

Summit County Government
REQUEST FOR APPROVAL OF ALCOHOL USE AT THE BRECKENRIDGE GRAND
VACATIONS COMMUNITY CENTER AND SUMMIT COUNTY SOUTH BRANCH LIBRARY
MEETING ROOM FACILITIES

Please print or type all information legibly

Applicant Name/Organization Name: _____

Contact Person Name: _____

Contact Phone Number: _____

Type of Organization (circle one): Governmental Non-Profit Private

Event Description: _____

Date & Time of Event: _____

Purpose of Event: _____

Number of Participants/Attendees: _____

➤➤ See next page for information regarding contacting the Town of Breckenridge. ⏪ ⏩

_____ I have received, reviewed, and agree to comply with the regulations set forth in the Breckenridge Grand Vacations Community Center and Summit County South Branch Library Meeting Room Use, Fee and Alcohol Policies.

_____ I agree to indemnify and hold harmless Summit County Government for all claims arising out of the use of the Breckenridge Grand Vacations Community Center and Summit County South Branch Library, including personal injury, bodily injury, and property damage claims. I understand that private property brought onto County grounds is the sole responsibility of the owner. The County assumes no responsibility for damage to or loss of private property or for personal injury that may occur on County property.

_____ I agree that alcohol use at this meeting/event will conform to all Colorado State and Town of Breckenridge liquor rules and regulations and that proper permitting will be acquired (if applicable).

_____ Provide adequate proof of insurance which includes:

- General Liability insurance for \$1.2 million
- Each Occurrence insurance for \$1.2 million
- Liquor Liability included in the policy
- Valid during the dates of the event

_____ I accept the associated liability and risk and have **attached proof of current and adequate insurance** to this application.

_____ All information in this application is complete and accurate.

Applicant Signature: _____ **Date:** _____

Summit County Government Approval

Signature: _____ Date: _____
Scott Vargo, County Manager

Town of Breckenridge Approval

Signature: _____ Date: _____
Tara Olson, Deputy Municipal Clerk
Permit Issued? Yes N/A

A Request for Approval of Alcohol Use form and proof of insurance must be submitted to sblmeetingrooms@summitcountyco.gov 45 days prior to the event. Proof of Insurance must meet all requirements (highlighted on page one of this form). Incomplete proof of insurance or Request for Approval of Alcohol Use forms will not be accepted.

When emailing the above for information and assistance regarding alcohol service or consumption at the facility, please allow at least forty-eight (48) hours for an initial response.

TOWN OF BRECKENRIDGE ALCOHOL PERMIT APPROVAL PROCESS

NOTE: Consumption of alcoholic beverages in or around County facilities is prohibited except at the Breckenridge Grand Vacations Community Center and Summit County South Branch Library where alcoholic beverages may be served in limited quantities with the prior approval of the County Manager or his/her designee, in accordance with all applicable state laws and County requirements.

All events involving the service/consumption of alcohol must have the express permission of Summit County Government and be in accordance with applicable permits issued by the Town of Breckenridge.

For Liquor Permitting and Service information, please contact:

Tara Olson
Deputy Municipal Clerk, Town of Breckenridge
150 Ski Hill Road
PO Box 8629
Breckenridge, CO 80424
970-547-3126
helenc@townofbreckenridge.com