

APPLICATION FOR A SPECIAL EVENTS PERMIT

Department 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 | |

LIAB	TYPE OF SPECIAL EVENT APPLICANT IS APPLYING FOR:
2110 <input type="checkbox"/>	MALT, VINOUS AND SPIRITUOUS LIQUOR \$25.00 PER DAY
2170 <input checked="" type="checkbox"/>	FERMENTED MALT BEVERAGE (3.2 Beer) \$10.00 PER DAY

DO NOT WRITE IN THIS SPACE

LIQUOR PERMIT NUMBER

1. NAME OF APPLICANT ORGANIZATION OR POLITICAL CANDIDATE Pagosa Lakes Property Owners Association	State Sales Tax Number (Required) 84-0711564
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2. MAILING ADDRESS OF ORGANIZATION OR POLITICAL CANDIDATE
(include street, city/town and ZIP)

**230 Port Ave
Pagosa Springs, CO 81147**

3. ADDRESS OF PLACE TO HAVE SPECIAL EVENT
(include street, city/town and ZIP)

**45 Eagles Loft Cir
Pagosa Springs, CO 81147**

NAME	DATE OF BIRTH	HOME ADDRESS (Street, City, State, ZIP)	PHONE NUMBER
4. PRES. (ONLY IF POLITICAL CANDIDATE) Allen I			03-2804
5. EVENT Jenifer			03-9582
6. HAS ISSU <input checked="" type="checkbox"/>			BEER CODE?
8. DOES FOR			

Date 09/16/2023	Date	Date	Date	Date
Hours From 9:00 a .m.	Hours From .m.	Hours From .m.	Hours From .m.	Hours From .m.
To 11:59 p .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 	TITLE Lifestyle Director	DATE 08/16/2023
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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 12, Article 48, 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)	\$

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,

PAGOSA LAKES PROPERTY OWNERS ASSOCIATION

is a

Nonprofit Corporation

formed or registered on 03/14/1972 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 19871239666 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/14/2023 that have been posted, and by documents delivered to this office electronically through 08/16/2023 @ 16:30:46 .

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 08/16/2023 @ 16:30:46 in accordance with applicable law. This certificate is assigned Confirmation Number 15240613 .



Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's website 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 website, <https://www.coloradosos.gov/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 website, <https://www.coloradosos.gov> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



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: September 5th, 2023

Organization: PLPOA

Individual's Name: Jen Pitcher

Date of Birth: 03/01/1979 SSN: on file

Event Location: 45 Eagles Loft Cir Pagosa Springs, CO 81147

Fermented Malt beverages

Event: A Tribute to Patsy Cline

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.

A handwritten signature in blue ink, appearing to read 'Mike Le Roux', written over a horizontal line.

Mike Le Roux
Archuleta County Sheriff

