# TOWN OF CARBONDALE
## APPLICATION FOR A SPECIAL EVENTS PERMIT

**IN ORDER TO QUALIFY FOR A SPECIAL EVENTS PERMIT, YOU MUST BE NON-PROFIT**

AND ONE OF THE FOLLOWING:

- Social
- Athletic
- Philanthropic Institution
- Fraternal
- Chartered Branch, Lodge or Chapter
- Political Candidate
- Patriotic
- Of a National Organization or Society
- Municipal
- Religious Institution
- Political

**TYPE OF SPECIAL EVENT APPLICANT IS APPLYING FOR:**

- Malt, Vinous and Spirituous Liquor  $50 PER DAY

**NAME OF APPLICANT ORGANIZATION OR POLITICAL CANDIDATE**

**STATE SALES TAX NUMBER (REQUIRED)**

**MAILING ADDRESS OF ORGANIZATION OR POLITICAL PARTY**

**ADDRESS OF SPECIAL EVENT**

**NAME**

<table>
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<tr>
<th>DATE OF BIRTH</th>
<th>EMAIL ADDRESS</th>
<th>PHONE NUMBER</th>
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**4. PRES/SECY OF ORG. OR POLITICAL CANDIDATE**

**5. EVENT MANAGER**

**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?**

| NO | YES | HOW MANY DAYS? |

**LIST BELOW THE EXACT DATES(S) FOR WHICH APPLICATION IS BEING MADE FOR PERMIT**

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<th>Date</th>
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<tr>
<td>Hours From m</td>
<td>Hours To m</td>
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**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**

**DATE**

**REPORT AND APPROVAL OF LOCAL LICENSING AUTHORITY**

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.**

**SIGNATURE**

**TITLE**

**DATE**

**LOCAL LICENSING AUTHORITY**

**ATTEST**