

# Application for a Special Events Permit

Departmental Use Only

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 checked="" 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 checked="" 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<br><b>Ruby M. Sisson Memorial Library Foundation</b> | State Sales Tax Number (Required)<br><b>98296202</b> |
|---|--|

|  |  |
|--|--|
| 2. Mailing Address of Organization or Political Candidate (include street, city/town and ZIP)<br><b>PO Box 2045<br/>811 San Juan Street<br/>Pagosa Springs, CO 81147</b> | 3. Address of Place to Have Special Event (include street, city/town and ZIP)<br><b>230 Port Avenue<br/>Pagosa Springs, CO 81147</b> |
|--|--|

|   |               |              |
|---|---------------|--------------|
| 4. Authorized Representative of Qualifying Organization or Political Candidate<br><b>Cindi Galabota</b> | Date of Birth | Phone Number |
|---|---------------|--------------|

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

|   |               |              |
|---|---------------|--------------|
| 5. Event Manager<br><b>Cindi Galabota</b> | Date of Birth | Phone Number |
|---|---------------|--------------|

|   |  |
|---|--|
| Event Manager Home Address (Street, City, State, ZIP)<br><span style="background-color: black; color: black;">[REDACTED]</span> | Email Address of Event Manager<br><b>cindi@pagosalibrary.org</b> |
|---|--|

|   |   |
|---|---|
| 6. Has Applicant Organization or Political Candidate been Issued a Special Event Permit this Calendar Year?<br><input checked="" 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?<br><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                 | Date           | Date           | Date           | Date           |
|----------------------|----------------|----------------|----------------|----------------|
| 04/09/22             |                |                |                |                |
| Hours From 5:30pm.m. | Hours From .m. | Hours From .m. | Hours From .m. | Hours From .m. |
| To 9:30pm.m.         | To .m.         | To .m.         | To .m.         | To .m.         |
| Date                 | Date           | Date           | Date           | Date           |
| Hours From .m.       | Hours From .m. | Hours From .m. | Hours From .m. | Hours From .m. |
| To .m.               | To .m.         | To .m.         | To .m.         | To .m.         |
| Date                 | Date           | Date           | Date           | Date           |
| Hours From .m.       | Hours From .m. | Hours From .m. | Hours From .m. | Hours From .m. |
| To .m.               | To .m.         | To .m.         | To .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<br><i>Cindi Galabota</i> | Title<br><b>Executive Director</b> | Date<br><b>02/01/20</b> |
|------------------------------------|------------------------------------|-------------------------|

**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<br><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) | \$ .  |

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,

Ruby M. Sisson Memorial Library Foundation, Inc.

is a

Nonprofit Corporation

formed or registered on 08/24/2018 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 20181669360 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/28/2022 that have been posted, and by documents delivered to this office electronically through 01/31/2022 @ 15:21:34 .

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 01/31/2022 @ 15:21:34 in accordance with applicable law. This certificate is assigned Confirmation Number 13759114 .



