

APPLICATION FOR A SPECIAL EVENTS PERMIT

City of Lakewood 480 S. Allison Pkwy Lakewood, CO 80226 303-987-7080

| IN ORDER TO QUALIFY FOR A SPECIAL EVENTS PERMIT, YOU MUST BE NONPROFIT AND ONE OF THE FOLLOWING (See back for details.) SOCIAL ATHLETIC PHILANTHROPIC INSTITUTION FRATERNAL CHARTERED BRANCH, LODGE OR CHAPTER OF A NATIONAL ORGANIZATION OR SOCIETY POLITICAL CANDIDATE PATRIOTIC POLITICAL RELIGIOUS INSTITUTION MUNICIPALITY EDUCATIONAL | | | | | | |
|---|---|---|---|------------------------------|------|--------------|
| LIAB TYPE OF SPECIAL EVENT APPLICANT IS APPLYING FOR: | | | | | | |
| 2110 MALT, VINOUS AND SPIRITUOUS LIQUOR \$50.00 PER DAY | | | | | | |
| 2170 FERMENTED MALT BEVERAGE (3.2 BEER) \$10.00 PER DAY | | | | | | |
| 1. NAME OF APPLICANT ORGANIZATION OR POLITICAL CANDIDATE | | | | | | |
| 2. MAILING ADDRESS OF ORGANIZATION OR POLITICAL CANDIDATE (include street, city/town and ZIP) | | | 3. ADDRESS OF PLACE TO HAVE SPECIAL EVENT (include street, city/town and ZIP) | | | |
| 4. EMAIL ADDRESS | | | 5. NAME OF EVENT | | | |
| NAME | DATE OF BIRTH HOME ADDRESS (Street, City, State, ZIP) | | | S (Street, City, State, ZIP) | | PHONE NUMBER |
| 4. PRES./SEC'Y OF ORG. or POLITICAL CANDIDATE | | | | | | |
| 5. EVENT MANAGER | | | | | | |
| 6. HAS APPLICANT ORGANIZ ISSUED A SPECIAL EVENT PE YES, HOW MANY DAYS? | ERMIT THIS CALENDAR YE | 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 Hours | Date Hours | Date Hours | m To | Date Hours Date Hours | | |
| From .m. To .m. | From .m. To .m. | From .m. | .m. To | From .m. To .m. | Fror | m .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 | Ti therein is true, con | TITLE | of my knowicage. | | 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. | | | | | | |
| LOCAL LICENSING AUTHORITY | | | | TELEPHONE NUMBER | | |
| SIGNATURE | | | TITLE | 1 | | DATE |
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