

Application for a Special Events Permit

Departmental Use Only

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="checkbox"/> Social | <input checked="" 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 type="checkbox"/> Malt, Vinous And Spirituous Liquor \$25.00 Per Day	Liquor Permit Number
2170 <input checked="" type="checkbox"/> Fermented Malt Beverage \$10.00 Per Day	

1. Name of Applicant Organization or Political Candidate Ark Valley High Rollers	State Sales Tax Number (Required) 27-2787312
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2. Mailing Address of Organization or Political Candidate (include street, city/town and ZIP) PO box 1315 Salida, CO 81201	3. Address of Place to Have Special Event (include street, city/town and ZIP) 419 D st Salida, CO 81201
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4. Authorized Representative of Qualifying Organization or Political Candidate Bailey Williamson	Date of Birth [REDACTED]	Phone Number 952-393-8488
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Authorized Representative's Mailing Address (if different than address provided in Question 2.)
[REDACTED]

5. Event Manager Bailey Williamson	Date of Birth [REDACTED]	Phone Number 952-393-8488
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Event Manager Home Address (Street, City, State, ZIP) [REDACTED]	Email Address of Event Manager baileyk3233@gmail.com
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6. Has Applicant Organization or Political Candidate been issued a Special Event Permit this Calendar Year? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes License Number _____
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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
10/30/21	4p.m.	10p.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 	Title Board Member AVHR	Date 09-27-21
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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)	\$.

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

A Church Inc

is a

Nonprofit Corporation

formed or registered on 10/19/2017 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20171780513 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 11/14/2017 that have been posted, and by documents delivered to this office electronically through 11/15/2017 @ 14:25:46 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 11/15/2017 @ 14:25:46 in accordance with applicable law. This certificate is assigned Confirmation Number 10554429 .



Secretary of State of the State of Colorado

*****End of Certificate*****
Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/ky/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

A CHURCH SPECIAL EVENT AGREEMENT

This Agreement is made effective as of September 23, 2021, by and between A Church and Bailey Williamson (Client).

The Client represents that they desire to hold a special event at A Church (Venue) on October 30, 2021 (date).

Set up time of 7:00 p.m. on the date of October 30, 2021.

Event time of 8:00 p.m. on the date of October 30, 2021.

Check out time of 10:00 p.m. on the date of October 30, 2021.

1) VENUE RENTAL FEE(S):

(a) The Venue Rental Fee is \$525.00. The Clients or Representative for the Client(s), agree to pay an initial nonrefundable deposit of 50% of the venue rental fee upon reservation. This payment serves to hold the venue for the specified date of event or wedding and is payable at the time of contract signature. The balance of the Venue Rental Fee shall be paid 2 weeks prior to the arrival time and date.

(b) A \$250.00 refundable security deposit shall be paid 2 weeks prior to the arrival time and date and will be returnable to the client (s) up to fourteen days after the event has been held once property has been inspected for any additional cleaning or potential damage from the event or wedding.

(c) Payments may be made via cash or check.

2) DATE CHANGES:

In the event the Client (s) is forced to change the date of the event or wedding a \$40 change fee will apply. Every effort will be made by A Church to transfer reservations to support the new date. The Client(s) agrees that in the event of a date change any expenses including but not limited to deposits and fees that are non-refundable and non-transferable are the sole responsibility of the Client(s). The Client(s) further understands that last minute changes can impact the quality of the event and that A Church is not responsible for these compromises in quality.

3) CANCELLATIONS:

All cancellations or reservation changes must be made in writing. We cannot refund any advance payment for a canceled reservation unless the Venue is re-rented for the entire period and prepayment has cleared. We will make every effort to re-book the Venue; however, if it is not re-booked, you forfeit all monies paid. If a cancellation is successfully re-rented, all of the rent, taxes and damage/security deposit will be refunded, less a \$100 cancellation fee.

4) RULES AND REGULATIONS:

The following is a list of rules and regulations to be upheld by Client(s), which includes all EVENTS PLANNERS, WEDDING COORDINATORS, VENDORS, and GUESTS who are involved in the planning and execution of the special event on the premises of A Church.

(a) Parking: All vehicles associated in any way with the event or wedding must be parked within the designated parking area, or along the roadway.

(b) Cleaning: The Venue must be cleaned prior to checkout to include floors

All music must end by 10 pm Sunday through Thursday and 10pm Friday and Saturday to comply with sound ordinances.

12) SMOKING: A Church is a non-smoking venue. Smoking will be permitted only in designated areas outside.

14) FAILURE TO COMPLY WITH VENUE POLICIES WILL FORFEIT SECURITY DEPOSIT.

Special Provisions-

1-Dress Rehearsal will be October 29th for 2.5 hours, times to be determined later.

2- Special Liquor Permit will be procured by the Monarch Madams and a copy of the approved permit must be at the venue during the performance.

SIGNATURES:

Clients:

By: _____

By: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

A Church Representative:

By: _____

By: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **APR 21 2012**

ARK VALLEY HIGH ROLLERS
1334 K ST
SALIDA, CO 81201

Employer Identification Number:
27-2787312
DLN:
17053138303031
Contact Person:
VERONICA PERRY ID# 52119
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
June 4, 2010
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Ark Valley High Rollers

is a

Nonprofit Corporation

formed or registered on 06/04/2010 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20101320810 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/28/2021 that have been posted, and by documents delivered to this office electronically through 09/30/2021 @ 15:55:55 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 09/30/2021 @ 15:55:55 in accordance with applicable law. This certificate is assigned Confirmation Number 13478629 .



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****
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