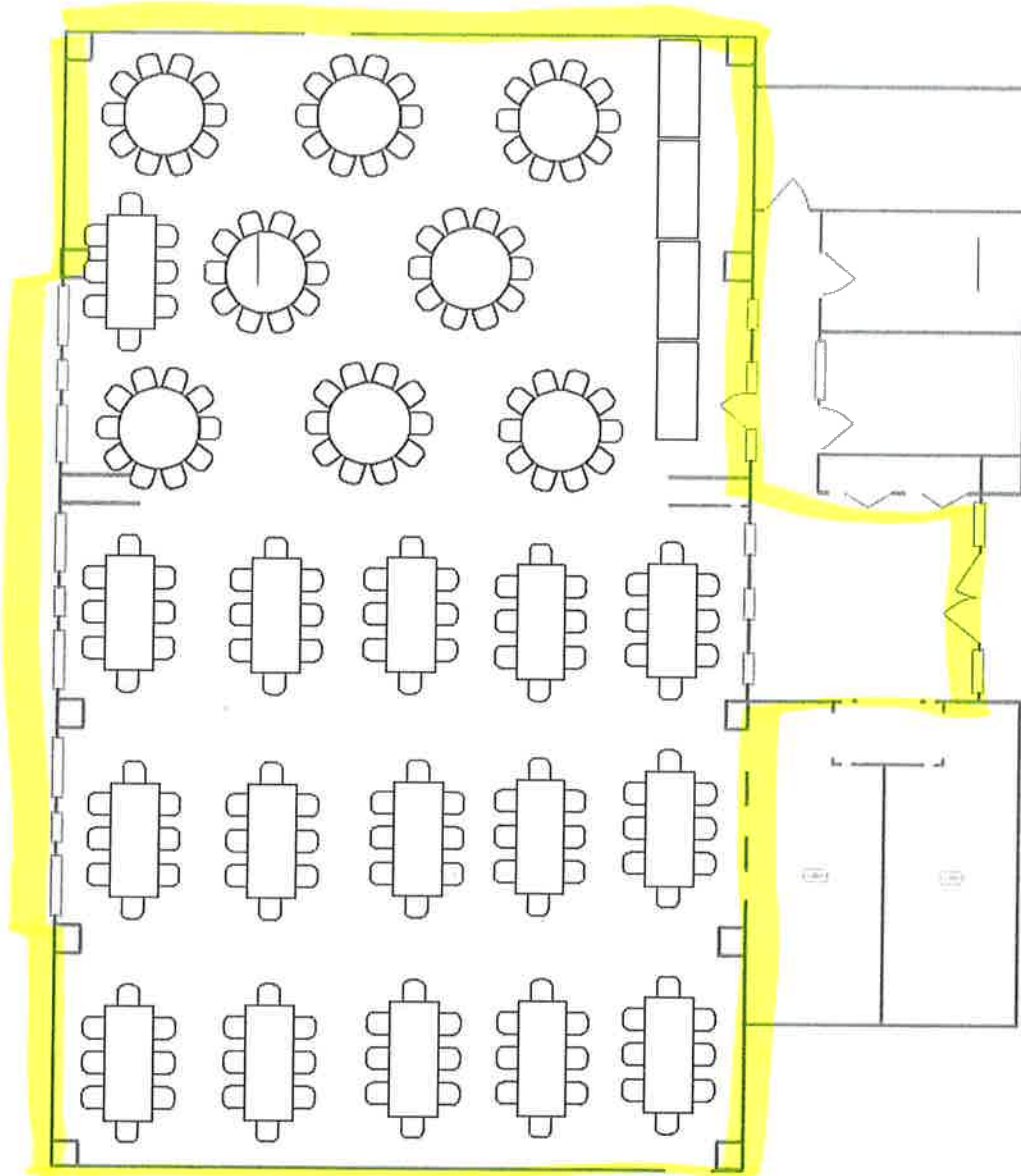
*Jena Griswold*

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."*

# Pagosa Lakes clubhouse



Jan 27, 2022

RE: Ruby M Sisson Memorial Library Foundation

To whom it may concern:

The Ruby M Sisson Memorial Library Foundation has reserved the Pagosa Lakes Clubhouse for the day of Saturday, April 9, 2022 for a fundraising event. Pagosa Lakes is granting permission to the Ruby M Sisson Memorial Library Foundation to provide alcoholic beverages while using the clubhouse for the event. The Pagosa Lakes Clubhouse is located at 230 Port Avenue in the Vista Subdivision.

Please let me know if you have any questions.

A handwritten signature in black ink, appearing to read 'J Pitcher', with a long horizontal flourish extending to the right.

Jenifer Pitcher  
Pagosa Lakes Property Owners Association  
Community Lifestyle Coordinator  
(970) 731-5635 X210  
[jenp@plpoa.com](mailto:jenp@plpoa.com)



# Archuleta County Sheriff's Office

85 Harman Park Dr. / P.O. Box 638  
Pagosa Springs, CO 81147  
Office (970) 264-8430  
Fax (970) 731-4800

**SPECIAL EVENTS PERMIT**  
**FERMENTED MALT BEVERAGE**  
**OR**  
**MALT, VINOUS AND SPIRITUOUS LIQUOR**

**Hearing Date:** 4-5-2022

Organization: Ruby M. Sission Memorial Library Foundation

Individual's Name: Cindi Galabota

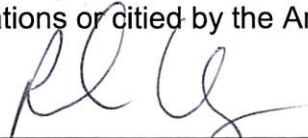
Date of Birth: 10-26-74 SSN: N/A

Event Location: 230 Port Ave. Pagosa Springs, CO 81147 (PLPOA Clubhouse)

Fermented Malt Beverage or Malt, Vinous and Spirituous Liquor

Event: Ruby M. Sission Memorial Library Foundation Fundraiser

This is to certify that the above establishment, which is in possession of a liquor license, issued by the State of Colorado and the County of Archuleta, did not have any reported violations or cited by the Archuleta County Sheriff for their last event.

  
\_\_\_\_\_

Rich Valdez |  Mike LeRoux  
Archuleta County Sheriff | Undersheriff