

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.)

- Social
- Fraternal
- Patriotic
- Political
- Athletic
- Chartered Branch, Lodge or Chapter
- National Organization or Society
- Religious Institution
- Philanthropic Institution
- Political Candidate
- Municipality Owned Arts Facilities

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):
New Castle Community Center
Burning Mtn. Park

Handwritten notes: 2-28-26 Bad Art, 7-30-26 Com., 8-27-26 Market

4. Authorized Representative of Qualifying Organization or Political Candidate: **Kelley Cox** Date of Birth: **9-11-26** Phone Number: **970-984-3352**

Authorized Representative's Mailing Address (if different than address provided in Question 2.): **same**

5. Event Manager: **Kelley Cox** Date of Birth: **12-4-26** Phone Number: **Chili Cook-off**

Event Manager Home Address (Street, City, State, ZIP): **Recreation Director - Town of New Castle** Email Address of Event Manager: **kcox@newcastlecdorodo.org**

6. Has Applicant Organization or Political Candidate been Issued a Special Event Permit this Calendar Year? Yes How many days? _____

7. Is the premises for which your event is to be held currently licensed under the Colorado Liquor or Beer codes? No Yes License Number _____

8. Does the Applicant Have Possession or Written Permission for the Use of The Premises to be Licensed? Yes No

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

Date	Hours From	To	Date	Hours From	To	Date	Hours From	To	Date	Hours From	To	Date	Hours From	To
2-28-26	5pm	10pm	7-30-26	5pm	9pm	8-27-26	5pm	9pm	9-11-26	5pm	10pm	9-12-26	1pm	10pm
12-4-26	5pm	9pm												

KC

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: **TONC Recreation Dir** Date: **12-26-25**

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): City 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)	\$.

Front View

Sidewalk

ONLY
Entrance
and
Exit

E

Planter

Gazebo:

