been Issued a Special Event Permit this Calendar Year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes How many days? 1		7. Is the premises for which your event is to be held currently licensed under the Colorado Liquor or Beer codes? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes License Number	
8. Does the Applicant Have Possession or Written Permission for the Use of The Premises to be Licensed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List Below the Exact Date(s) for Which Application is Being Made for Permit			
Date 7-31-25 Hours From 4:00 To 8:00 p.m.	Date 8-28-25 Hours From 4:00 To 8:00 p.m.	Date 9-12-25 Hours From 1:00 To 10:00 p.m.	Date 9-13-25 Hours From 1:00 To 10:00 p.m.
Date 12-5-25 Hours From 5:00 To 8:00 p.m.			
Date Hours From .m. To .m.	Date Hours From .m. To .m.	Date Hours From .m. To .m.	Date Hours From .m. To .m.
Date Hours From .m. To .m.	Date Hours From .m. To .m.	Date Hours From .m. To .m.	Date Hours From .m. To .m.
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 Kelley Cox		Title Recreation Director	Date 4-21-25
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)		<input type="checkbox"/> City <input type="checkbox"/> County	Telephone Number of City/County Clerk
Signature		Title	Date
DO NOT WRITE IN THIS SPACE - FOR DEPARTMENT OF REVENUE USE ONLY			
Liability Information			
License Account Number	Liability Date	State	Total
		-750 (999)	\$.



Food Truck

Food truck

Main Street

Food truck

ATM

Sidewalk

= FENCE LINE

= LIQUOR LICENSED AREA

Planter

Playground

Gazebo:
Beer
Tent

Horseshoe Pit

Restrooms

(3) 220 \$
1 reg