



# Special Event Permit Application

Please complete each section; additional sheets may be used if necessary. If your group will be serving alcohol, please complete Form DR 8439 also. Alcohol served in bottles or cans are never permitted at events.



Name of Applicant:

Mailing Address of Applicant:

Contact Name:  Contact Number:

Contact Email:

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

Address of Special Event:

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

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 they are not served alcohol (i.e. wristbands)?

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

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

Organization State Sales Tax Number:

Organization Town Sales Tax Number:

Explain how the event will be marketed; what kinds of advertising material will be distributed and who are the targeted recipients?

**Thereby 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 Main Phone Number

\_\_\_\_\_  
Applicant's Alternate Phone Number

STATE OF COLORADO  
COUNTY OF GRAND  
TOWN OF WINTER PARK

Subscribed and sworn to me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_

Witness my head and official seal:

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission expires

DO NOT WRITE BELOW THE LINE – OFFICIAL USE ONLY

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**PLANNING DEPARTMENT**

Conditions/Requirements

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Signature

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Date

**PUBLIC WORKS DEPARTMENT**

Conditions/Requirements

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Signature

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Date

**POLICE DEPARTMENT**

Conditions/Requirements

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Signature

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Date

**TOWN CLERK**

Conditions/Requirements

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Signature

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Date

**FINAL APPROVAL**

Conditions/Requirements

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Signature

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Date