



CITY OF GLENWOOD SPRINGS

SPECIAL EVENT  
LIQUOR LICENSE APPLICATION  
**MINOR EVENTS**

A “Minor Event” for these purposes, is defined as one that will attract **less than** two hundred and fifty (**250**) participants and conducted on one day only.

Applicants shall submit this fully-completed application for a Special Events Permit to the City Clerk at least **sixty (60) days prior to the event**. If the application is not submitted within this time frame, the application may be rejected as not having been timely filed.

The application will be reviewed by the appropriate City Department(s) including, but not limited to Police, Fire, Building, Public Works, Electric, City Attorney and Parks & Recreation to obtain required approvals and/or conditions for such events.

The City Clerk has the discretion to approve a Special Events Permit for a Minor Event with conditions recommended by City staff. The City Clerk also has the discretion to deny an application if all required information is not submitted or if the City Clerk finds that the public health or safety is at risk if alcoholic beverages are allowed to be served or sold at such event. In the event the City Clerk denies an application, the City Clerk will refer the application to the Liquor Licensing Authority for their consideration.

A Special Event Permit may not be issued to any organization for more than ten days in one calendar year.

**By submittal hereof, the applicant agrees to abide by all applicable laws, rules and regulations.**

# APPLICATION INFORMATION AND CHECKLIST

## THE FOLLOWING SUPPORTING DOCUMENTS MUST BE ATTACHED TO THIS APPLICATION FOR A PERMIT TO BE ISSUED:

- Appropriate fee.
- Diagram of the area to be licensed (not larger than 8 1/2" X 11" reflecting bars, walls, partitions, ingress, egress and dimensions.  
**Note:** If the event is to be held outside, please submit evidence of intended control, i.e., fencing, ropes, barriers, etc.
- Copy of deed, lease, or written permission of owner for use of the premises.
- Certificate of good corporate standing (NONPROFIT) issued by Secretary of State within last two years; **or**
- If not incorporated, a NONPROFIT charter; **or**
- If a political Candidate, attach copies of reports and statements that were filed with the Secretary of State.

- APPLICATION MUST FIRST BE SUBMITTED TO THE LOCAL LICENSING AUTHORITY (CITY OR COUNTY) AT LEAST THIRTY (30) DAYS PRIOR TO THE EVENT.**
- THE PREMISES TO BE LICENSED MUST BE POSTED AT LEAST TEN (10) DAYS BEFORE A HEARING CAN BE HELD. (12-48-106 C.R.S.)**
- AN APPROVED APPLICATION MUST BE RECEIVED BY THE LIQUOR ENFORCEMENT DIVISION AT LEAST TEN (10) DAYS PRIOR TO THE EVENT.**
- CHECK PAYABLE TO THE COLORADO DEPARTMENT OF REVENUE**

(12-48-102 C.R.S.)

A Special Event Permit issued under this article may be issued to an organization, whether or not presently licensed under Articles 46 and 47 of this title, which has been incorporated under the laws of this state for the purpose of a social, fraternal, patriotic, political or athletic nature, and not for pecuniary gain or which is a regularly chartered branch, lodge or chapter of a national organization or society organized for such purposes and being non profit in nature, or which is a regularly established religious or philanthropic institution, and to any political candidate who has filed the necessary reports and statements with the Secretary of State pursuant to Article 45 of Title 1, C.R.S. A Special Event permit may be issued to any municipality owning arts facilities at which productions or performances of an artistic or cultural nature are presented for use at such facilities.

If an event is cancelled, the application fees and the day(s) are forfeited.

CITY OF GLENWOOD SPRINGS  
APPLICANT'S SPECIAL EVENT PERMIT  
**MINOR EVENT**  
INFORMATION SHEET

(Attach sketch of licensed premise, copy of Lease and copy of Certificate of Incorporation)

Fee to City of Glenwood Springs: \$100.00/day

NAME OF NONPROFIT (APPLICANT):

\_\_\_\_\_

NONPROFIT ADDRESS:

\_\_\_\_\_

NONPROFIT PHONE NUMBER:

\_\_\_\_\_

NAME OF EVENT:

\_\_\_\_\_

LOCATION OF EVENT:

\_\_\_\_\_

EXPLANATION OF ACTIVITY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EVENT MANAGER'S NAME:

