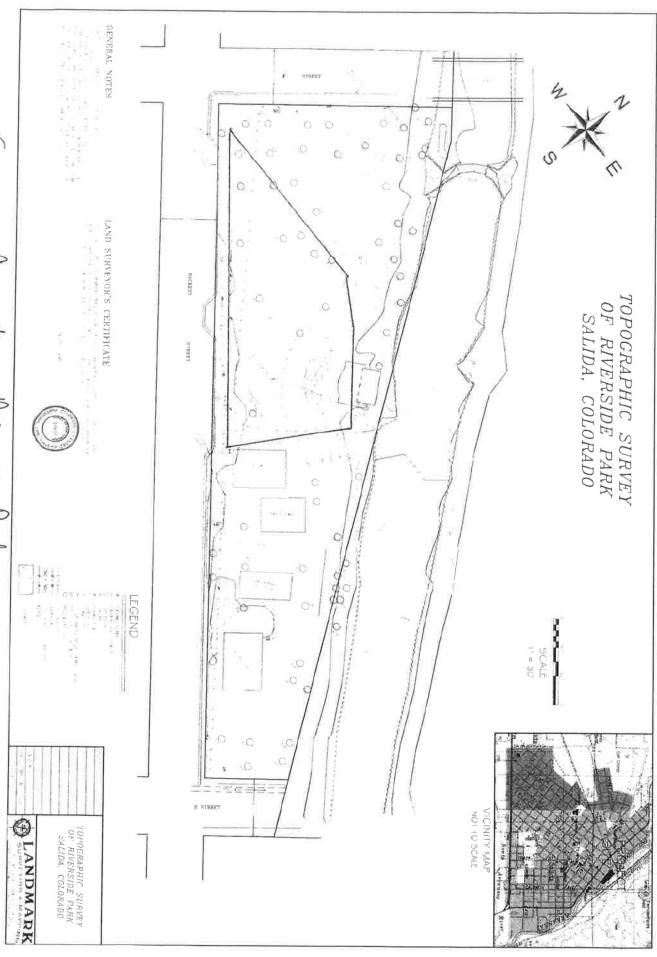
DR 8439 (06/28/06)
COLORADO DEPARTMENT OF REVENUE
LIQUOR ENFORCEMENT DIVISION
1375 SHERMAN STREET
DENVIS COLOREST

## **APPLICATION FOR A SPECIAL**

Department Use Only

DENVER CO 80261 (303) 205-2300	EVENTS PERIVIT							
IN ORDER TO QUALIFY FOR A SPECIAL EVENTS PERMIT, YOU MUST BE NONPROFIT AND ONE OF THE FOLLOWING (See back for details.)								
SOCIAL ATHL	. ,		PHILANTHROPIC IN	NSTITUTION				
FRATERNAL CHARTERED BRANCH, LODGE OR CHAPTER POLITICAL CANDIDATE								
	NATIONAL ORGANIZATION	OR SOCIETY 🔽	MUNICIPALITY OW	NING ARTS				
POLITICAL RELI	GIOUS INSTITUTION		FACILITIES					
LIAB TYPE OF SPECIAL EVENT APPLICANT IS APPLYING FOR: DO NOT WRITE							SPACE	
2110 MALT, VINOUS A	DAY	LIQUOR PERMIT NUMBER						
2170	LT BEVERAGE (3.2 Beer		DAY					
1. NAME OF APPLICANT ORGA				State Sales	s Tax Number (Req	uired)		
The City of Salida  2. MAILING ADDRESS OF ORG	3 ADDRESS (	DE DI ACE TO HA	VE SPECIAL	EV/ENT				
(include street, city/town and i		CANDIDATE	<ol> <li>ADDRESS OF PLACE TO HAVE SPECIAL EVENT (include street, city/lown and ZIP)</li> </ol>					
220 W. Sackett Ave.			100 E. Sackett Ave.					
Salida, CO 81201			Salida, CO 81201					
	r							
NAME  4. PRES:/SEC'Y OF ORG. or PC	DATE OF BIRTH	HOME ADDRESS (Street, City, State, ZIP)				PHONE NUMBE	ĒR	
Michael Varnum						719.530.0933	}	
5. EVENT MANAGER Patrick O'Brien						719.530.0933	$\Box$	
	ATION OR POLITICAL CAN	DIDATE BEEN	7. IS PREMISE	ES NOW LICENSE	ED UNDER S		JOR OR BEER CO	
ISSUED A SPECIAL EVENT	PERMIT THIS CALENDAR	YEAR?						
	OW MANY DAYS?		✓ NO		WHOM?			_
8. DOES THE APPLICANT HAV							No No	
Date 8/13/22	HICH APPLICATION	APPLICATION IS BEING MADE FOR PERMIT  Date  Date						
Hours From 11:00 a -m.	Hours From	m Hours From	n .m.				From	-m
To 9:00 pm.	То	-m. T	.m. o	То	a f	n.	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 the least of								
that all information therein is true, correct, and complete to the best of my knowledge.  SIGNATURE  DATE.								
the Dann			Artis & CU	LTURE	nnec		5/31/2	022
REPOR	T AND APPROVAL	OF LOCAL L					Y)	
The foregoing application	has been examined ar	nd the premises,	business conduc	cted and chara	acter of the	e applica	nt is satisfactor	у,
and we do report that suc					48, C:R.S.	., as ame	nded.	
THEREFORE, THIS APPLICATION IS APPROVED.  LOCAL LICENSING AUTHORITY (CITY OR COUNTY)  CITY COUNTY  COUNTY								
SIGNATURE		TITLE				DATE		
DO N	OT WRITE IN THIS	SPACE - FOR	DEPARTMEN	T OF REVE	NUE USI	E ONLY		
		LIABILITY	INFORMATION					
License Account Number Liability D		Pate	State		TOTAL			
			-750 (	(999)				
			-130 (	(999) \$			•	



Summer Concerto in Riverside Park