

# Memo

**To:** Local Liquor Authority

**From:** Melody Harrison, Town Clerk

**Date:** 8/16/2016

**Re:** Town of New Castle Special Event Liquor Permit for the September 9 & 10, 2016 Burning Mountain Festival and the December 3, 2016 Chili Cook-Off

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**Request:** The Special Event Staff of the Town of New Castle requests a special events liquor license for Burning Mountain Festival, located in Burning Mountain Park, 157 W. Main Street, on September 9 & 10, 2016. They also request a special event liquor license for the Chili Cook-Off, located in Burning Mountain Park, 157 W. Main Street, on December 3, 2016. In the event of inclement weather, Staff requests an alternate location for the Chili Cook-Off at the New Castle Community Center, 423 W. Main Street.

**Recommendation:** If Council's consensus is to approve the attached application for a special event liquor permit for the Town of New Castle, the Clerk's Office staff recommends that Council consider the following condition:

That although the application requests a permit time until 10:00 p.m. on September 9 & 10 (Burning Mountain Festival), staff recommends alcohol be served until 9:30 p.m., and alcohol be allowed on premises until 10:00 p.m. Staff similarly recommends that for the Chili Cook-Off on December 3, 2016, alcohol should be served until 5:30 PM and that alcohol be allowed on the premises until 6:00 PM.

**Policy Implications:** The policy implication of Council's approval of this special event license is that the town shall have the authority to serve, sell or distribute malt, vinous and spirituous liquors for on-premises consumption at the 2016 Burning Mountain Festival on Friday September 9, 2016 from 5:00 p.m. to 9:30 p.m., and Saturday, September 10, 2016, from 1:00 p.m. to 9:30 p.m. Also at the 2016 Chili Cook-Off on Saturday, December 3 from 3:00 PM to 5:30 PM.

**Budget Implications:** Adopting staff's recommendation would increase sales tax revenues. Even though the applicant is a non-profit organization, it is required to collect and remit sales tax on beer garden sales.

  
Department Head (signature)

**Background:** The Town of New Castle Special Event Coordinator filed the application on July 25, 2016, at least 30 days prior to the event date, as required by the State Liquor Code. The public hearing has been properly noticed. The application is properly completed.

# 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 checked="" type="checkbox"/> SOCIAL | <input type="checkbox"/> ATHLETIC                              | <input 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                 |                                                              |

LIAB	TYPE OF SPECIAL EVENT APPLICANT IS APPLYING FOR:	
2110	<input type="checkbox"/> MALT, VINOUS AND SPIRITUOUS LIQUOR	\$25.00 PER DAY
2170	<input type="checkbox"/> FERMENTED MALT BEVERAGE (3.2 Beer)	\$10.00 PER DAY

**DO NOT WRITE IN THIS SPACE**

LIQUOR PERMIT NUMBER

1. NAME OF APPLICANT ORGANIZATION OR POLITICAL CANDIDATE <i>Town of New Castle</i>	State Sales Tax Number (Required) <i>98-034540000</i>
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2. MAILING ADDRESS OF ORGANIZATION OR POLITICAL CANDIDATE (include street, city/town and ZIP) <i>P.O. Box 90 New Castle CO. 81647</i>	3. ADDRESS OF PLACE TO HAVE SPECIAL EVENT (include street, city/town and ZIP) <i>Burning Mountain Park W. Main St. New Castle CO 81647</i>
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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 <i>Debbie Nichols</i>	<i>7/29/1955</i>	<i>1501 County Rd 245 New Castle CO. 81647</i>	<i>720-427-3678</i>

5. EVENT MANAGER	
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? _____

8. 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 <i>Sept 9</i>	Date <i>Sept 10</i>	Date <i>Dec 3</i>	Date
Hours From <i>5</i> p.m. To <i>10</i> p.m.	Hours From <i>1:00p</i> .m. To <i>10</i> p.m.	Hours From <i>3p</i> .m. To <i>6</i> p.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 <i>Debbie Nichols</i>	TITLE <i>Special Events Coordinator</i>	DATE <i>7/25/16</i>
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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)	\$