TEMPORARY MODIFICATION QUESTIONNAIRE

| DBA: | | |
|--|---------------|--|
| Registered Manager: | | |
| Manager Phone Number: | Manager Email | |
| What is the occupancy for the additional outdoor liquor licensed area? | | |
| What is your allowable occupancy under COVID-19 restrictions? | | |
| Do you intend to provide entertainment (live and/or amplified music) in the additional service area? Please be specific. | | |
| Describe how the perimeter of the event will be established (roping, fence, etc.). How will you keep alcohol from being removed from the additional licensed area? | | |
| Will you be using any tents and/or using propane powered heating or cooking? If yes, do you have a tent permit from Poudre Fire Authority? | | |
| What method will be used for checking the identification of patrons? | | |
| How will alcohol service be changed? | | |
| Who will be responsible for monitoring the conduct, age, and level of intoxication of the patrons in the additional area? | | |

| Have you obtained liquor liability insurance? | If yes, please provide a certificate of insurance showing evidence of coverage. |
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| I hereby certify that the facts contained within variation from what has been presented could t | his questionnaire represent what this additional licensed premise will consist of, and any esult in revocation of the permit. |
| Applicant's Signature: | Date: |