

Town of San Luis

408 Main Street, San Luis, CO • (719) 672-3321 • Fax: (719) 672-3553 • townofsanluis@yahoo.com

Special Event Application

Name of Special Event: _____

Event Date(s): _____ Event Time(s): _____

Applicant's Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

If applicant is acting as an agent or employee, or if applicant is not the owner of the site where the Special Event is to held, list the name and address of business or owner:

Business or Owner: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

Cell Phone: _____ Email: _____

Is the event being held on: Private Property Public Property Other: _____

Please describe the nature of the Special Event: _____

The applicant acknowledges and agrees that it is the applicants' sole responsibility to determine all requirements for, and to obtain any and all licenses, certificates, permits, or other authorizations required by federal, state, county or other laws or regulations for the operation of the applicants' business. The applicant hereby agrees to obtain, any such license, certificate, permit, or other authorization before any business is operated or conducted within the Town of San Luis. The applicant also acknowledges and agrees that the Special Event Permit is a one time permit for the above stated Special Event, date and time(s).

The applicant states and alleges that all information and statements contained herein are true and accurate.

Signed: _____ Date: _____

Printed Name: _____ Title: _____

For Office Use Only - - - - -

Fee: \$ _____ Date Received: _____

Approved: YES NO