\_\_\_\_\_

EVENT MANAGER'S PHONE #:

\_\_\_\_\_ (work)

\_\_\_\_\_ (home)

\_\_\_\_\_ (cell)

QUALIFIED AGENT FOR NONPROFIT SIGNATURE:

\_\_\_\_\_ (date)

Anticipated Attendance at Event: \_\_\_\_\_ (cannot exceed 250)

Traffic Control and Parking: \_\_\_\_\_  
\_\_\_\_\_

Security Requirements: \_\_\_\_\_  
\_\_\_\_\_

Carding Procedure: \_\_\_\_\_  
\_\_\_\_\_

Server Training \_\_\_\_\_

Methods Used to Secure  
Licensed Premise \_\_\_\_\_  
\_\_\_\_\_

Special Assistance or  
Equipment Requested  
(May be fee assessed for  
this service) \_\_\_\_\_  
\_\_\_\_\_

Building Occupancy Load \_\_\_\_\_ (If unsure, contact City Building Department)

Is Building Posted with Occupancy Load? \_\_\_ yes \_\_\_ no (If not, contact Building Department)

Type of Building Construction: \_\_\_\_\_

Number of Fire Extinguishers: \_\_\_\_\_

Location of Extinguishers: \_\_\_\_\_  
\_\_\_\_\_

Automatic Fire Protection \_\_\_\_\_

Number of Exits from Building \_\_\_\_\_

Location of Exits: \_\_\_\_\_  
\_\_\_\_\_

Nearest Telephone for Emergency \_\_\_\_\_

Road Access \_\_\_\_\_

Standby Emergency Personnel Requested \_\_\_\_\_  
(May be fee assessed for this service)

Barriers:

Number and Placement Responsibility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Assistance or Equipment Requested from Public Works Department \_\_\_\_\_  
(May be fee assessed for this service)

Special Assistance or Equipment Requested from Electric Department \_\_\_\_\_  
(May be fee assessed for this service)

If using a City Facility:

Amount of Insurance Coverage: \_\_\_\_\_  
City As Additional Insured? \_\_\_\_\_

Cleaning Deposit Paid? \_\_\_\_\_  
Park Use Fee Paid? \_\_\_\_\_

Park Permit Obtained \_\_\_\_\_  
Letter Approving Use of Park \_\_\_\_\_  
(Attach copy of letter &/or permit)

Restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diagram:

**Attach 8-1/2 x 11 diagram** of proposed licensed premises. Diagram must show exits, bar areas, dance floors, seating, storage of alcohol, and outside dimensions of licensed area.

Certificate of Good Standing:

Attach copy of Certificate of Good Standing issued by the Colorado Secretary of State.

# 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 type="checkbox"/> MUNICIPALITY OWNING 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 <del>\$25.00 PER DAY</del>	LIQUOR PERMIT NUMBER
2170 <input type="checkbox"/> FERMENTED MALT BEVERAGE (3.2 Beer) <del>\$10.00 PER DAY</del>	

1. NAME OF APPLICANT ORGANIZATION OR POLITICAL CANDIDATE	State Sales Tax Number (Required)
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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)
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NAME	DATE OF BIRTH	HOME ADDRESS (Street, City, State, ZIP)	PHONE NUMBER
4. PRES./SEC'Y OF ORG. or POLITICAL CANDIDATE			
5. EVENT MANAGER			

6. HAS APPLICANT ORGANIZATION OR POLITICAL CANDIDATE BEEN ISSUED A SPECIAL EVENT PERMIT THIS CALENDAR YEAR? <input type="checkbox"/> NO <input type="checkbox"/> YES HOW MANY DAYS? _____	7. IS PREMISES NOW LICENSED UNDER STATE LIQUOR OR BEER CODE? <input type="checkbox"/> NO <input type="checkbox"/> YES TO WHOM? _____
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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 | .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	TITLE	DATE
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**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)	<input type="checkbox"/> CITY <input type="checkbox"/> COUNTY	TELEPHONE NUMBER OF CITY/COUNTY CLERK
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SIGNATURE	TITLE	DATE
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**DO NOT WRITE IN THIS SPACE - FOR DEPARTMENT OF REVENUE USE ONLY**

**LIABILITY INFORMATION**

License Account Number	Liability Date	State	TOTAL
		-750 (999)	\$ .