
Re: Salida non-profit day alcohol permit

From Nick Watson <nick@vetexpeditions.com>

Date Tue 2/18/2025 9:52 AM

To Kristi Jefferson <kristi.jefferson@cityofsalida.com>

Event description:

Climbing Film Tour 2025 Friday March 28th at A Church

Fly Fishing Film Tour 2025 Saturday March 29th at A Church

We are hosting this year's Climbing Film Tour and Fly Fishing Film Tour as a fundraiser for Veterans Expeditions. We will be showing the film tour's films, have a silent auction, and have beer and food for sale. Doors will open at 5:30 pm and the entire show will be over and we will be out of the A Church by 10 pm on Friday March 28th and Saturday March 29th. We are not serving wine or liquor. Just beer from Elevation Beer Company. We ran the Fly Fishing Film Tour as a fundraiser last year and have added the Climbing Film Tour this year.

Veterans Expeditions is a local Salida non-profit getting military and veterans outside since 2010. We run around 40 trips and events annually getting thousands of vets involved, outside, and part of our community. We operate locally, statewide, and nationwide.

Mission Statement:

Empower veterans to overcome challenges associated with military service through outdoor training and leadership.

Thank you,

Nick

On Tue, Feb 18, 2025 at 8:48 AM Kristi Jefferson <kristi.jefferson@cityofsalida.com> wrote:

Thanks Nick,

I received your signed application. Will you please provide me with a narrative of the events just in case Council has any questions?

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 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 type="checkbox"/> Fermented Malt Beverage \$10.00 Per Day | |

| | | |
|---|--|-----------------------------------|
| 1. Name of Applicant Organization or Political Candidate A Church | | State Sales Tax Number (Required) |
| 2. Mailing Address of Organization or Political Candidate (include street, city/town and ZIP) Salida, CO 81201 | 3. Address of Place to Have Special Event (include street, city/town and ZIP) 419 D Street Salida, CO 81201 | |

| | | |
|--|-----------------------------|----------------------------|
| 4. Authorized Representative of Qualifying Organization or Political Candidate Nick Watson | Date of Birth [REDACTED] | Phone Number [REDACTED] |
|--|-----------------------------|----------------------------|

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

| | | |
|---|-----------------------------|----------------------------|
| 5. Event Manager Andrea Mossman | Date of Birth [REDACTED] | Phone Number [REDACTED] |
|---|-----------------------------|----------------------------|

| | |
|---|--|
| Event Manager Home Address (Street, City, State, ZIP) [REDACTED] | Email Address of Event Manager [REDACTED] |
|---|--|

| | |
|---|---|
| 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 _____ |
|---|---|

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 | |
| 03/28/25 | From | 5:00p .m. | To | 10:00p .m. |
| 03/29/25 | From | 5:00p .m. | To | 10:00p .m. |
| | From | | To | |
| | From | | To | |
| | From | | To | |
| | From | | To | |
| | From | | To | |

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 <i>Nicholas Watson</i> | Title Executive Director | Date 02/04/25 |
|-------------------------------------|------------------------------------|-------------------------|

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) | \$. |

Address number posted
minimum 4" w/contrasting
background

Occupant Load Posted

Purchase and install Knox
Box. Provide necessary
keys to gain entrance.

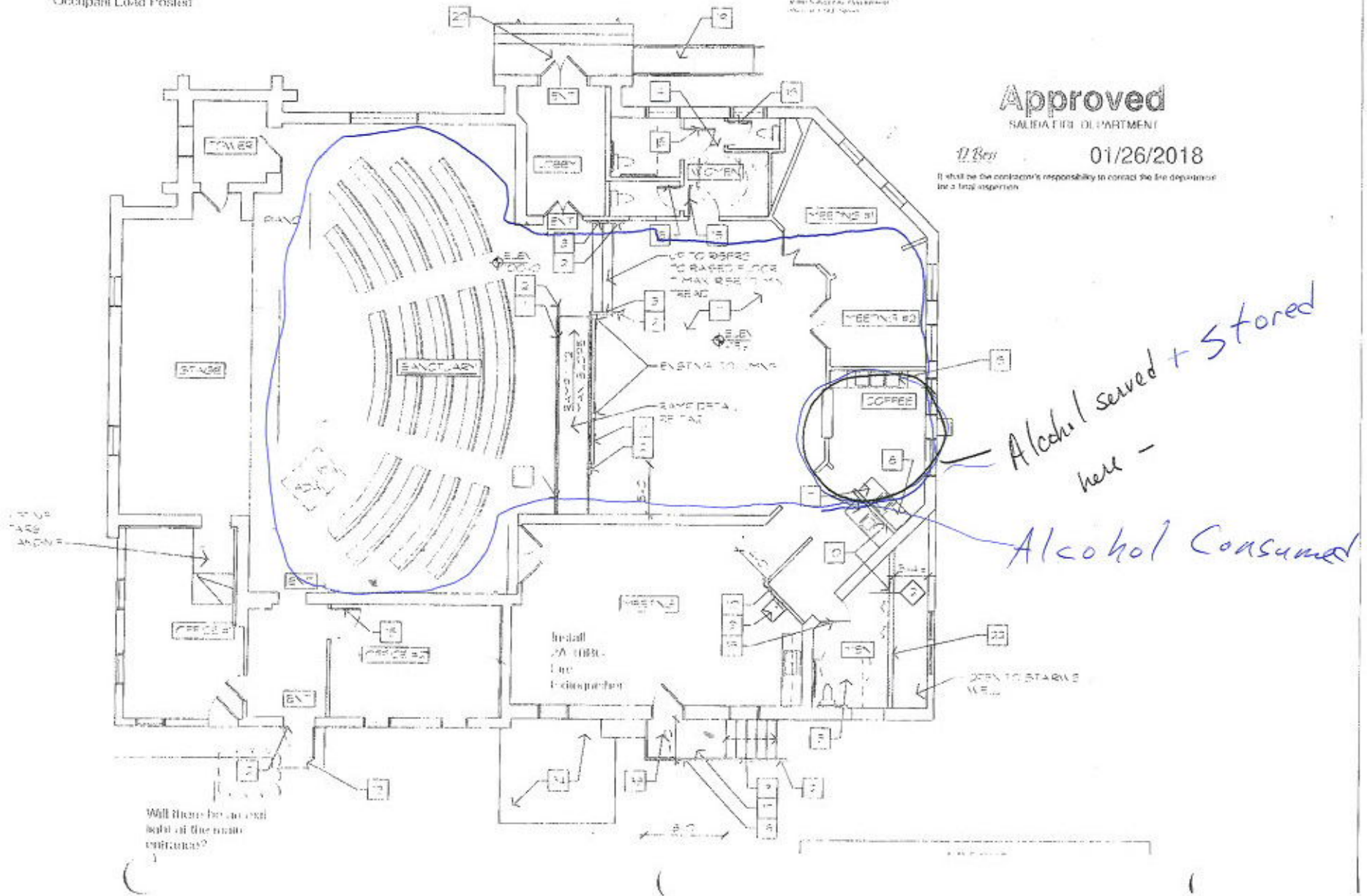
Approved by Fire Department
with Signage Approval
within 10 days

