

# Memo

**To:** Tom Baker, Town Manager

**From:** Melody Harrison, Town Clerk

**Date:** 5/16/2014

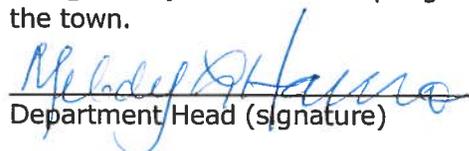
**Re:** Special Event Liquor Permit – Garfield County Public Library Foundation, Taste of New Castle Event.

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**Recommendation:** Staff recommends approval of the attached application for a special event liquor permit for the Garfield County Public Library Foundation. Doing so will increase the town's economic viability by increasing awareness of the dining options available in New Castle. Staff recommends waiving the fee for the license as the town's donation to support the event.

**Policy Implications:** The policy implication of the Council approving this special event license is that this non-profit group will have the authority to serve, sell or distribute malt, vinous and spirituous liquors for on-premises consumption at the Taste of New Castle Event, June 12, 2014, from 5:00 p.m. to 8:30 p.m. at the New Castle Community Center at 423 W. Main Street, New Castle, CO 81647.

**Budget Implications:** Adopting staff's recommendation would increase sales tax revenues for the town.

  
Department Head (signature)

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Finance Director (signature)

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Town Administrator (signature)

no  
Consultant needed at Council Meeting? Whom? Estimated meeting time cost, if known.

**Background:** The Garfield County Public Library Foundation filed its application on May 9, 2014. The public hearing has been properly noticed. The application is properly completed.

DR 8439 (06/28/06)  
**COLORADO DEPARTMENT OF REVENUE**  
 LIQUOR ENFORCEMENT DIVISION  
 1375 SHERMAN STREET  
 DENVER CO 80261  
 (303) 205-2300

## 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 checked="" 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                 |   |

<b>LIAB TYPE OF SPECIAL EVENT APPLICANT IS APPLYING FOR:</b>	<b>DO NOT WRITE IN THIS SPACE</b>
2110 <input checked="" type="checkbox"/> MALT, VINOUS AND SPIRITUOUS LIQUOR \$25.00 PER DAY	LIQUOR PERMIT NUMBER
2170 <input type="checkbox"/> FERMENTED MALT BEVERAGE (3.2 Beer) \$10.00 PER DAY	

1. NAME OF APPLICANT ORGANIZATION OR POLITICAL CANDIDATE Garfield County Public Library Foundation, Inc.	State Sales Tax Number (Required) <b>98-18429-0000</b>
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2. MAILING ADDRESS OF ORGANIZATION OR POLITICAL CANDIDATE (include street, city/town and ZIP)  c/o Wilma Paddock P O Box 832 Rifle CO 81650-0832	3. ADDRESS OF PLACE TO HAVE SPECIAL EVENT (include street, city/town and ZIP)  423 West Main Street New Castle CO 81647
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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 Amelia Shelley	11/03/58	938 Redtail Ln Silt CO 81652	970-625-4270
5. EVENT MANAGER Stella Wagner	4/13/48	287 Spirit Way, New Castle CO 81647	970-984-3900

6. HAS APPLICANT ORGANIZATION OR POLITICAL CANDIDATE BEEN ISSUED A SPECIAL EVENT PERMIT THIS CALENDAR YEAR? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES HOW MANY DAYS? _____	7. IS PREMISES NOW LICENSED UNDER STATE LIQUOR OR BEER CODE? <input checked="" 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
LIST BELOW THE EXACT DATE(S) FOR WHICH APPLICATION IS BEING MADE FOR PERMIT				
Date 06/12/2014	Date	Date	Date	Date
Hours From 5:00 p .m. To 8:30 p .m.	Hours From .m. To .m.	Hours From .m. To .m.	Hours From .m. To .m.	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 Executive Director	DATE 5-7-2014
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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.**

