



# ARAPAHOE COUNTY

## ARAPAHOE COUNTY LIQUOR AUTHORITY PERMIT APPLICATION QUESTIONNAIRE

1. Describe the event (date, fundraiser, athletic event, auction, political, diner, etc.)  
\_\_\_\_\_  
\_\_\_\_\_.
2. What is the name of the event (if different from Applicant).  
\_\_\_\_\_.
3. What other locations and when in the past year has the event been held?  
\_\_\_\_\_  
\_\_\_\_\_.
4. Explain in detail the nature of your organization, its function, and who benefits from its operations. (Applicants must be a non-profit organization)  
\_\_\_\_\_  
\_\_\_\_\_.
5. Who or what organization will be the recipient of funds derived from this event?  
\_\_\_\_\_  
\_\_\_\_\_.
6. How many attendees are expected at this event? \_\_\_\_\_.
7. Describe the premises at which the event will take place.  
\_\_\_\_\_  
\_\_\_\_\_.
8. What type of security will be provided at this event? How many security personnel will be there?  
\_\_\_\_\_  
\_\_\_\_\_.
9. If this event is being held outdoors, how will the exterior boundaries of the premises be marked (i.e. roped, fenced, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_.



# ARAPAHOE COUNTY

10. What sanitary facilities, including restroom and washing facilities, will be provided?

\_\_\_\_\_

11. What type of entertainment will be provided for this event, if any?

\_\_\_\_\_

12. What method will be used in checking identification for proper age of attendees?

\_\_\_\_\_

13. How will the conduct and level of intoxication of attendees be monitored, and by whom?

\_\_\_\_\_

14. Have volunteers or member of your organization or contract servers been trained in the sale/service of alcohol beverages? If yes, what training have they received and by whom?  
**\*\*Please provide current server certifications of all servers for this event (i.e. TIPS, or another State approved server training vendor).**

\_\_\_\_\_

15. What type of alternate beverages and food will be available?

\_\_\_\_\_

16. Explain how this event will be marketed, describing the kinds of advertising material to be distributed and the targeted recipients of such materials.

\_\_\_\_\_

I hereby certify that the information provided herein is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name