

## *Special Event Liquor Permit – Town of Kiowa*

Please submit the following documents:

1. Fill out an **APPLICATION FOR SPECIAL EVENTS PERMIT (DR8439)** form.  
If a licensed bar is providing alcohol/service, they must fill out the form.  
Whoever is serving the alcohol must be **COLORADO TIP CERTIFIED**.  
<https://www.gettips.com/Online/alcohol-certification-colorado>
2. Wherever the event will be held, you will need a **FAIRGROUNDS PERMISSION REQUEST FORM** or **PROPERTY OWNER LETTER OF PERMISSION FORM** signed by an official or owner of the property.
3. We need a copy of the **INSURANCE FOR THE VENUE**.
4. You will need to present a **LETTER OF REQUEST** to the Board stating: Date, Start & End Time, about the event and how the laws will be enforced by contacting the local sheriff's department about the event.
5. Include a **DIAGRAM** of the area to be Licensed outlined in bold.
6. Submit a **CERTIFICATE OF GOOD STANDING** through the secretary of the state on the Corporation/ Organization.
7. Submit 30 Days (or sooner) prior to the event to:  
Mail to: In Person: Email to:  
Town of Kiowa Town Hall Kiowa [sdavidson@townofkiowa.com](mailto:sdavidson@townofkiowa.com)  
PO Box 237 404 Comanche ST  
Kiowa, CO 80117 Kiowa, CO 80117

The special Event Liquor Permit fee is **\$100.00 payable to the Town of Kiowa** and needs to be paid at the time the application is submitted.

Once the application is submitted and the fee is paid you will pick up a **Public Notice Sign** that will **need to be posted at the event site 15 days prior to the Board of trustees meeting and removed the day following the board meeting.**

The public hearing will be in the Town of Kiowa, Town Hall at the Board of Trustees monthly meeting on the 2<sup>nd</sup> Tuesday of every month. **\*Pay attention to the timeline of events so you don't miss a deadline.\*** The applicant **MUST BE PRESENT** the Board Meeting. **If approved, you will receive your signed license at the meeting and must post it at your event, along with the warning about serving or selling alcohol to persons under the age of 21.**

**If your request is denied you will not be able to have liquor at your event.**

Please call with any questions: 303-621-2366 or email: [sdavidson@townofkiowa.com](mailto:sdavidson@townofkiowa.com)

# Application for a Special Events Permit

**In order to qualify for a Special Events Permit, You Must Be a Qualifying Organization Per 44-5-102 C.R.S. and One of the Following (See back for details.)**

- |                                    |   |   |
|------------------------------------|---|---|
| <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"/> National Organization or Society   | <input type="checkbox"/> Municipality Owned Arts Facilities |
| <input type="checkbox"/> Political | <input type="checkbox"/> Religious Institution              |   |

<b>LIAB</b> Type of Special Event Applicant is Applying for:	<b>DO NOT WRITE IN THIS SPACE</b>
2110 <input type="checkbox"/> Malt, Vinous And Spirituous Liquor \$25.00 Per Day	Liquor Permit Number
2170 <input type="checkbox"/> Fermented Malt Beverage \$10.00 Per Day	

1. Name of Applicant Organization or Political Candidate		State Sales Tax Number (Required)	
2. Mailing Address of Organization or Political Candidate (include street, city/town and ZIP)		3. Address of Place to Have Special Event (include street, city/town and ZIP)	
4. Authorized Representative of Qualifying Organization or Political Candidate		Date of Birth	Phone Number
Authorized Representative's Mailing Address (if different than address provided in Question 2.)			
5. Event Manager		Date of Birth	Phone Number
Event Manager Home Address (Street, City, State, ZIP)		Email Address of Event Manager	
6. Has Applicant Organization or Political Candidate been Issued a Special Event Permit this Calendar Year? <input type="checkbox"/> No <input type="checkbox"/> Yes How many days? _____		7. Is the premises for which your event is to be held currently licensed under the Colorado Liquor or Beer codes? <input type="checkbox"/> No <input type="checkbox"/> Yes License Number _____	

