

## Application for a Special Events Permit

Departmental Use Only

In order to qualify for a Special Events Permit, You **Must Be Nonprofit** and **One of the Following** (See back for details.)

- |  |  |  |
|--|--|--|
| <input checked="" 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                 |  |

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

1. Name of Applicant Organization or Political Candidate <p style="text-align: center;">Humane Society of Pagosa Springs, <i>Inc.</i></p>	State Sales Tax Number (Required) <p style="text-align: center;">19871580603</p>
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2. Mailing Address of Organization or Political Candidate (include street, city/town and ZIP) PO Box 2230 Pagosa Springs, CO 81147	3. Address of Place to Have Special Event (include street, city/town and ZIP) Pagosa Lakes Property Owners Association 230 Port Avenue Pagosa Springs, CO 81147
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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 Lauren Wolan-Zak			530-521-9384
5. Event Manager Mike Stoll			970-264-5549

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>4</u>	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	Date	Date	Date	Date
11/30/19				
Hours	Hours	Hours	Hours	Hours
From	From	From	From	From
To	To	To	To	To
9:00 a .m.				
8:00 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 <i>Sandy Cooper</i>	Title Administrative Assistant	Date 01/29/19
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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) <i>Archuleta</i>	<input type="checkbox"/> City <input checked="" type="checkbox"/> County	Telephone Number of City/County Clerk <i>970-264-8386</i>
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)	\$ .

Pagosa Lakes POA  
Attn: Mike Stoll  
PO Box 2230  
Pagosa Springs, CO 81147

RE: Special Events License

To whom it may concern:

The Pagosa Springs Humane Society will be hosting their annual Art 4 the Animals event at the Pagosa Lakes Clubhouse on November 30, 2019. Pagosa Lakes POA is granting permission to have 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.



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



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
3/27/2019

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).

<b>PRODUCER</b> GIA Group, LLC 1605 Grand Avenue Suite K Glenwood Springs, CO 81601	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(970) 945-9161</b>		FAX (A/C, No): <b>(970) 945-6027</b>
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b>  Humane Society of Pagosa Sprin P.O. Box 2230 Pagosa Springs, CO 81147	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A : Liberty Mutual Insurance Company</b>		
	<b>INSURER B : Pinnacol Assurance</b>		<b>524210</b>
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
		<b>INSURER F :</b>	

**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	
A	<input checked="checked" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="checked" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			BKW55410704	2/16/2019	2/16/2020	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
A	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="checked" type="checkbox"/> HIRED AUTOS ONLY <input checked="checked" type="checkbox"/> SCHEDULED AUTOS <input checked="checked" type="checkbox"/> NON-OWNED AUTOS ONLY			BAW55410704	2/16/2019	2/16/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	1840282	5/1/2018	5/1/2019	<input checked="checked" type="checkbox"/> PER STATUTE	
							E.L. EACH ACCIDENT	\$ 100,000
							E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Property			BKW55410704	2/16/2019	2/16/2020		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Event: Art for the Animals  
 November 30th from 9:00 a.m. to 8:00 p.m.

**CERTIFICATE HOLDER**

**CANCELLATION**

Pagosa Lakes Property Owners Association  
 230 Port Ave  
 Pagosa Springs, CO 81147

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

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,

HUMANE SOCIETY OF PAGOSA SPRINGS, INC.

is a

Nonprofit Corporation

formed or registered on 07/20/1984 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 19871580603 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 11/12/2019 that have been posted, and by documents delivered to this office electronically through 11/13/2019 @ 15:22:19 .

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 11/13/2019 @ 15:22:19 in accordance with applicable law. This certificate is assigned Confirmation Number 11910453 .



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."*