DR 8439 (08/12/24)
COLORADO DEPARTMENT OF REVENUE
Liquor Enforcement Division
PO BOX 17087
Denver CO 80217-0087
(303) 205-2300

Application for a Special Events Permit

Departmental Use Only

RECEIVED

SEP 0 3 2024

FREMONT COUNTY CLERK & RECORDER

Liquor Permit I	Number (Do Not Fill Out)		
	ualify for a Special Events Permit, Yo One of the Following (See back fo	ou Must Be a Qualifying Organization Per 44-5-102 or details.)	
Social	O Athletic	O Philanthropic Institution	
Fraternal	Chartered Branch, Lodge or Chapter	r O Political Candidate	
O Patriotic	National Organization or Society	Municipality Owned Arts Facilities	
O Political	Religious Institution	Chamber of Commerce	
LIAB Ty	ype of Special Event Applicant is	Applying for:	
2110	Malt, Vinous And Spirituous Liquo	925.00 Per Day	
2170	Fermented Malt Beverage	\$10.00 Per Day	
Kindred Ki	ds Child Advocacy Center, Inc. s of Organization or Political Candidate	State Sales Tax Number (Required) 98066013	
	Ave, Suite A,		
City	Tro, Callo 71,	State ZIP Code	
Canon City	,	CO 81212	
Address of Place	ce to Have Special Event		
6655 State	e Hwy 115		
City		State ZIP Code	
Florence CO 81212			
	oresentative of Qualifying Organization or F	olitical Candidate	
L	kins, Executive Director		
Date of Birth (M		Phone Number 719-240-2015	
10/12/			
Authorized Rep	presentative's Mailing Address (if different to	nan address provided in Question 2.)	
City	-	State ZIP Code	
,			

Event Manager	
Lori Jenkins, Executive Director	
Date of Birth (MM/DD/YY)	Phone Number
10/12/1972	719-240-2015
Event Manager Home Address	
1111 Myrtle Lane	·
City	State ZIP Code
Canon City	CO 81212
Email Address of Event Manager	
lori@kindredkidscac.org	
1. Is the place to have the Special Event located	on State-owned property?
○ Yes No	
2. Has Applicant Organization or Political Candida Calendar Year?	ate been issued a Special Event Permit this
No Yes, How many days?	
3. Is the premises for which your event is to be he Beer codes?	eld currently licensed under the Colorado Liquor or
No Yes, License Number	
4. Does the Applicant Have Possession or Write be Licensed?	tten Permission for the Use of The Premises to
Yes O No	
	ho holds a retail establishment permit attests they tablishment permit for the duration of the SEP days.
○ Yes ○ No	
6. For Chambers of Commerce - Please list all	members participating in the SEP.

DR 8439 (08/12/24)

Page 2 of 5

List Below the Exact Date(s) for Which Application is Being Made for Permit

Date		Date	
November 22, 2024			
From:	То:	From:	To:
3pm	Midnight		
Date		Date	
From:	To:	From:	То:
Date		Date	
From:	To:	From:	To:
Date		Date	
From:	To:	From:	То:
Date		Date	
From:	То:	From:	То:
Date		Date	
From:	То:	From:	To:
Date		Date	
From:	To:	From:	То:
•			
Date		Date	
From:	То:	From:	То:

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.

Lori Jenkins, Executive Director		
Signature /		Date (MM/DD/YY)
Low		8/21/24
Report and Approval of Local Li	censing Authority (City or Cou	nty)
The foregoing application has been examined and of the applicant is satisfactory, and we do report the provisions of Title 44, Article 5, C.R.S., as amended	at such permit, if granted, will con	
Therefore, this App	lication is Approved.	
Local Licensing Authority (City or County)		
Fremont County Telephone Number of City/County Clerk		City County
719-276-7432		
Title		
Bocc Chair man		
Signature		Date (MM/DD/YY)
Do Not Write in this Space - For	Department of Revenue Use C	only
Liability Information		
License Account Number	Liability Date	
State	Total	,
-750 (999)	\$.00

