

Application for a Special Events Permit

Departmental Use Only

In order to qualify for a Special Events Permit, You Must Be a Qualifying Organization Per 44-5-102 C.R.S. and One of the Following (See back for details.)

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> Social | <input type="checkbox"/> Athletic | <input checked="" 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"/> National Organization or Society | <input type="checkbox"/> Municipality Owned Arts Facilities |
| <input type="checkbox"/> Political | <input type="checkbox"/> Religious Institution | |

LIAB Type of Special Event Applicant is Applying for:	DO NOT WRITE IN THIS SPACE
2110 <input checked="" type="checkbox"/> Malt, Vinous And Spirituous Liquor \$25.00 Per Day	Liquor Permit Number
2170 <input type="checkbox"/> Fermented Malt Beverage \$10.00 Per Day	

1. Name of Applicant Organization or Political Candidate ASPIRE MEDICAL SERVICES AND EDUCATION "BARN BASH"	State Sales Tax Number (Required) 84-1393680
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2. Mailing Address of Organization or Political Candidate (include street, city/town and ZIP) PO BOX 5437 PAGOSA SPRINGS, CO 81147	3. Address of Place to Have Special Event (include street, city/town and ZIP) PARADISE RANCH 11044 HWY 84 PAGOSA SPRINGS, CO 81147
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4. Authorized Representative of Qualifying Organization or Political Candidate MARCY MITCHELL	Date of Birth	Phone Number 970-264-5963
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Authoriz _____ d in Question 2.)

5. Even _____	_____
Event M _____	_____

GS CO 81147

6. Has A Issue <input checked="" type="checkbox"/>	7. Is the premises for which your event is to be held currently licensed under the Colorado Liquor or Beer codes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes License Number _____
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8. Does _____ the Premises to be Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No

List Below the Exact Date(s) for Which Application is Being Made for Permit											
Date	Hours	From	To	Date	Hours	From	To	Date	Hours	From	To
08/25/23		5:30 P.m.	9:30 P.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 CLIENT SERVICES DIRECTOR	Date 06/14/23
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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 44, Article 5, C.R.S., as amended.

THEREFORE, THIS APPLICATION IS APPROVED.

Local Licensing Authority (City or County)	<input type="checkbox"/> City	Telephone Number of City/County Clerk
	<input type="checkbox"/> County	

Signature _____	Title _____	Date _____
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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,

Aspire Medical Services and Education

is a

Nonprofit Corporation

formed or registered on 03/17/1997 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 19971041242 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/13/2023 that have been posted, and by documents delivered to this office electronically through 06/14/2023 @ 17:00:58 .

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 06/14/2023 @ 17:00:58 in accordance with applicable law. This certificate is assigned Confirmation Number 15068795 .



Jena Griswold

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."