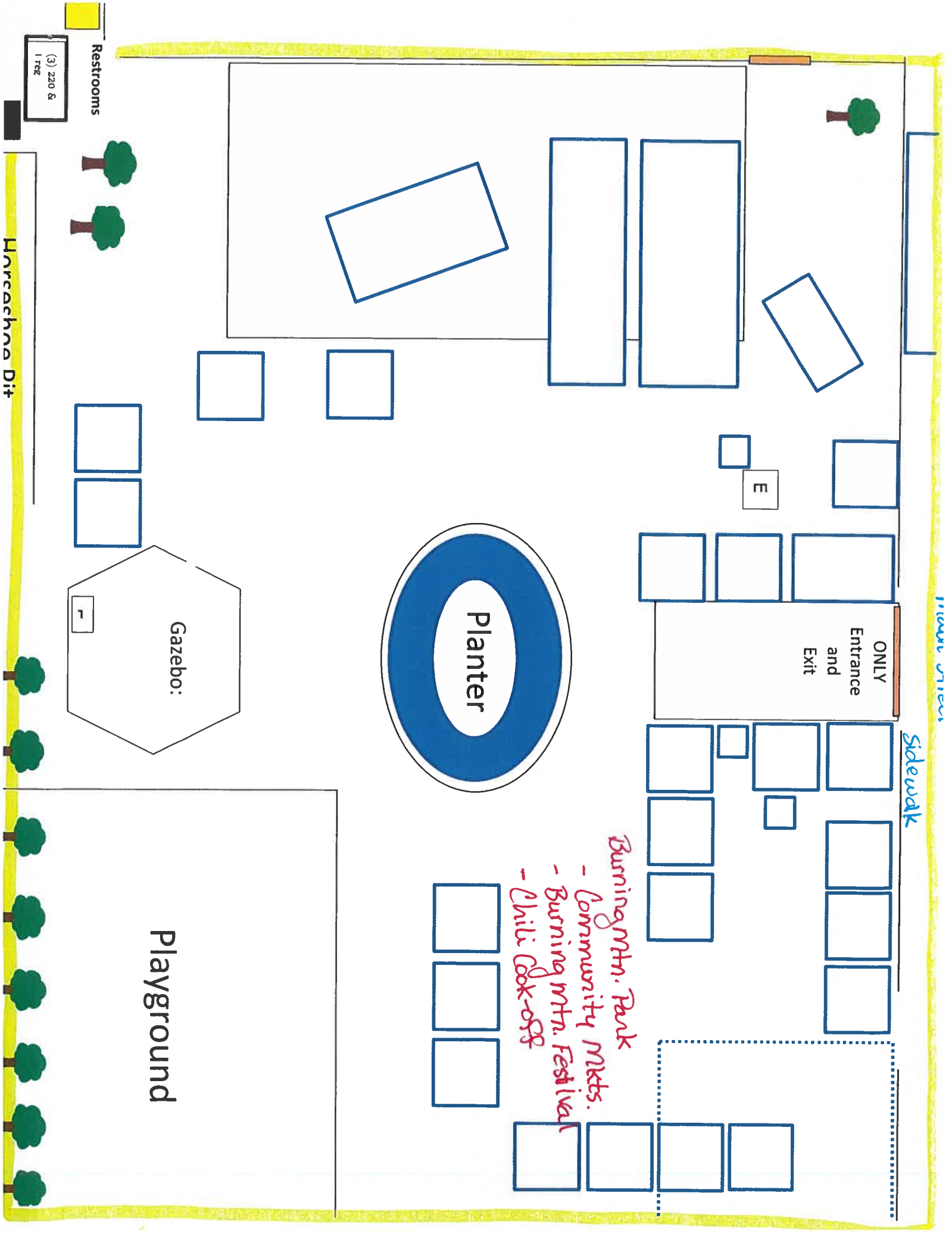
Playground

- Burningmtn. Park
- Community Mkts.
- Burningmtn. Festival
- Chili Cook-off

Restrooms

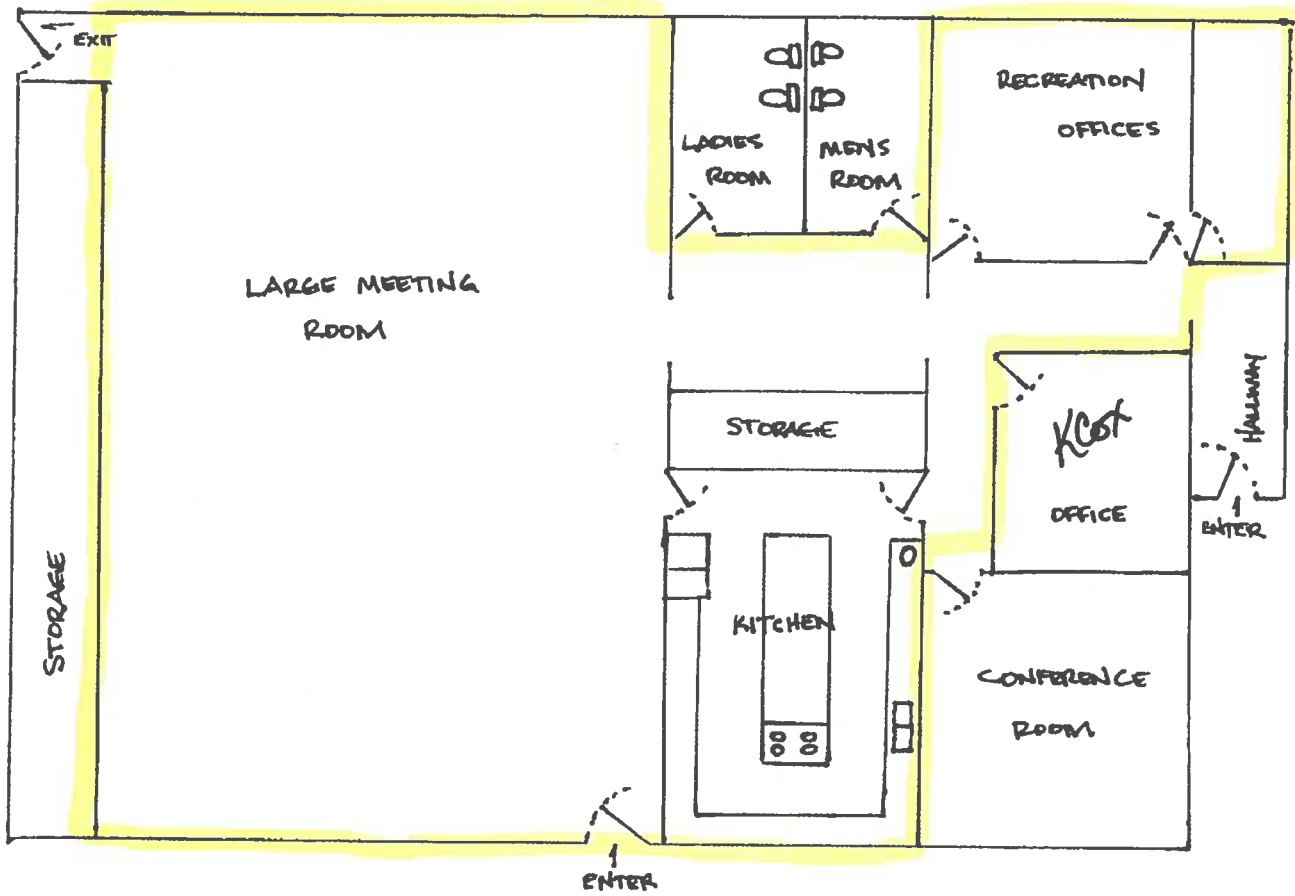
(3) 220 &
1 REG

Harraehna Dit



NEW CASTLE COMMUNITY CENTER

Bad Art Night



MAIN STREET

PARKING LOT