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	Date	Date	Date	Date
Hours From .m. To .m.	Hours From .m. To .m.	Hours From .m. To .m.	Hours From .m. To .m.	Hours From .m. To .m.
Hours From .m. To .m.	Hours From .m. To .m.	Hours From .m. To .m.	Hours From .m. To .m.	Hours From .m. To .m.
Hours From .m. To .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	Date
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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 44, Article 5, 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)	\$ ●

## Application Information and Checklist

**The following supporting documents must be attached to this application for a permit to be issued:**

- Appropriate fee.
- Diagram of the area to be licensed (not larger than 8 1/2" X 11" reflecting bars, walls, partitions, ingress, egress and dimensions. **Note:** If the event is to be held outside, please submit evidence of intended control, i.e., fencing, ropes, barriers, etc.
- Copy of deed, lease, or written permission of owner for use of the premises.
- Certificate of good corporate standing (NONPROFIT) issued by Secretary of State within last two years; **or**
- If not incorporated, a NONPROFIT charter; **or**
- If a political Candidate, attach copies of reports and statements that were filed with the Secretary of State.

- Application must first be submitted to the Local Licensing Authority (city or county) at least thirty (30) days prior to the event.
- Public notice of the proposed event and procedure for protesting issuance of the permit shall be conspicuously posted at the proposed location for at least (15) days before approval of the permit by Local Licensing Authority. (44-5-106 C.R.S.)
- State Licensing Authority must be notified of approved applications by Local Licensing Authorities within ten (10) days of approval.
- Check payable to the Colorado Department Of Revenue

### Qualifications for Special Events Permit

(44-5-102 C.R.S.)

A Special Event Permit issued under this article may be issued to an organization, whether or not presently licensed under Articles 4 and 3 of this title, which has been incorporated under the laws of this state for the purpose of a social, fraternal, patriotic, political or athletic nature, and not for pecuniary gain or which is a regularly chartered branch, lodge or chapter of a national organization or society organized for such purposes and being non profit in nature, or which is a regularly established religious or philanthropic institution, and to any political candidate who has filed the necessary reports and statements with the Secretary of State pursuant to Article 45 of Title 1, C.R.S. A Special Event permit may be issued to any municipality owning arts facilities at which productions or performances of an artistic or cultural nature are presented for use at such facilities.

# Application for a Special Events Permit

In order to qualify for a Special Events Permit, You **Must Be a Qualifying Organization Per 44-5-102 C.R.S. and One of the Following (See back for details.)**

- |                                    |   |   |
|------------------------------------|---|---|
| <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"/> National Organization or Society   | <input type="checkbox"/> Municipality Owned Arts Facilities |
| <input type="checkbox"/> Political | <input type="checkbox"/> Religious Institution              |   |

<b>LIAB</b> Type of Special Event Applicant is Applying for:	<b>DO NOT WRITE IN THIS SPACE</b>
2110 <input type="checkbox"/> Malt, Vinous And Spirituous Liquor \$25.00 Per Day	Liquor Permit Number
2170 <input type="checkbox"/> Fermented Malt Beverage \$10.00 Per Day	

1. Name of Applicant Organization or Political Candidate <p style="text-align: center;">K-Town Bar</p>	State Sales Tax Number (Required) <p style="text-align: center;">55555555</p>
---	--

2. Mailing Address of Organization or Political Candidate (include street, city/town and ZIP) PO Box 5454 Somewhere, CO 22222	3. Address of Place to Have Special Event (include street, city/town and ZIP) 111 First Street Who Cares, CO 3333
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4. Authorized Representative of Qualifying Organization or Political Candidate <p style="text-align: center;">Bob Smith</p>	Date of Birth <p style="text-align: center;">01/01/01</p>	Phone Number <p style="text-align: center;">555-555-5555</p>
--	--	---

Authorized Representative's Mailing Address (if different than address provided in Question 2.)  

