



# SPECIAL EVENT APPLICATION

408 Main Street, P.O. Box 200, San Luis, CO 81152  
Office: (719) 672-3321 • Fax: (719) 672-3553  
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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