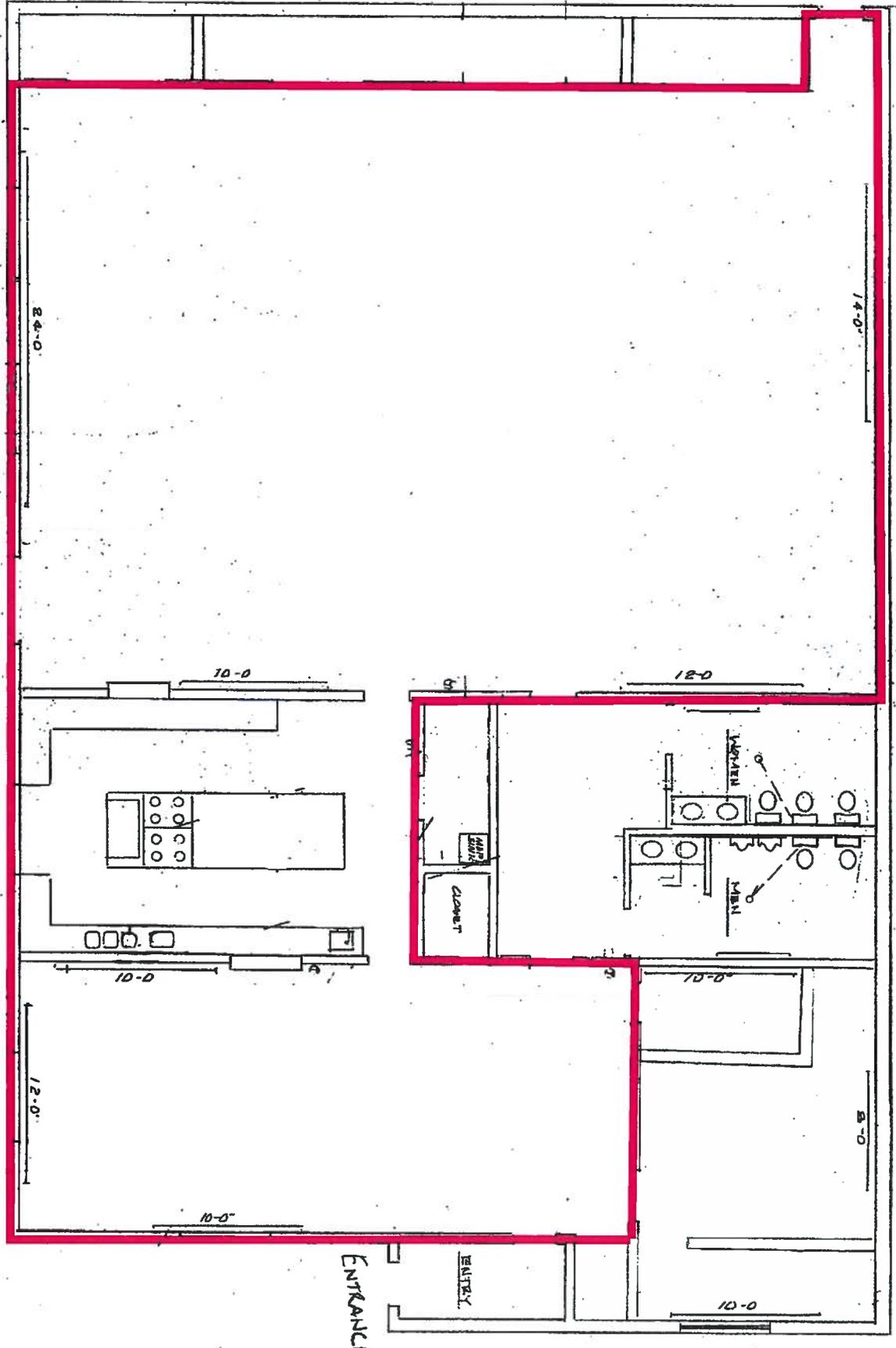
LOCAL LICENSING AUTHORITY (CITY OR COUNTY)	<input type="checkbox"/> CITY <input type="checkbox"/> COUNTY	TELEPHONE NUMBER OF CITY/COUNTY CLERK
SIGNATURE	TITLE	DATE