Title

FREMONT COUNTY DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT



201 N 6TH STREET CANON CITY, CO 81212

(719) 276-7450 FAX NUMBER (719) 276-7451 amv.jamison@fremontco.com

Event Coordinator Application

TURN IN APPLICATION AT LEAST 2 WEEKS PRIOR TO EVENT

EVENT INFORMATION
Name of the Event: Night of Heroes - Denim and Diamonds
Date(s) of the Event: November 22, 2024
Location of the Event: Pathfinder Event Center
Hour of the Event: (Days and times) 6pm - 10pm
Expected number of patrons: 200-250
Expected peak day(s) if event is longer than 1 day:
Anticipated Number of Food Booths: No Booths (Complete Vendor Information List and attach
Event Coordinators Name: Lori Jenkins
Coordinator's Phone Number: (71!) 240-2015
Coordinator's Fax Number:
Coordinator's Mailing Address: 1145 Ohio Ave, Suite A
City Canon City State CO Zip Code 81212
Coordinator's E-mail address: lori@kindredkidscac.org
Contact Person during the Event (if different from above): Lori Jenkins
Contact phone number for the day of the Event: () 719-240-2015

Water Supply:	★ There is access to a potable water taps on site.
	☐ Vendors must bring their own water supplies.
Wastewater:	There will be liquid waste collection tanks / receptacles on site.
	☐ Vendors must arrange for their own wastewater disposal.
Electricity:	☐ There will be no electricity supplied on site.
	There is access to electricity on site.
	☐ Generators will be provided for vendor use.
	☐ Vendors are allowed to use generators on site.
Trash / Refuse:	There will be trash receptacles throughout the event for the public.
	☐ There will be dumpsters on site for vendor and public trash removal.
	How often will they be serviced?
Toilet Facilities:	☐ Water carrying public restrooms. How many?
	□ Portable toilets. How many?
	How often will they be serviced?
Hand Wash Facilities:	☐ Water carrying public restrooms. How many?
	☐ Portable hand wash stations. How many?
	How often will they be serviced?
Other Services:	☐ Refrigerated truck
	☐ Commissary kitchen (Provide a list of available equipment in kitchen.)
	□ Ice
TEMPORARY EVENT SITE	<u>Map</u>
Provide a labeled map of t	he entire Temporary Event area and include the following:
☐ Toilet facilities (portable	e and fixed)
☐ Hand washing facilities	
☐ Trash containers	
☐ Electrical hook-up point	
☐ Potable water taps for ve	
	paration and service areas on the event grounds
☐ Food booth vendors	
☐ Roadways, sidewalks, and	
☐ Refrigerated truck (if appl	·
☐ Commissary kitchen (if ap	plicable)
□Petting Zoo (if applicable)	
We are using Pathfin the event center.	der Event Center and all items above are incorporated in the interior of

Vendor Information List

Booth #	Vendor/Booth Name	Contact Person	Contact Phone	Contact Email	Menu Items
	,				
	,				
	,				
	,				
	,				
	,				
	,				
	,				
	,				
	,			***	



Pathfinder Park Event Center

6655 State Hwy 115

Florence, CO 81226

719-276-7399

To Whom It May Concern:

Kindred Kids Child Advocacy Center has submitted all paperwork and payments to utilize Pathfinder Park Event Center on November 22, 2024 in the auditorium.

As such, they, have our permission to go ahead and apply for a special event liquor license.

If you have any questions or concerns, please feel free to contact us at anytime.

Sincerely,

Jeramy McNeely

Pathfinder Park Event Center Director

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO CERTIFICATE OF REGISTRATION

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

KINDRED KIDS CHILD ADVOCACY CENTER, INC.

is a **Charitable Organization** registered to solicit contributions in Colorado as required by the Colorado Charitable Solicitation Act, Title 6, Article 16, C.R.S.

This organization has been assigned a registration number of 20203013959.

The status of its registration is **Good**, and this status has been in effect since 07/23/2024.

