

City of Greenwood Village Special Event Liquor Permit Questionnaire

The applicant hereby agrees that any knowingly false or incomplete answer to the following questions constitutes cause for the denial, suspension or revocation of the permit for which this application is submitted.

Applicant (Organization)

Event Name

Event Manager

Phone & Email

Explain the nature of your organization and who or what benefits from its operation

Explain to whom and how the proceeds of this event are to be disbursed

How is this event being marketed and what is the target audience. Please include any websites or social media platforms.

Explain how attendees will be screened for legal drinking age and how of age/underage attendees will be identified for serving personnel.

What type of entertainment will be provided

Explain how you will prevent alcohol from leaving the event area

Will the alcohol for this event be purchased by the organization or donated? If donated, by whom?

STATE OF COLORADO
COUNTY OF ARAPAHOE

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_____ being by me first duly sworn,
deposes and says that they are the applicant or a vested member of the applicant
above named and that they know the contents of the application, and that all matters
and things therein set forth are true to their knowledge and that they agree to conform to
all rules and regulations promulgated by the State Licensing Authority in connection
therewith.

Subscribed and sworn to before me on this _____ day of _____, 20_____.

Notary Public