Approved
FIRE DEPARTMENT

11 Ben

01/26/2018

It shall be the contractor's responsibility to contact the fire department
for a final inspection



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,

Veterans Expeditions Inc

is a

Nonprofit Corporation

formed or registered on 04/25/2014 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 20141267775 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/03/2025 that have been posted, and by documents delivered to this office electronically through 02/04/2025 @ 20:19:16 .

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 02/04/2025 @ 20:19:16 in accordance with applicable law. This certificate is assigned Confirmation Number 16968319 .



Secretary of State of the State of Colorado

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

Notice: A certificate issued electronically from the Colorado Secretary of State's website 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 website, <https://www.coloradosos.gov/biz/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 website, <https://www.coloradosos.gov> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



VALID ONLY FOR THIS ORGANIZATION AT THIS LOCATION

A Church
419 D Street
Salida, CO 81201

SPECIAL EVENTS PERMIT MALT, VINOUS AND SPIRITUOUS LIQUOR

| | Date | Hour | | Date | Hour |
|------|----------|----------------------|--|----------|----------------------|
| FROM | 03/28/25 | 5:00pm to 10:00pm | | 03/29/25 | 5:00pm to 10:00pm |

This permit is issued subject to the laws of the State of Colorado and especially under the provisions of Article 3, 4 & 5 of Title 44, Colorado Revised Statutes, as amended and the Ordinances of the City of Salida, insofar as the same may be applicable.

This permit is non-transferable. It is issued only for the specific location described above and must be conspicuously posted at that location.

In testimony whereof, The City Council has hereunto subscribed its name by its officers duly authorized this 4th day of March, 2025.

ATTEST:

The City of Salida

City Clerk/Deputy City Clerk

City Administrator

PUBLIC NOTICE

(Pursuant to § 44-5-106(2), C.R.S.)

DATE/TIME POSTED: February 19th, 20 25 at 4:00 a.m./p.m.

PROPOSED SPECIAL EVENT LIQUOR PERMIT

A Church, has filed an Application for a SPECIAL EVENT LIQUOR PERMIT to be held on March 28-29th, 20 25, from 5:00 a.m./p.m. to 10:00 a.m./p.m. at the following address:

419 "D" Street
Salida, CO
81201

PROTEST PROCEDURE

Any affected person who wishes to protest the issuance of the permit must file a WRITTEN PROTEST within ten (10) days of the date and time posted as set forth above, stating the grounds for the protest and the name, address, email address (if any), and telephone number of the person filing the protest. A written protest will be considered filed upon receipt. Written protests may be filed by sending them to the U.S. Mail or Email address set forth below:

U.S. Mail Address: City of Salida / City Clerk
448 E. 1st St., Ste #112
Salida, CO 81201

E-Mail Address: clerk@cityofsalida.com

HEARING

The local licensing authority, or its assigned administrative officer (which may be the Colorado Liquor Enforcement Division), shall cause a hearing to be held if, after investigation and upon review of the contents of any timely written protest(s) filed by any affected person(s), sufficient grounds appear to exist for the denial of the special event permit. Any hearing required pursuant to § 44-5-107(3), C.R.S., Regulation 47-1002 1 CCR 203-2, or any hearing held at the discretion of the local licensing authority, or its assigned administrative officer, shall be held at least ten (10) days after the date of posting of the public notice, shown above, and notice of the hearing shall be provided to the Applicant and any person who has filed a written protest.