The organization's registration expires on 08/15/2025.

Registrants may legally solicit contributions, provide consulting services in connection with a solicitation campaign, and conduct solicitation campaigns in Colorado until the registration expires or is withdrawn, suspended, or revoked.

This certificate reflects facts established or disclosed by documents delivered to this office electronically through 08/21/2024.

IN TESTIMONY WHEREOF I have hereunto set my hand and affixed the Great Seal of Colorado, at the City of Denver on 08-21-2024 14:27:32



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective.

<u>Health and Building Department Investigation Report for a Liquor License</u>

Date Application Submitted to Clerk's Office: 9/3/2024					
Type of Transaction: S	pecial Event	Type of License:	M/V/S		
Licensee Business Name (including Kindred Kids Child Advocacy Center, Inc. DBA):					
Licensee Business Address: 1145 Ohio Ave, Suite A, Canon City, CO 81212					
Operating Manager's Name: Lori Jenkins					
Manager's Address: same					
Manager's Phone Number:	719-240-20	15			
Manager's Date of Birth:	10/12/1972				
All Questions Answered?	Yes	Required Checks Submitted?	Yes		
Date Report Submitted to Health/Building Officer:	9/3/2024	45-Day Requirement Met?	Yes		
Date Current License Expires		County Clerk's Initials	: SR		
Transfer of Ownership (only co	mplete if transferring	(license):			
From:					
Special Event (only complete if on	and all money thanks of				
Date(s) of Event:	Special Event (only complete if special event license): Date(s) of Event: November 22nd 3:00pm to 12:00am				
Place of Event:	. i n 4000	Pathfinder Park and Event Center 6655 CO-115 Florence, CO 81226			
Fremont County Health & Building Officer Use Only					
Date Form Completed:		9/5/2024			
Recommends Approval?		Yes			
Health Officer Comments:					
Printed Name:		Amy Jamison			
Signature:		Amy Jamison			
Recommends Approval?		Yes			
Building Officer Comments:		103			
Printed Name:		Wyatt Sanders			
Signature:		Wyatt Sanders			

Sheriff's Investigation Report for a Liquor License

Date Application Submitted to Gle	irk's Offlice:	9.	/3/2024		
Type of Transaction: Specia	al Event	Type of License:	M/V/S		
Licensee Business Name (including DBA):	Kindred Kids	Child Advocacy Cen	iter, Inc.		
Licensee Business Address:	1145 Ogio Ave, Suite A, Canon City, CO 81212				
Operating Manager's Name:	perating Manager's Name: Lori Jenkins				
Manager's Address.	1145 Ohio Ave, Suite A, Canon City, CO 81212				
Manager's Phone Number:	19-240-2015	5			
Manager's Date of Birth:	10/12/1972				
All Questions Answered?	Yes	Required Checks Submitted?	Yes		
Date Sheriff's Report Submitted to Officer:	9/3/2024	45-Day Requiremen Met?	t Yes		
Date Current License Expires:		County Clerk's Initia	als: SR		
Transfer of Ownership (only complete From: To:	if transferring	icense):			
Special Event (only complete if special e	vent license):				
		2nd 3:00pm to 12:00			
Place of Event: Pathfinder Park and Event Center 6655 CO-115, Florence, CO 81226					
Fremont County Sheriff's Officer Use Only					
Date Inspection Completed:	9/3/202	4 Physical Inspe	ection? No		
Property Posted? (if required)		Posted in Plai	n View?		
Current License Posted in Plain View?		Layout Same	as Map?		
Does 1500 Foot Provision Apply?	No	How Many Fe	et?		
Applicant Convicted of Felonies within L	ast Year?	No Call Sheets A	ttached?		
Business Conducted in Accordance with Laws? Reports Attached?					
Recommends Approval?		Yes			
Sheriff's Officer Comments:	Venue	not set up at time e	of inspection		
Printed Name:		Jeremy Green			
Signature:	e	1. 1-AD31	,		

Pathfinder Event Center Auditorium