55 Main Street, Nowhere, CO 44444

5. Event Manager <p style="text-align: center;">Holly Brown</p>	Date of Birth <p style="text-align: center;">02/02/02</p>	Phone Number <p style="text-align: center;">444-444-4444</p>
--	--	---

Event Manager Home Address (Street, City, State, ZIP) <p style="text-align: center;">44 North St. Anywhere, CO 55555</p>	Email Address of Event Manager <p style="text-align: center;">hollyb@internet.com</p>
---	--

6. Has Applicant Organization or Political Candidate been Issued a Special Event Permit this Calendar Year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes How many days? <u>5</u>	7. Is the premises for which your event is to be held currently licensed under the Colorado Liquor or Beer codes? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes License Number _____
--	---

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	Date	Hours	From	To	
10/13/23		4:00 p.m.	10:00 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
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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 44, Article 5, 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 <p style="text-align: center;">Manager</p>	Date <p style="text-align: center;">08/04/23</p>
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**DO NOT WRITE IN THIS SPACE - FOR DEPARTMENT OF REVENUE USE ONLY**

Liability Information			
License Account Number	Liability Date	State	Total
		-750 (999)	\$ ●



# Elbert County Fairgrounds Special Event Liquor Request Form

<b>Brief Description of Event</b>	
<b>Name of the Event</b>	
<b>Name of Organization or Individual</b>	
<b>Mailing Address</b>	
<b>Name of Lead Contact</b>	
<b>Phone Number of Lead Contact</b>	
<b>Email Address of Lead Contact</b>	
<b>Rental Date(s)</b>	
<b>Signature of Responsible Party</b>	

**Information Regarding Alcohol Request:**

Alcohol will be: (Please circle all that apply) Sold Complimentary

How will age identification be controlled?

Who will be serving/monitoring alcoholic beverages consumed?

**Approved by Elbert County: Yes No**

**Approval Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Property Owner  
Letter of Permission Form  
To Serve Alcohol on Premises**

To the Town Clerk  
Kiowa, Colorado  
404 Comanche St.  
Kiowa, CO 80117

Date: \_\_\_\_\_

I, \_\_\_\_\_ owner of the property located at:  
(Print name of Property Owner)

\_\_\_\_\_, give permission to the following:  
(Property Address)

\_\_\_\_\_, to sell and/or serve alcohol on my property,  
(Name of Applicant/Applicants)

for the following event: \_\_\_\_\_,  
(Wedding, Birthday Party, Etc.)

on the following date/Times: \_\_\_\_\_.  
(Date of Event and Start/Finish Times)

Signed, \_\_\_\_\_  
(Signature of Property Owner)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A :	
	INSURER B :	
	INSURER C :	
INSURER D :		
INSURER E :		
INSURER F :		

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ _____ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ _____ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE \$ AGGREGATE \$ _____ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

CERTIFICATE HOLDER	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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# *Example*

July 25, 2023

TOWN OF KIOWA  
P.O. Box 237  
Kiowa, CO 80117

To Liquor Licensing Authority - Requesting Special Permit to Serve Liquor

Dear Mayor,

Re: Special Permit Application

This is to inform you that I am holding my wedding at Elbert County Fair Grounds on XX/XX/XXXX.

We have planned to serve liquor at the wedding. So, we request you to kindly issue us a special sanction for the use of liquor on this occasion. We will do our very best to ensure that all rules and laws are adhered to. All servers will be TIPS Certified.

We will ask all guests attending to always follow the law for our event. We will encourage all individuals to use sound judgement and encourage the sheriff's department and other local law enforcement to issue Citations to any person who does not comply with the law whether it be related to liquor usage or otherwise.

Please find these enclosed documents with this letter -

1. Permission Request
2. Insurance for the Venue
3. Form DR8439
4. Map/Diagram of the location to be licensed.

You can contact me at -----, should you require any additional information. Please inform us when you approve our application.

Thank you very much for your support.



