

27/24)

DEPARTMENT OF REVENUE

Permit Division

Box 17087

Denver CO 80217-0087

(303) 205-2300

Departmental Use Only

Application for a Special Events Permit

Liquor Permit Number (Do Not Fill Out)

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.)**

- ☒ Social ☐ Athletic ☐ Philanthropic Institution
☐ Fraternal ☐ Chartered Branch, Lodge or Chapter ☐ Political Candidate
☐ Patriotic ☐ National Organization or Society ☐ Municipality Owned Arts Facilities
☐ Political ☐ Religious Institution

LIAB Type of Special Event Applicant is Applying for:2110 ☒ Malt, Vinous And Spirituous Liquor \$25.00 Per Day2170 ☐ Fermented Malt Beverage \$10.00 Per Day

Name of Applicant Organization or Political Candidate

State Sales Tax Number (Required)

OC Neighbors corp

Mailing Address of Organization or Political Candidate

30855 CR 14C

City

Steamboat

State ZIP Code

CO

80487

Address of Place to Have Special Event

Block 200 E. Main - 300 W. Main

City

Oak Creek

State ZIP Code

CO

80467

Authorized Representative of Qualifying Organization or Political Candidate

Lynda Ledwell

Date of Birth (MM/DD/YY)

08-23-1975

Phone Number

970-620-0504

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

30855 CR 14C

City

Steamboat

State ZIP Code

CO

80487

Event Manager

Lynda Ledwell

Date of Birth (MM/DD/YY)

08/23/1975

Phone Number

970-620-0504

Event Manager Home Address

30855 CR 14C

City

Steamboat

State

CO

ZIP Code

80487

Email Address of Event Manager

OakCreekLaborDay@gmail.com

1. Is the place to have the Special Event located on State-owned property?

☐ Yes ☒ No

2. Has Applicant Organization or Political Candidate been issued a Special Event Permit this Calendar Year?

☒ No ☐ Yes, How many days?

3. Is the premises for which your event is to be held currently licensed under the Colorado Liquor or Beer codes?

☒ No ☐ Yes, License Number

4. 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 | | Date | |
| 08/31/2024 | | | |
| From: | To: | From: | To: |
| 8am | 6pm | | |

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|-----------------------|----------------|-------|-----|
| Date | | Date | |
| 09/01/2024 | | | |
| From: | To: | From: | To: |
| 8am | 2pm | | |

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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.

Title

Registered Agent

Signature

Lyndal Pedurell

Date (MM/DD/YY)

06/19/2024

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)

☐ City ☐ County

Telephone Number of City/County Clerk

Title

Signature

Date (MM/DD/YY)

Do Not Write in this Space - For Department of Revenue Use Only

Liability Information

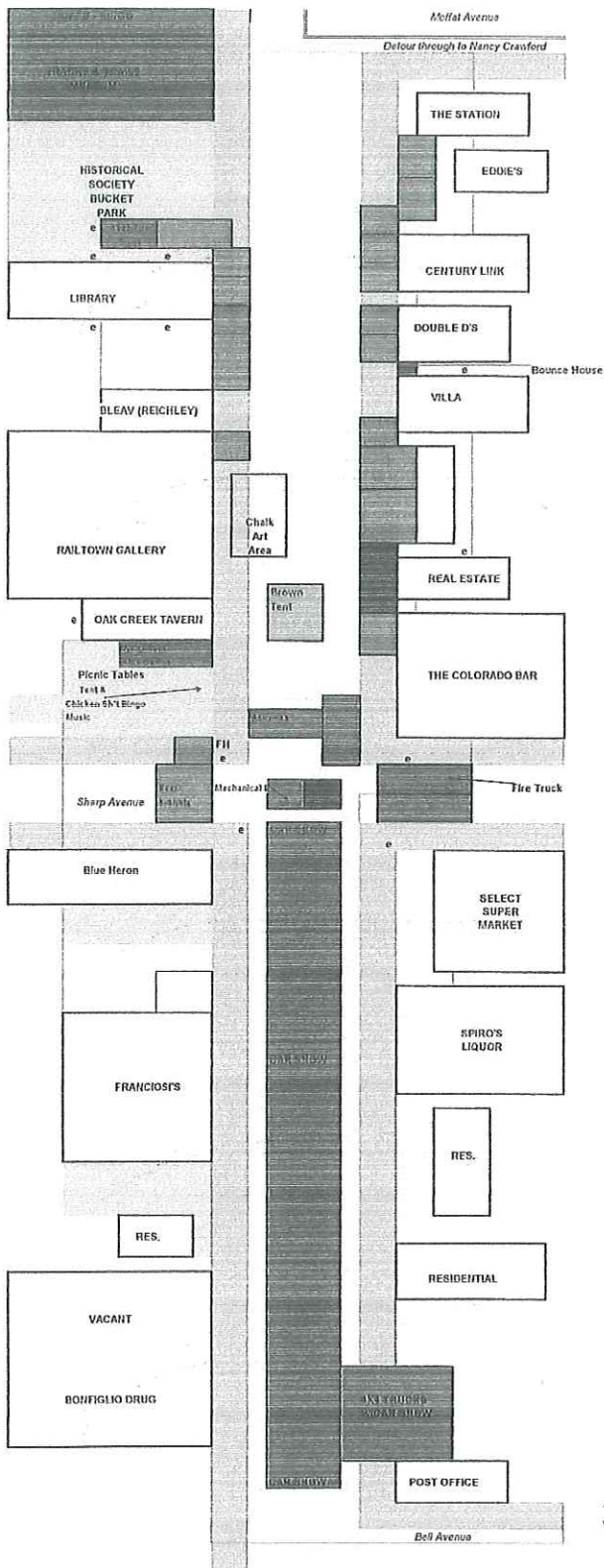
License Account Number

Liability Date

State

Total

-750 (999) \$.00



LEGEND

- | | | | |
|--|----------------------------|--|------------|
| | EVENT BARRICADE/BOUNDARIES | | ACTIVITIES |
| | STREET TRAFFIC DETOUR PATH | | |
| | ON-STREET VENDORS | | |
| | GRASS/PARK/OPEN SPACE | | |
| | CITY SIDEWALKS | | |