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 detail:	revocation for a liquor law violation? If yes, please describe in	
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 even Please be specific.	nt? During what hours will the entertainment take place?	
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 com-	aplete with respect to alcohol service.	
	You MUST provide proof of training with this application for each employee.		
13.	Describe the type and quantity of alcohol per serving.		
14.	Describe how you will keep alcohol from leaving the pre	mises.	

15.	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.		
Applica	nt's Signature:	Date:

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