Town of WinterPark

# Special Event Permit Application

Please complete each section, additional sheets may be used if necessary. If your group will be serving alcoholic beverages, please complete Form DR 8439 also.

Name of Applicant:

Mailing Address of Applicant:

Contact Name: Contact Number:

Contact Email:

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Type of Special Event (i.e. fundraiser, concert):

Address of Special Event:

Do you have written permission to use the premises? ☐ Yes ☐ No

List the exact dates and times of the event:

Explain the nature of your organization, its function, and who/what benefits from its operations:

Who or what organization will be the recipient of the funds derived from this event?

Number of expected attendees:

Describe the premises where the event will take place:

What type of security will be provided?

Number of security personnel: How will they be identified?

If the event is being held outdoors, how will the exterior boundaries of the premises be marked?

What type of entertainment will be provided at the event?

How will attendees be checked for proper age (i.e. at the door, at the bar)?
How will underage attendees be identified so as to not be served alcoholic beverages (i.e. wristbands)?

How will the conduct of attendees be monitored and by whom?

Have volunteers or members of your organization (that will be present at the event) been trained in the sale/service of alcoholic beverages? If yes, what type of training and by whom?

What type of beverages and food or snacks will be available?

What is your organization's State Sales Tax Number?

What is your organization's Town Sales Tax Number?

Explain how this event will be marketed; describe what kinds of advertising material will be distributed and the targeted recipients:

**I hereby certify, under penalty of perjury, that the information provided to the Town of Winter Park contained in this application is true and accurate to the best of my knowledge.**

Applicant's Signature _____ Date _____

Applicant's Email Address _____

Applicant's Mailing Address _____

Applicant's Physical Address _____

Applicant's Home Phone # _____ Applicant's Alternate Phone # _____

STATE OF COLORADO )
COUNTY OF GRAND )SS.
TOWN OF WINTER PARK )

Subscribed and sworn to me this _____ day of _____ 20 ____

Witness my hand and official seal:

Notary Public _____

My commission expires _____

---------- DO NOT WRITE BELOW THIS LINE - OFFICIAL USE ONLY ----------

Planning Department: _____ Signature _____ Date
Conditions/Restrictions: _____

Public Works Department: _____ Signature _____ Date
Conditions/Restrictions: _____

Police Department: _____ Signature _____ Date
Conditions/Restrictions: _____

Town Clerk: _____ Signature _____ Date
Conditions/Restrictions: _____

Final Approval: _____ Signature _____ Date
Conditions/Restrictions: _____