

Memo

To: Local Liquor Licensing Authority
From: Melody Harrison
Date: December 1, 2015
Re: Town of New Castle Special Events Liquor License

Mayor Gordon and Town Councilors,

At the July 21, 2015 council meeting, the Liquor Authority approved a Special Events Liquor License for the Town of New Castle Burning Mountain Festival on September 11 & 12, 2015, and for the Chili Cook-Off on December 5, 2015.

The Chili Cook-Off was originally scheduled for 4:00 p.m. to 8:00 p.m. Because that event has been coordinated with a Craft Fair event for the River Center, the time of the Chili Cook-Off has changed to 3:00 p.m. to 6:00 p.m. Nothing else in the application has changed except the time of the event.

Staff requests the Authority consider approving this change to the previously approved license.



Department Head (signature)

APPLICATION FOR A SPECIAL EVENTS PERMIT

Department Use Only

RECEIVED

JUN 09 2015

Town of
 New Castle, CO

IN ORDER TO QUALIFY FOR A SPECIAL EVENTS PERMIT, YOU MUST BE NONPROFIT AND ONE OF THE FOLLOWING (See back for details.)

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|------------------------------------|--|--|
| <input 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 | |
- ✓ Local Government

LIAB TYPE OF SPECIAL EVENT APPLICANT IS APPLYING FOR:	DO NOT WRITE IN THIS SPACE
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 <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>PO Box 90 New Castle CO 81647</i>	3. ADDRESS OF PLACE TO HAVE SPECIAL EVENT (include street, city/town and ZIP) <i>Burning Men 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			

5. EVENT MANAGER <i>Deborah Nichols</i>	<table border="0"> <tr> <td><i>07/29/55</i></td> <td><i>1501 County Rd 245</i></td> <td><i>New Castle CO 81647</i></td> <td><i>720-427 3678</i></td> </tr> </table>	<i>07/29/55</i>	<i>1501 County Rd 245</i>	<i>New Castle CO 81647</i>	<i>720-427 3678</i>
<i>07/29/55</i>	<i>1501 County Rd 245</i>	<i>New Castle CO 81647</i>	<i>720-427 3678</i>		

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? Yes No

LIST BELOW THE EXACT DATE(S) FOR WHICH APPLICATION IS BEING MADE FOR PERMIT

Date	Hours From	To	Date	Hours From	To	Date	Hours From	To	Date	Hours From	To
<i>Sept 11</i>			<i>Sept 12</i>			<i>Dec 5</i>					
	<i>5 p.m.</i>	<i>10 p.m.</i>		<i>11 a.m.</i>	<i>10 p.m.</i>		<i>3 p.m.</i>	<i>4 p.m.</i>			

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>Deborah Nichols</i>	TITLE <i>Admin. Asst.</i>	DATE <i>6/9/15</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) <i>TOWN OF NEW CASTLE</i>	<input checked="" type="checkbox"/> CITY <input type="checkbox"/> COUNTY	TELEPHONE NUMBER OF CITY/COUNTY CLERK <i>970 984 2311</i>
SIGNATURE <i>Bob Reuben</i>	TITLE <i>MAYOR</i>	DATE <i>7-21-15</i>

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

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