PARADISE RANCH EVENTS

11044 Hwy 84, Pagosa Springs, Colorado

| 970-264-2043/505-793-5683 | zana@paradiseranchevents.com

June 19, 2023

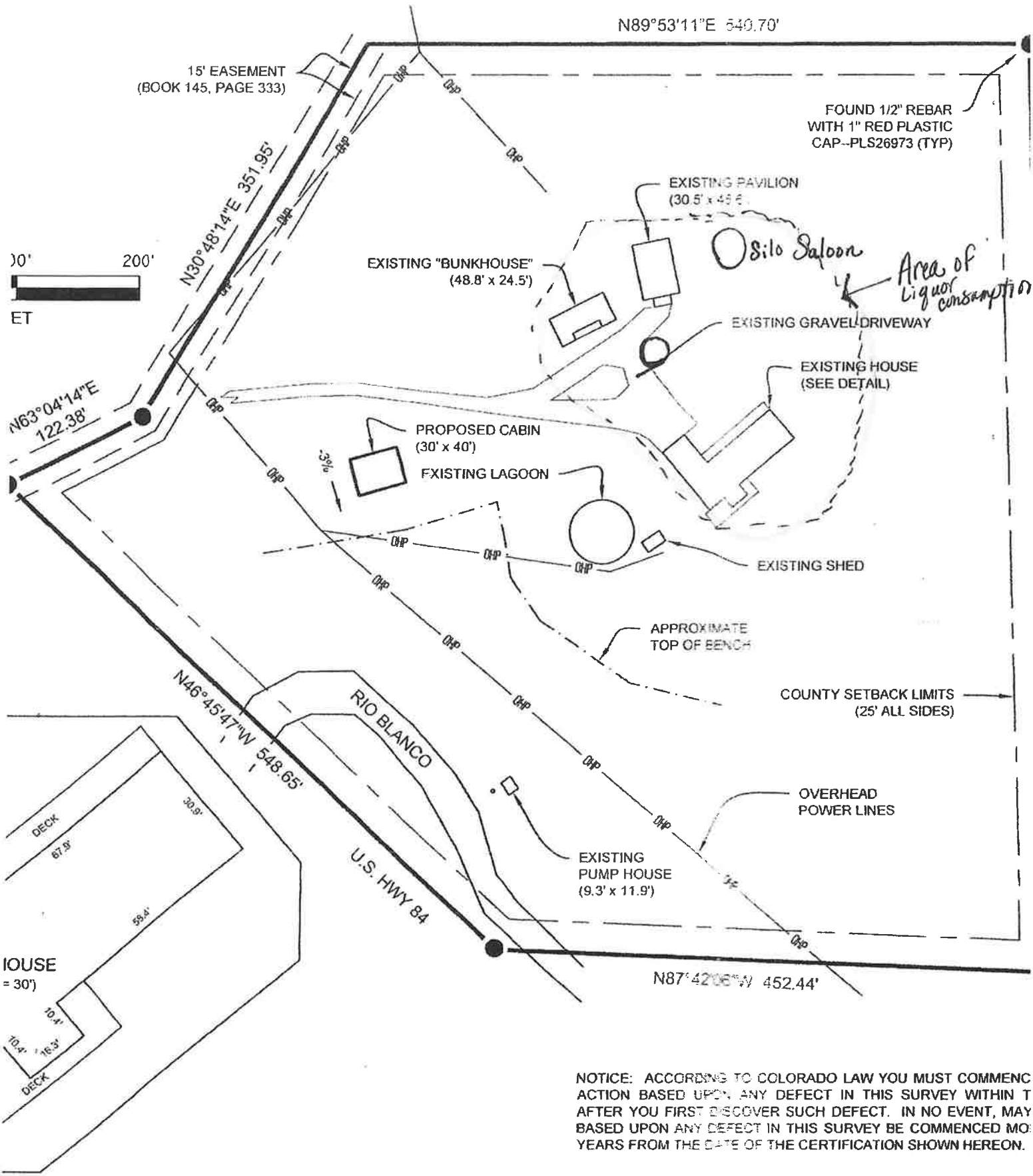
Archuleta County Planning Department
Pagosa Springs, Colorado 81147

Dear Archuleta County Planning Department:

We are hosting the Aspire Annual Fundraiser Barn dance and dinner on August 25th, 2023 at the Paradise Ranch Events venue at 11044 Hwy 84, Pagosa Springs, Colorado. We respectfully request a special permit allowing the non-profit organization Aspire to sell liquor during this one-day event. Please find attached the demographic area where alcohol will be sold and consumed on premises.

Sincerely,

Paradise
Ranch Events



NOTICE: ACCORDING TO COLORADO LAW YOU MUST COMMENC ACTION BASED UPON ANY DEFECT IN THIS SURVEY WITHIN T AFTER YOU FIRST DISCOVER SUCH DEFECT. IN NO EVENT, MAY BASED UPON ANY DEFECT IN THIS SURVEY BE COMMENCED MO YEARS FROM THE DATE OF THE CERTIFICATION SHOWN HEREON.