

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)

01276759-0000

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? 8

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 8/18/22

Date	Hours	From	To	m.
8/18/22	6:00 p		8:00 p	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

Arts & Culture Director

DATE

7/22/2022

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)	\$

(Instructions on Reverse Side)

City of Salida

CHECK REQUEST

FORM

Attach receipts or other supporting documentation from third party.

Date 7.21.22
Payee Name City of Salida
Address 448 E. 1st St.
Salida, CO 81201

Total Dollar Amount \$100.00 Due Date 7.26.22

Charge Code 10-40-5511-0 Dollar Amount \$ 100.00

Total Dollars \$ 100.00

Description Special Events Permit -
8.18.22 Concert \$ 100.00 26-40-5511-0

TOTAL \$ 100.00

Check Requester

Approved By

Kevin Spradell
Patrick Ormieu

Finance Dept. Only:

Check Number _____

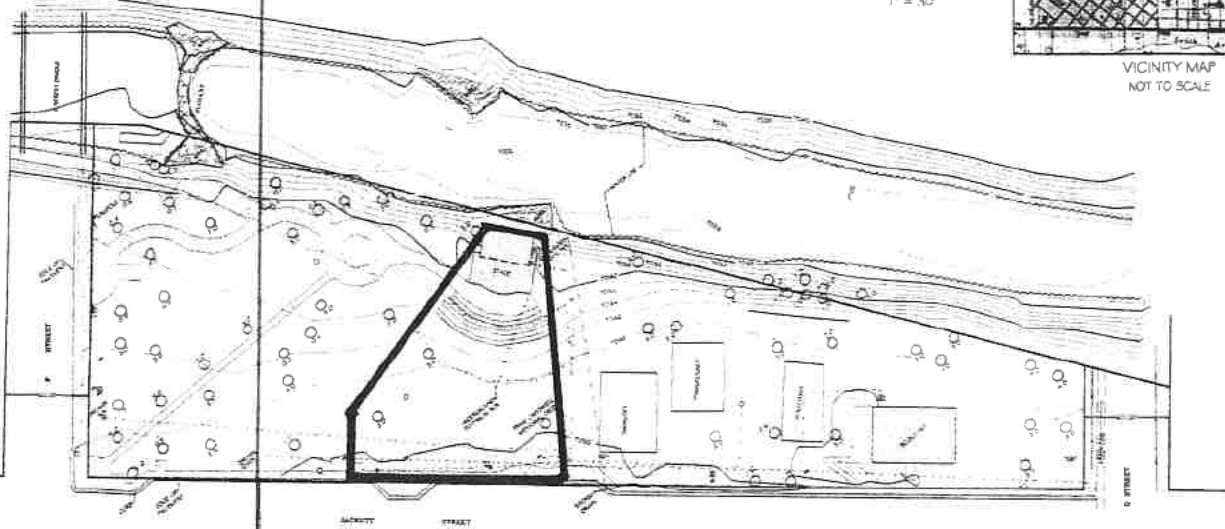
Check Amount _____

Date Issued _____

SCALE
1" = 30'



VICINITY MAP
NOT TO SCALE



11. ECHS FOLLOWS THE POLICY OF THE UNITED STATES AND THE
U.S. CONSTITUTION. IT IS A POLICY OF THE UNITED STATES
TO HOLD WOMEN RESPONSIBLE FOR THE ACTIONS OF THE
U.S. GOVERNMENT AND THE U.S. ARMY AND NAVY. IT IS THE
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1. IN THE EVENT THAT A PARTY HAS BEEN SUBJECT TO ONE OR MORE OF THE ABOVE, ALL PARTIES
HEREIN SHALL NOT BE HELD LIABLE FOR ANY SUCH VIOLATION, AND THAT THE PARTY HERETOFORE THE
VIOLATION OF ONE OR MORE OF THE ABOVE SHALL BE SUBJECT TO THE REST OF THE AGREEMENT.

DAVID A. SCHMIDT
COLLEGE PARK, M.D.

[illegible][illegible]

TOPOGRAPHIC SURVEY
OF RIVERSIDE PARK
SALIDA, COLORADO



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