

ALCOHOL & GAMING DIVISION | PUBLIC CELEBRATION PERMIT APPLICATION

(§60-6A-11 / 60-6A-26.1 NMSA)

FEE PER DAY: \$10.00, **No. of Days:** 2 (DO NOT SUBMIT CASH) **Date Application Filed:** _____

A copy of all approved permits are sent to the Special Investigations Division of the Department of Public Safety, and DPS will request additional information, if needed.

LICENSE HOLDER INFORMATION: *Check boxes that apply*

Liquor License # _____ Type of License: Craft Distiller Small Brewer Winegrower

Business Name (DBA): _____ Owner Name: _____

Mailing Address: _____ City, State & Zip: _____

Phone: _____ Fax No.: _____ Email Address: _____

EVENT INFORMATION:

Date(s) /Duration of Event: 8/3/18-8/4/18

Description and Name of Event: Art and Wine in the Cool Pines

Physical Address of Event: 1000 Highway 82 Cloudcroft, NM Otero County

Type of Event: Indoor Event Only Outdoor Event Only Beer Garden All Ages Event/^{Wrist Bands and/or Stamps}

Type of Celebration: State Fair County Fair Community Fiesta Cultural / Artistic Performance Athletic

TIME: Friday 1pm Friday 8:30pm

Event Begins at: Saturday 12pm Event Ends at: Saturday 8:30pm Total Number of Attendees Expected at Event: 1200

Alcohol Service Begins at: Saturday 12pm Alcohol Service Ends at: Saturday 8:30pm Total # of Attendees Expected to Consume Alcohol: 800

SECURITY: Describe Type: Cloudcroft Chamber of Commerce, Roaming, Entrance & Exit Number of Security: 4
no more than 150 at a time

Security Contact Name: Tracy Hinsley Contact Telephone #: 575-682-2733

Note: Licensee's employee(s) assigned to work security, must work this exclusively and may not serve at the Event.

SPONSOR INFORMATION: Sponsor of Event: Cloudcroft Chamber of Commerce

Name of Contact: Tracy Hinsley Phone: 575-682-2733

APPROVAL OF PROPERTY OWNER: Phone Number: _____

Print Name: _____ Signature: _____ Date: _____

Name of Your Business and Location of Property: _____

LICENSE HOLDER & SERVER CERTIFICATION: I, _____ (Licensee) hereby certify that this application is signed by Licensee or authorized person under this License, *that Event is not within 300 feet of a church or school* unless alcoholic beverages were sold there prior to July 1, 1981 or a waiver is obtained from the local governing body.

I further certify that all persons providing the service of alcoholic beverages at the Event are currently Server Certified, that they are all my employees, and that ALL the information in this Application and the Attachments, is true and correct. Licensee Agrees that if any statements or representations herein are found to be false, the Director may refuse to issue additional permits. I understand that all fees submitted are non-refundable. **Must sign before a Notary:**

Licensee Name: (print) _____ Signature: _____ Date: _____

NOTARY PUBLIC USE ONLY: (State of _____, County of _____)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____

By: _____ Notary Public: _____

SEAL

My Commission Expires: _____

LOCAL GOVERNING BODY APPROVAL: Print Name: _____ Title: _____

Signature: _____ Date: _____ Phone: _____ Fax: _____

AGD USE ONLY: Application Must Include: Payment of Fees, per day (listed on top of page), Floor Plan – (w/photos) & Detailed Server List

FINANCE| Application Fee \$ _____ Received on: _____ Receipt No. _____

Clear of Citations/Holds: Yes No, _____ Approved Disapproved, _____

Processed By: _____ Date: _____

Assigned Permit Number: _____ Approved Permit Sent on: _____ By: Email Fax