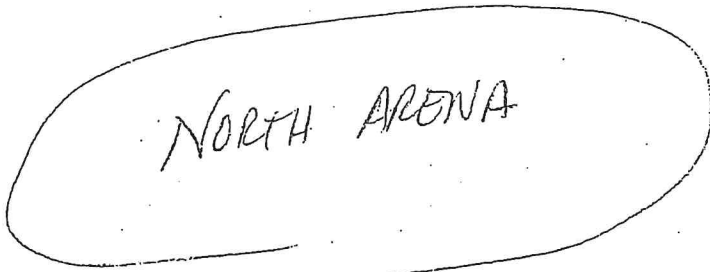
# Example

N

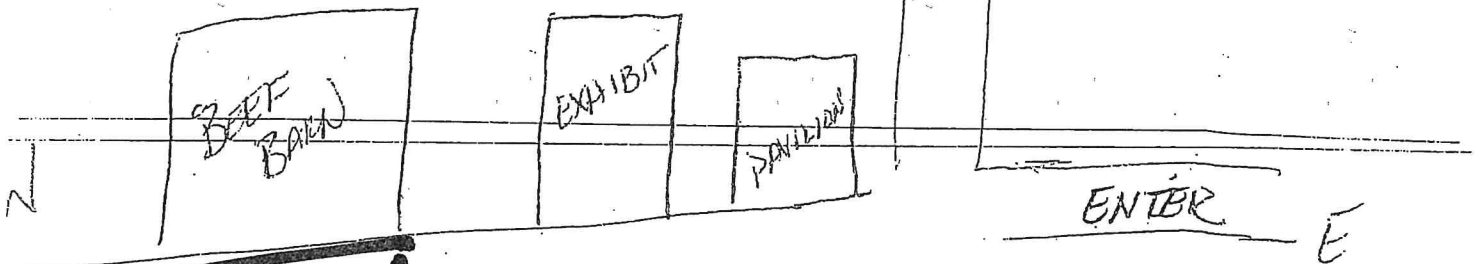
ELBERT COUNTY FAIR GROUND

\* Liquor Sales

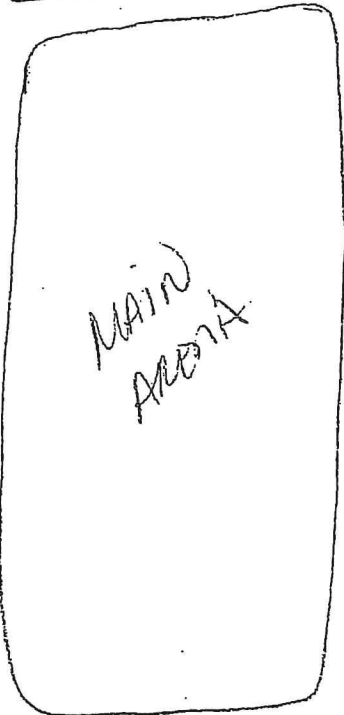
LICENSE ENTIRE FAIR GROUND



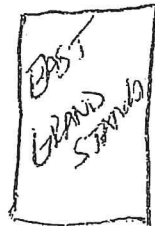
Parking



EXIT

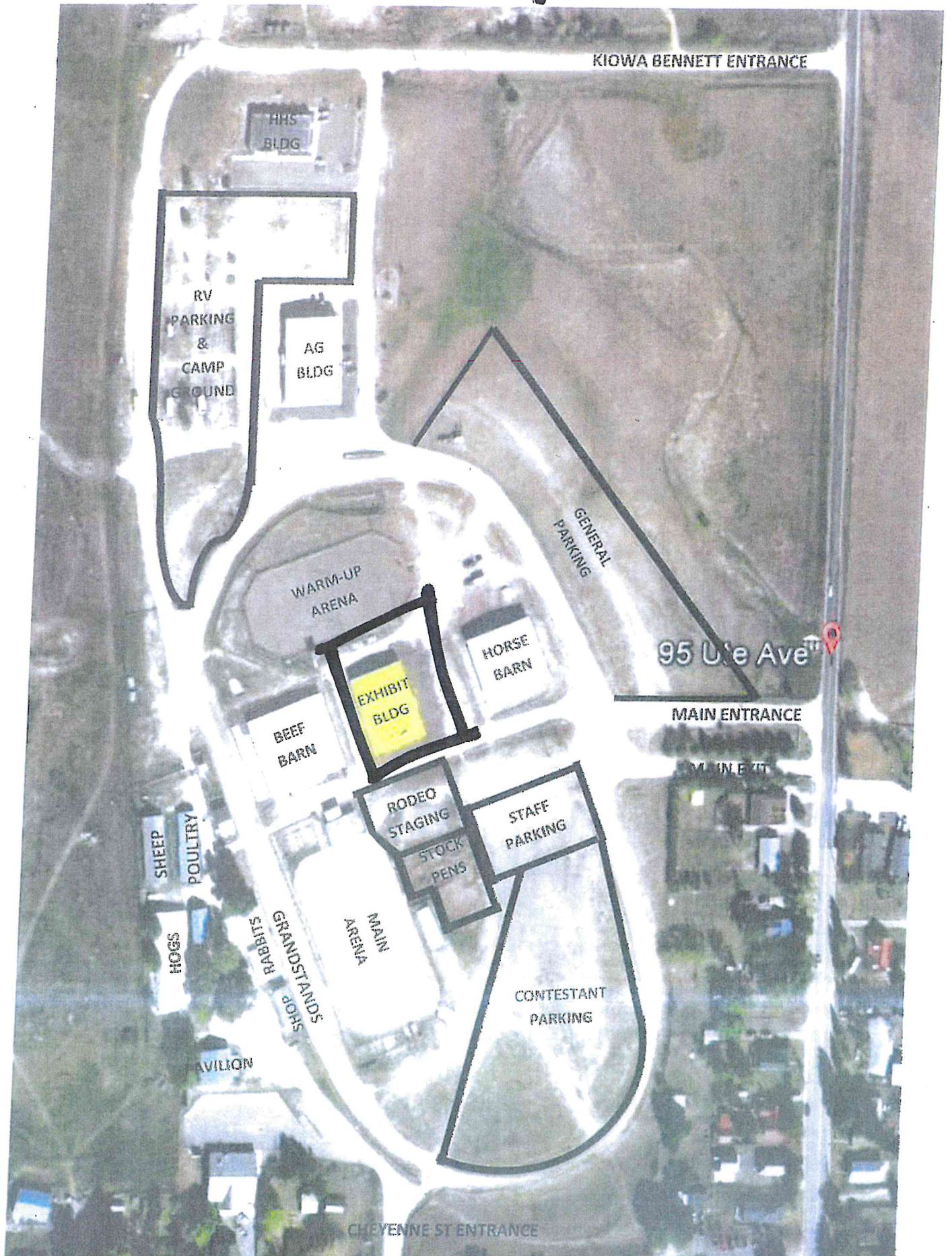


CONTESTANT  
PARKING

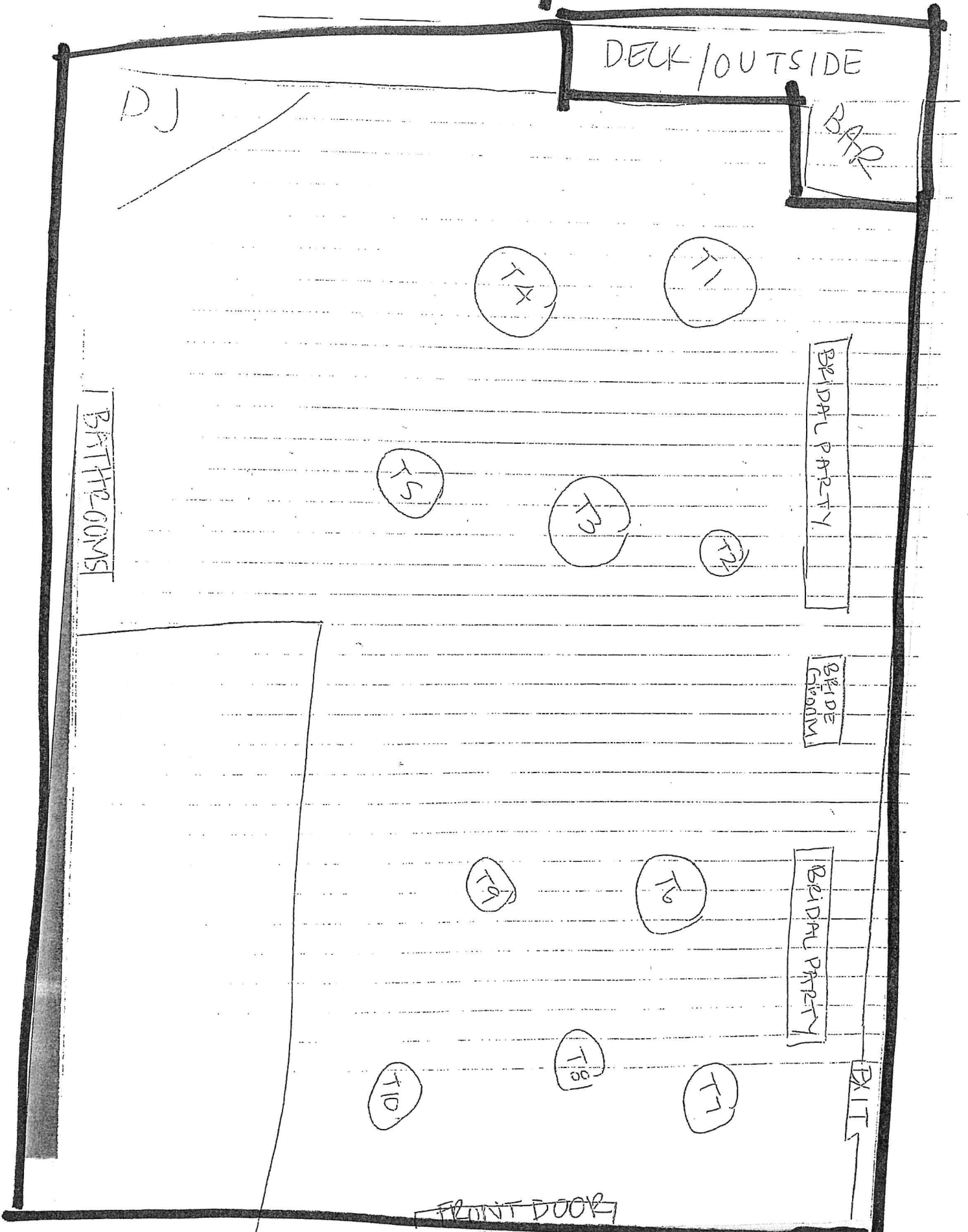


S

# Example



# Example



OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF FACT OF GOOD STANDING**

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

XXXXXXXXXX

is a  
Corporation

formed or registered on XX/XX/XX 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 20201100100 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through XX/XX/XX that have been posted, and by documents delivered to this office electronically through XX/XX/XX@ 10:51:54 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on XX/XX/XX @ 10:51:54 in accordance with applicable law. This certificate is assigned Confirmation Number 4444444444 .



