

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.)

- | | | |
|------------------------------------|--|--|
| <input 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"/> OF A NATIONAL ORGANIZATION OR SOCIETY | <input checked="" type="checkbox"/> MUNICIPALITY OWNING ARTS
FACILITIES |
| <input type="checkbox"/> POLITICAL | <input type="checkbox"/> RELIGIOUS INSTITUTION | |

LIAB TYPE OF SPECIAL EVENT APPLICANT IS APPLYING FOR:
2110 ☒ MALT, VINOUS AND SPIRITUOUS LIQUOR \$25.00 PER DAY
2170 ☐ FERMENTED MALT BEVERAGE (3.2 Beer) \$10.00 PER DAY

DO NOT WRITE IN THIS SPACE

LIQUOR PERMIT NUMBER

1. NAME OF APPLICANT ORGANIZATION OR POLITICAL CANDIDATE

The City of Salida

State Sales Tax Number (Required)

2. MAILING ADDRESS OF ORGANIZATION OR POLITICAL CANDIDATE
(include street, city/town and ZIP)

220 W. Sackett Ave.
Salida, CO 81201

3. ADDRESS OF PLACE TO HAVE SPECIAL EVENT
(include street, city/town and ZIP)

100 E. Sackett Ave.
Salida, CO 81201

NAME

DATE OF BIRTH

HOME ADDRESS (Street, City, State, ZIP)

PHONE NUMBER

4. PRES./SEC'Y OF ORG. or POLITICAL CANDIDATE

Michael Varnum

719.530.0933

5. EVENT MANAGER

Patrick O'Brien

719.530.0933

6. HAS APPLICANT ORGANIZATION OR POLITICAL CANDIDATE BEEN
ISSUED A SPECIAL EVENT PERMIT THIS CALENDAR YEAR?

☒ NO ☐ YES HOW MANY DAYS? _____

7. IS PREMISES NOW LICENSED UNDER STATE LIQUOR OR BEER CODE?

☒ NO ☐ YES TO WHOM? _____

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 7/3/22

Hours From 6:00 p .m.
To 9:00 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.

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

Michael Varnum

TITLE

ARTS & CULTURE DIRECTOR

DATE

5/31/2022

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 12, Article 48, 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) \$

TOPOGRAPHIC SURVEY OF RIVERSIDE PARK SALIDA, COLORADO



VICINITY MAP
NOT TO SCALE



LEGEND

[Symbol]	Proposed Building Footprint
[Symbol]	Existing Building Footprint
[Symbol]	Proposed Driveway
[Symbol]	Existing Driveway
[Symbol]	Proposed Parking Area
[Symbol]	Existing Parking Area
[Symbol]	Proposed Walkway
[Symbol]	Existing Walkway
[Symbol]	Proposed Fencing
[Symbol]	Existing Fencing
[Symbol]	Proposed Landscaping
[Symbol]	Existing Landscaping
[Symbol]	Proposed Utility Lines
[Symbol]	Existing Utility Lines
[Symbol]	Proposed Erosion Control
[Symbol]	Existing Erosion Control

GENERAL NOTES

1. ALL DIMENSIONS ARE IN FEET AND INCHES.

2. THE SURVEY AREA IS LOCATED WITHIN THE TOWN OF SALIDA, COLORADO.

3. THE SURVEY AREA IS BOUNDARY BY THE ARKANSAS RIVER TO THE SOUTH.

4. THE SURVEY AREA IS BOUNDARY BY THE TOWN OF SALIDA TO THE NORTH.

5. THE SURVEY AREA IS BOUNDARY BY THE TOWN OF SALIDA TO THE WEST.

6. THE SURVEY AREA IS BOUNDARY BY THE TOWN OF SALIDA TO THE EAST.

LAND SURVEYOR'S CERTIFICATE

I, *[Signature]*, a duly Licensed Land Surveyor in the State of Colorado, do hereby certify that the foregoing is a true and correct copy of the original survey as shown to me by the owner of the land.

Witness my hand and seal this *10th* day of *August*, 20*10*.



Summer Concerts in Riverside Park



TOPOGRAPHIC SURVEY
OF RIVERSIDE PARK
SALIDA, COLORADO