TOWN OF NEW CASTLE Town Clerk

Memo

To: Local Liquor Authority

From: Melody Harrison, Town Clerk

Date: 8/24/2022

Re: Town of New Castle Special Event Liquor Permit for the September 9 & 10, 2022 Burning

Mountain Festival

Request: The Special Event Staff of the Town of New Castle requests a modification of the licensed premises for the special events liquor license for Burning Mountain Festival, on September 9 & 10, 2022 located in Burning Mountain Park at 157 W. Main Street.

The Town of New Castle Special Event Coordinator, Kelley Cox, filed the modification on 8.24.22. The public hearing has been properly noticed.

The request to modify the licensed area for liquor for Burning Mountain Festival was made because the chain link fence along Jasper Ward Street has been removed. This allows for the stage to be pushed back into the alleyway, providing more room for vendors and guests in the park.

The alley will be blocked off for the licensed premises. There will be a narrow section of the alley on the west side that will be open only to the band and town staff for set-up, and no alcohol will be allowed in that space.

Melody L Harrison, CMC								
Department Head ((signature)							

DR 8439 (09/19/19)
COLORADO DEPARTMENT OF REVENUE
Liquor Enforcement Division
(303) 205-2300

Application for a Special Events

				422
Depart	man	tal I	00	\cap nl \cup
Depair	unen	lai U	36	OHIV

quor Enforcement Division 03) 205-2300			Per	mit						
n order to qualify for a Special and One of the Following(S		Be a Qualif	ying Or	ganization	Per 44-5-102	C.R.S.				
Patriotic Nationa	e red Branch, Lodge or Chapter al Organization or Society us Institution		□Р	hilanthropic olitical Cand lunicipality C		ies	1			
IAB Type of Spe	cial Event Applicant is A	pplying fo	or:			тои ос	WRITE	N THIS	SPACE	1350
110 Malt, Vinous And S	pirituous Liquor	\$25.0	0 Per D	ay	_iquor Permit	Number				
170 Fermented Malt Be		\$10.0	0 Per D	ay						
. Name of Applicant Organizatio	n or Political Candidate							State Sales	Tax Number	(Required)
. Mailing Address of Organization					s of Place to Ha			==-		
(include street, city/town and ZI	ain POBOX	90		(include	street, city/tow	n and ZIP)	intai	n Par	nk	
400 20	He, co 816	47		pr	Uninco		irija.	11/0	4-	
Newcas	ita, w ore	9 (15/	10.11	SIP	Ca	8/64	\neg	
. Authorized Representative of G	Qualifying Organization or Polit	ical Candida	ite		Ven C	Date of I	Birth	Phone Num		
Kelley	σX					12-	17-62	970-	984-3	3352
uthorized Representative Maili	90 Weys Coc	1	led in Qu		647					
. Event Manager	10 New Cac	Sice	ja	, 01	011	Date of I	Birth	Phone Num	ber	
Kelley	(a) 7					ļ				
vent Managér Home Address (S	treet, City, State, ZIP)					l i	ddress of Eve	11	olorad	la 000
Has Applicant Organization or Issued a Special Event Permit				7. Is the p	remises for whi	ch your eve				
	many days?				lo Liquor or Bee		e Number			
Does the Applicant Have Poss		or the Use of	f The Pre							
	List Below the E				n is Being Mad				305 19	
ate 9-9-22 ours From .m.	Date 9-10-22 Hours From .m	Date n. Hours	From		.m. Hours	From	.m.	Date Hours	From	
1000 To 10 p.m.	noon to 100 in		То		.m.	То	.m.		То	.m. .m.
ate	Date	Date			Date			Date		
ours From .m. To .m.	Hours From .m To .m	The second	From To		.m. Hours	From To	.m .m		From To	.m. .m.
ate	Date	Date			Date	- 10		Date		
ours From .m.	Hours From .m		From		.m. Hours	From	.m	. Hours	From	.m.
To .m.	To .m		To	A	.m.	То	.m		То	.m.
I declare under penalty o	f perjury in the second of			Applica e read th		applicati	on and all	attachme	nts thereto	o. and
that all information therei	n is true, correct, and co	omplete to	the be	est of my	knowledge.					
Soll !	w Alex	7		Title	+ Enrich	20000	Lan		5 / 10 /	/22
1/400	Report and Approv	al of Lo	cal Lic						5/10/	24
The foregoing application	n has been examined ar	nd the pre	mises,	business	conducted	and char	racter of th	e applica	nt is satisf	actory,
and we do report that suc					ns of Title 44 N IS APPRO		5, C.R.S.,	as amen	ded.	
ocal Licensing Authority (City or		OILL, III	10 71 1	☐ City	Teleph		er of City/Cou	inty Clerk		
gnature				☐ Cour	ity			[Date	
DO N	OT WRITE IN THIS S					REVE	NUE USE	ONLY		
License Account Num	ber Liability Da		ability li	nformatio State				Total	A21.45	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
					750 (000)	\$		· Otal		
					-750 (999)	4				4 1 1 1 1 1 1 1