**DO NOT WRITE IN THIS SPACE - FOR DEPARTMENT OF REVENUE USE ONLY**

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

(Instructions on Reverse Side)

# NEW CASTLE COMMUNITY CENTER



PARKING LOT

SIDEWALK

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE**

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

**GARFIELD COUNTY PUBLIC LIBRARY FOUNDATION, INC.**

is a **Nonprofit Corporation** formed or registered on 12/11/1997 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19971199228.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/06/2014 that have been posted, and by documents delivered to this office electronically through 05/07/2014 @ 12:42:48.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 05/07/2014 @ 12:42:48 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8843428.



A handwritten signature in blue ink, appearing to read "Scott Gessler", is written over a horizontal line.

Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/bi-/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."*

**NOTICE OF PUBLIC HEARING  
New Castle Town Council**

**Date: May 20, 2014**

**Time: 7:00 PM**

**Place of hearing: New Castle Town Hall, 450 West  
Main Street, New Castle, CO**

**Brief description of application: to consider the application filed by the Garfield County Library Foundation, Inc. ,PO Box 832, Rifle, CO 81650 for a Malt, Vinous and Spirituous Liquor Special Events Permit at a premise located at 423 W. Main St. (Community Center) New Castle, CO 81647, on June 12, 2014.**

**Applicant: Garfield County Public Library Foundation, Inc.**

**Officers: Amelia Shelley, President**

**All interested persons are invited to appear and state their views, protests or objections. If you cannot appear personally at such hearing, then you are urged to state your views by letter to the Town of New Castle, P.O. Box 90, New Castle, CO 81647.**



#693

# NEW CASTLE COMMUNITY CENTER

PO Box 90  
423 W. Main Street  
New Castle, CO 81647  
970-984-3352 970-984-0982 (fax)

## SHORT-TERM USE RENTAL AGREEMENT AND CONTRACT

Please fill out the following information completely and accurately.

Name of renter (user and responsible party): Friends of the NC Library  
Business/Organization: \_\_\_\_\_  
Mailing address: Street: P.O. Box 324 City NC State/zip 81647  
Home phone 970-2170 Work phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Type of event: Town of New Castle Number of attendees: \_\_\_\_\_  
Rental date(s): June 12th Rental hours: begin at- 4:30 end at- 7:00

### FEES: (circle all that apply)

**Not for-profit group (no charge for event/meeting):**  
small room- \$20/hr                      big room- \$32/hr                      \_\_\_\_\_ (hrs) X \_\_\_\_\_ (rate) = \_\_\_\_\_  
**For profit groups (participants charged a fee for event/meeting):**  
small room- \$20/hr                      big room- \$32/hr                      \_\_\_\_\_ (hrs) X \_\_\_\_\_ (rate) = \_\_\_\_\_  
**Private Parties (used for personal private use):**  
small room- \$24/hr                      big room- \$34/hr                      \_\_\_\_\_ (hrs) X \_\_\_\_\_ (rate) = \_\_\_\_\_

**Kitchen use (Cooking and food prep)** - \$12/hr ..... \_\_\_\_\_ (hrs) X \_\_\_\_\_ (rate) = \_\_\_\_\_

**Stereo/speaker use (one time fee):** ..... circle if using: \$15/per use  
**Television and DVD player (one time fee):** ..... circle if using: \$10/per use

**TOTAL CHARGE =** \_\_\_\_\_

**Table and chairs, no additional cost:** # of tables needed \_\_\_\_\_ # of chairs needed \_\_\_\_\_

### DEPOSITS (see checklist for penalties assessed):

Three hours or less (cash deposit)-.....\$200  
Activities of more than three hours (cash deposit)-.....\$500  
**TOTAL CASH DEPOSIT =** \_\_\_\_\_

\*\*\*No reservation is confirmed until at least one form of payment has been paid\*\*\*

<b>OFFICE USE ONLY</b>			
Total fee: _____	Date paid: _____	Check # _____	or Cash _____
Total deposit: _____	Date paid: _____		