

DOCUMENT CHECKLIST ART GALLERY PERMIT APPLICATION

APPLICATION

_____ Permit Application & Report of Changes (DR8443)

- Complete all appropriate sections.
- Sign Application.
- Attach separate sheets, if necessary.

_____ Special Events Permit Questionnaire

- Complete all sections.
- Sign Application.
- Attach separate sheets, if necessary.

PROOF OF POSSESSION OF PROPERTY; FLOOR PLAN

_____ Deed (or) Lease

- Lease must cover entire license period (minimum one year).

OR

_____ Assignment of Lease (signed by original lessee).

- Attach copy of lease being assigned.
- Attach acceptance of assignment of lease (signed by applicant).
- Attach consent to assignment of lease (signed by landlord).

_____ Floor diagram of premises to be licensed (8 1/2" x 11" only)

- Include dimensions.
- Include bars, walls, partitions, entrances/exits, storage.
- Label each room to indicate how it will be used.

CORPORATE/LLC/PARTNERSHIP DOCUMENTATION

- Certificate of Good Standing
- Partnership Agreement

FEE SCHEDULE

_____ Check or money order for \$103.75 payable to the "City of Fort Collins".

_____ Check or money order for \$71.25 payable to the "Colorado Department of Revenue".

PLEASE SCHEDULE AN APPOINTMENT TO SUBMIT YOUR APPLICATION

Aimee Jensen, Deputy City Clerk
ajensen@fcgov.com

City Clerk's Office
300 LaPorte Avenue
P.O. Box 580
Fort Collins CO 80522

Voice (970) 221-6315
Fax (970) 472-3002

ART GALLERY PERMIT APPLICATION

2341 ART GALLERY PERMIT \$71.25		<input type="checkbox"/> NEW		<input type="checkbox"/> RENEWAL	
1. Name of Applicant			State Sales Tax Number		
2. Trade Name of Establishment (DBA)					
3. Address				Phone Number	
City		County		State	ZIP Code
4. Mailing Address (Number and Street)		City or Town		State	ZIP Code
<ul style="list-style-type: none"> • Attach a copy of a deed or lease in the exact name of the applicant only, reflecting possession of the permitted area for at least the minimum duration of this permit (1 year from date of issuance). • Attach a diagram of the premises which accurately reflects the area where alcohol beverages will be stored, served, possessed or consumed. <p>Pursuant to 12-47-422, C.R.S., Applicant hereby states that it qualifies for an Art Gallery Permit, in order to serve complimentary alcohol beverages, and certifies to the State Licensing Authority and Local Licensing Authority:</p> <p>_____ That it does not sell alcohol beverages by the drink.</p> <p>_____ That it will not serve alcohol beverages for more than 4 hours in any one day, no more than 15 days per year as follows:</p>					
Date: From: To:	Date: From: To:	Date: From: To:	Date: From: To:	Date: From: To:	Date: From: To:
Date: From: To:	Date: From: To:	Date: From: To:	Date: From: To:	Date: From: To:	Date: From: To:
Date: From: To:	Date: From: To:	Date: From: To:	Date: From: To:	Date: From: To:	Date: From: To:
OATH OF APPLICANT					
<i>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.</i>					
Signature		Title		Date	
REPORT AND APPROVAL OF LOCAL LICENSING AUTHORITY (CITY/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 applicable provisions of Title 12, Articles 46 and 47, C.R.S., as amended.					
THEREFORE, THIS APPLICATION IS APPROVED.					
Local Licensing Authority (City or County)				Date filed With Local Authority	
Signature		Title		Date	
REPORT OF STATE LICENSING AUTHORITY					
The foregoing has been examined and complies with the filing requirements of Title 12, Article 47, C.R.S., as amended.					
Signature		Title		Date	
DO NOT WRITE IN THIS SPACE - FOR DEPARTMENT OF REVENUE USE ONLY					
Liability Information					
County	City	Industry Type	License Account Number	Liability Date	License Issued Through (Expiration Date)
				FROM	TO
Cash Fund 2341-100 (999)	City 2180-100 (999)	County 2190-100 (999)			
				TOTAL	

ART GALLERY PERMIT QUESTIONNAIRE

1.	Name of Applicant:			
2.	Event Manager:			
3.	Daytime Phone:		4.	Evening Phone:
5.	Have you ever received a violation notice, suspension or revocation for a liquor law violation? If yes, please describe in detail:			
6.	How many Art Gallery Permits have been issued to the applicant during the calendar year?			
7.	In the past 10 years, how many Art Gallery Permits have been issued for this function?			
8.	How many people do you expect to attend? What is the occupancy of the facility?			
9.	What type of entertainment, if any, will occur at this event? During what hours will the entertainment take place? <i>Please be specific.</i>			
10.	How many employees will be on premise at each event?			
11.	What method will be used for checking the identification of patrons?			
12.	Describe the training your employees are required to complete with respect to alcohol service. <p style="text-align: center;"><i>You MUST provide proof of training with this application for each employee.</i></p>			
13.	Describe the type and quantity of alcohol per serving.			
14.	Describe how you will keep alcohol from leaving the premises.			

15. What other permits are you required to obtain for these events?

I hereby certify that the facts contained within this questionnaire represent what this event will consist of, and any variation from what has been presented could result in revocation of the permit.

Applicant's Signature:

Date:

cc: Assistant City Attorney
Liquor Enforcement Officer
Zoning
Sevents
Poudre Fire Authority
Food Program Manager - County Health Department