



LIQUOR LICENSING AUTHORITY
 PO BOX 397
 TELLURIDE, CO 81435
 970-728-2159

Special Event Permit Application

CLERKS USE ONLY

Events on Town Property

120 days from event _____
 (If on Town property. This is due date for financial follow-up.)

LIQUOR LICENSE AUTHORITY MEETINGS

Authority meetings take place on the third Thursday of each month at 3:00pm unless rescheduled for good cause or cancelled due to lack of applications.

Only complete applications will be accepted by the Clerk's Office. If an application is incomplete, it will be returned to the applicant.

All applications must be turned in no later than 12:00 noon, fourteen (14) days prior to the regularly scheduled meeting and at least thirty (30) days prior to the proposed event.

Special meetings will not be scheduled. Applications must be turned in by noon at least 14 days prior to the meeting date.

A ten (10) day public notice is required. The Clerk's Office will provide you with the notice to post at the premises. It is your responsibility to pick-up and post the notice. The Clerk's Office will send you one notification when the notice is ready for pick-up.

APPLICANT/EVENT INFORMATION

1. Special Event Permit Eligibility. In order to qualify for a permit, you must be a Colorado nonprofit and one of the following:

<input type="checkbox"/> Social	<input type="checkbox"/> Athletic	<input type="checkbox"/> Municipality, County, Special District
<input type="checkbox"/> Fraternal	<input type="checkbox"/> Religious Institution	<input type="checkbox"/> Branch, Lodge or Chapter of National Org or Society
<input type="checkbox"/> Patriotic	<input type="checkbox"/> Philanthropic Institution	
<input type="checkbox"/> Political	<input type="checkbox"/> Political Candidate	

2. NAME OF APPLICANT/ORGANIZATION/POLITICAL CANDIDATE

Applicant Name

3. Sales Tax #

4. MAILING ADDRESS OF ORGANIZATION OR POLITICAL CANDIDATE

Mailing Address

5. STREET ADDRESS OF SPECIAL EVENT LOCATION

6. IS PROPOSED LOCATION ON TOWN PROPERTY?

YES NO

***IF YES, FINANCIAL FOLLOW-UP IS REQUIRED.**

7. OFFICER OF ORG. or POLITICAL CANDIDATE (Must sign application.)

NAME:

ADDRESS: Officer Address.

TITLE:

BIRTH DATE:

PHONE NUMBER:

EMAIL:

8. EVENT MANAGER (Must be TIPS trained.)			
NAME: Event Manager Name		ADDRESS: Event Manager Address	
BIRTH DATE:		PHONE NUMBER:	
EMAIL:		DATE OF TIPS CERTIFICATION:	
9. HAS APPLICANT BEEN ISSUED SPECIAL EVENT PERMITS THIS CALENDAR YEAR (STATE-WIDE)?			<input type="checkbox"/> YES <input type="checkbox"/> NO
10. IF YES, HOW MANY?		# OF PERMITS:	
11. DOES THE PROPOSED EVENT PREMISES HOLD A LIQUOR LICENSE?			<input type="checkbox"/> YES <input type="checkbox"/> NO
12. IF YES, WHAT TYPE?			
13. DO YOU HAVE PROPERTY POSSESSION/WRITTEN PERMISSION FOR PREMISES?			<input type="checkbox"/> YES <input type="checkbox"/> NO
14. LIST BELOW EXACT DATE(S) AND TIME(S) FOR WHICH APPLICATION IS BEING MADE FOR PERMIT(S) (Include enough time for set-up/break-down.)			
DATE:	DATE:	DATE:	DATE:
FROM:	FROM:	FROM:	FROM:
TO:	TO:	TO:	TO:
# ATTENDEES EXPECTED:	# ATTENDEES EXPECTED:	# ATTENDEES EXPECTED:	# ATTENDEES EXPECTED:
15. PROVIDE A BRIEF DESCRIPTION OF THE NATURE OF THE EVENT(S):			
Describe Nature of Event(s)			
16. WHAT TYPE OF FOOD WILL BE SERVED?		Food:	
17. PROVIDE A DESCRIPTION OF THE DRINK MENU		Drink Menu:	
		Serving Container:	
		Serving Container Size:	
18. WILL ALCOHOL BE SOLD OR OFFERED COMPLIMENTARY?	SOLD COMPLIMENTARY	19. WILL ALCOHOL BE DONATED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. SOURCE OF DONATION:		21. IF OTHER, DESCRIBE SOURCE	
		If other, Source:	

22. WHERE WILL ALCOHOL BE STORED BEFORE/AFTER EVENT? (Submit storage map and permission if location is different from event location.)	
Enter alcohol storage location	
23. HOW WILL PATRONS OVER 21 BE IDENTIFIED? (i.e. location of ID check, issuance of stamps or wristbands, etc.?)	
24. WHAT MEASURES WILL BE TAKEN TO PREVENT THE SERVING OF ALCOHOL TO MINORS?	
25. HOW WILL PREMISE BE CONTROLLED TO ASSURE NO ALCOHOL ENTERS/EXITS THE PREMISE, i.e. LOCATION OF SECURITY, BARRIERS, ETC.?	
26. LIST NAMES OF OTHER TIPS TRAINED VOLUNTEERS/STAFF WHO WILL BE ON SITE DURING EVENT: (Attach TIPS Certificates. Valid for 3 years.)	
NAME:	TIPS CERT DATE:
NAME:	TIPS CERT DATE:
NAME:	TIPS CERT DATE:
27. WHAT ORGANIZATION WILL <u>DIRECTLY</u> RECEIVE FUNDS FROM LIQUOR SALE PROCEEDS?	
28. LIST FEDERAL NONPROFIT DESIGNATION, IF APPLICABLE: (i.e. 501(c)(1), 501(c)(3), etc.)	
Initial	IF THE EVENT IS ON TOWN PROPERTY, COMPLETE THE FOLLOWING SECTION. IF THE EVENT IS ON PUBLIC PROPERTY, PROCEED TO SECTION I.
	I understand that no later than 120 days following the conclusion of the event, an affirmative accounting as to the distribution of net proceeds from the special event must be submitted to the Liquor Authority.
	I understand 100% of net proceeds of liquor sales must be distributed to local or regional nonprofits that have a history of benefiting the San Miguel County, Colorado regional community or which local or regional nonprofits support programs or activities accessible to the Town of Telluride community.
	I understand that recipients of liquor sale proceeds must be a qualified nonprofit pursuant to one of the following provisions under applicable federal law pursuant to 26 U.S.C. 501(c) 1), (3-4), (10), (13), (19) or (23).
Initial	SECTION I SHOULD THE LICENSING AUTHORITY ISSUE A PERMIT, THE FOLLOWING RULES APPLY:
	The permit is for the specific location, date & time identified on the permit and not valid for any other location, date or time. Liquor may not be on the premises before or after the permit times.
	The permit allows for ON PREMISE consumption of malt, spirituous, or vinous liquors only.
	Unauthorized alcoholic beverages are not permitted to be introduced or removed from the licensed premise.
	The possession of any alcohol beverage for which the permit holder is not licensed to sell is not permitted.
	Service, consumption, possession and storage of alcohol must be controlled and maintained within or on the licensed premise.

