DOCUMENT CHECKLIST
SPECIAL EVENT PERMIT APPLICATION

The complete application packet must be filed at least 30 days prior to scheduled event. Submit completed application to: City Clerk's Office, 1000 10th St., Greeley or email cityclerk@greeleygov.com

The following supporting documents must accompany the application for a permit to be issued:

- ☐ Application for a Special Event Permit
- ☐ Special Event Permit Questionnaire
- ☐ City Application Fee ($100/per day if not concurrent)
  - Check payable to 'City of Greeley'
  - Pay in person or phone by credit card
- ☐ Greeley Business License (copy of license or application)
- ☐ Copy of the organization's City and State Sales Tax License
- ☐ Lease or Letter of Permission for use of the premises naming the applicant
- ☐ Floor diagram of area to be licensed on an 8 ½" x 11" paper. If multiple floors, use one page per floor.
  - Include the address and directional arrow (North ↑)
  - Outline in red the area requested to be licensed
  - Label walls, partitions, entrances, and exits
  - Label seating arrangement, bar location, and alcohol storage
  - Include dimensions *Doesn't need to be to scale.*
- ☐ Written narrative describing how the applicant will control the requested licensed area, how the area will be maintained, how attendees will be identified as 21 and older, describe how alcohol consumption will be monitored and how over-serving will be prevented.
- ☐ If incorporated, Certificate of Good Corporate Standing from Secretary of State dated within the last two (2) years; or
- ☐ If not incorporated, Non-profit Charter; or
- ☐ If a political candidate, copies of reports and statements filed with the Secretary of State

Posting Notice:

- ☐ Applicant must post the notice of Special Events Permit application prepared by the City Clerk's Office in a conspicuous place at the event location for a period of ten (10) days before the event.
- ☐ Complete the affidavit of posting with a photo of the sign posted. Return to the City Clerk's Office directly after posting.

APPLICATION FOR A SPECIAL EVENT PERMIT

IN ORDER TO QUALIFY FOR A SPECIAL EVENT PERMIT, **APPLICANT MUST BE NONPROFIT AND ONE OF THE FOLLOWING**

- ☐ SOCIAL
- ☐ FRATERNAL
- ☐ PATRIOTIC
- ☐ POLITICAL
- ☐ ATHLETIC
- ☐ CHARTERED BRANCH, LODGE, OR CHAPTER OF A NATIONAL ORGANIZATION OR SOCIETY
- ☐ RELIGIOUS INSTITUTION
- ☐ PHILANTHROPIC INSTITUTION
- ☐ POLITICAL CANDIDATE
- ☐ MUNICIPALITY OWNING ARTS FACILITIES

TYPE OF SPECIAL EVENT PERMIT APPLICANT IS APPLYING FOR:

☐ MALT, VINOUS AND SPIRITUOUS LIQUOR $ 100.00 PER CONSECUTIVE EVENT DATE

☐ FERMENTED MALT BEVERAGE $ 100.00 PER CONSECUTIVE EVENT DATE

CITY PERMIT NUMBER

NAME OF APPLICANT

STATE SALES TAX NUMBER **(REQUIRED)**

MAILING ADDRESS OF APPLICANT
(include street, city/town and ZIP)

ADDRESS OF SPECIAL EVENT LOCATION:
(include street, city/town and ZIP)

	NAME	DATE OF BIRTH	HOME ADDRESS (Street, City, State, Zip)	PHONE NUMBER/E-MAIL
PRESIDENT/ SECRETARY OF ORG.				
EVENT MANAGER				

HAS THE APPLICANT BEEN ISSUED A SPECIAL EVENT PERMIT THIS CALENDAR YEAR?

☐ No ☐ Yes IF YES, HOW MANY DAYS? _____

IS PREMISES NOW LICENSED UNDER STATE LIQUOR OR BEER CODE?

☐ No ☐ Yes IF YES, TO WHOM? _____

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 _____	Date _____	Date _____
Hours From _____ a.m./p.m.	Hours From _____ a.m./p.m.	Hours From _____ a.m./p.m.	Hours From _____ a.m./p.m.
To _____ a.m./p.m.	To _____ a.m./p.m.	To _____ a.m./p.m.	To _____ a.m./p.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

REPORT AND APPROVAL OF GREELEY LIQUOR 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 provision of Title 12, Article 48, C.R.S., as amended.

Therefor the Application is approved.

GREELEY LIQUOR LICENSING AUTHORITY	TITLE	DATE

ATTEST	TITLE	DATE

SPECIAL EVENT PERMIT QUESTIONNAIRE

1. How many Special Events Permits have been issued to the applicant during this calendar year?

   _____

2. What type of event is planned? (i.e., benefit, fundraiser, annual)

   _____

   _____

3. Provide a detailed explanation of your organization and its function. (attach a separate sheet if necessary)

   _____

   _____

   _____

4. Who or what organization will be the recipient of funds collected from this event?

   _____

5. How many attendees are expected at this event? _____

6. How many volunteers, members of your organization, or staff will work the event? Have they been trained through TIPS or a safe server program?

   _____

   _____

7. Describe the premises for the event. (i.e. indoor or outdoor, roping off designated area)

   _____

   _____

8. Will security personnel be provided at this event? How many and how will they be identified?

   _____

9. Describe entertainment, if any, that will occur at this event. During what hours will the entertainment take place?

   _____

   _____

City Clerk's Office | 1000 10th St. | Greeley | 970-350-9740 | CityClerk@greeleygov.com

10. Who will be responsible for checking IDs, and monitoring the conduct, and level of intoxication of patrons?

_____

_____

11. What method will be used to identify patrons that are over and under 21 years of age? (i.e. wristband, stamp on hand)

_____

_____

12. Describe what will be served at the event including alcohol, non-alcohol beverages, snacks, and food.

_____

_____

_____

13. Explain how this event will be marketed. Describe what kind of advertising material will be distributed and who the targeted recipients are.

_____

_____

_____

I hereby affirm the information provided to the Greeley Liquor Licensing Authority contained in this questionnaire is true and accurate to the best of my knowledge.

_____ _____

Applicant's Signature Date of Signature

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