A handwritten signature in blue ink that reads "Jena Griswold".

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 Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/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 "Businesses, trademarks, trade names" and select "Frequently Asked Questions."*

# Example

## Payment Receipt Confirmation

Your payment was successfully processed.

Description	Amount
Town of Kiowa Payment	\$100.00

The following amounts will be remitted back to the agency.

SKIJ	Description	Unit Price	Quantity	Amount
Special Event Liquor License	Special Event Liquor License	\$100.00	1	\$100.00

This online service is provided by a 3rd party working in partnership with the state of Colorado. The price of items purchased through this service includes revenue used to develop, maintain, and enhance the state's official web portal, Colorado.gov



# WARNING

State of Colorado  
Department Of Revenue  
1881 Pierce Street  
Lakewood, Colorado 80215  
DR 8471 (09/05/18)

TO COMPLY WITH 44-3-901, C.R.S.

**IT IS ILLEGAL TO SELL WHISKEY, WINE, OR BEER TO ANY PERSON UNDER *TWENTY-ONE* YEARS OF AGE AND IT IS ILLEGAL FOR ANY PERSON UNDER *TWENTY-ONE* YEARS OF AGE TO POSSESS OR TO ATTEMPT TO PURCHASE THE SAME.**

**IDENTIFICATION CARDS WHICH APPEAR TO BE FRAUDULENT WHEN PRESENTED BY PURCHASERS MAY BE CONFISCATED BY THE ESTABLISHMENT AND TURNED OVER TO A LAW ENFORCEMENT AGENCY.**

**IT IS ILLEGAL IF YOU ARE *TWENTY-ONE* YEARS OF AGE OR OLDER FOR YOU TO PURCHASE WHISKEY, WINE, OR BEER FOR A PERSON UNDER *TWENTY-ONE* YEARS OF AGE.**

**FINES AND IMPRISONMENT MAY BE IMPOSED BY THE COURTS FOR VIOLATION OF THESE PROVISIONS.**