

**PETITION TO THE EAGLE COUNTY LIQUOR LICENSING AUTHORITY**

**APPLICANT:** \_\_\_\_\_

**TRADE NAME:** \_\_\_\_\_

**LICENSE TYPE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HEARING DATE:** \_\_\_\_\_

**INSTRUCTIONS AND QUALIFICATIONS FOR SIGNING PETITION**

1) To sign this petition, you must be at least 21 years old and you must be a resident of the defined neighborhood. That is, your permanent residence is within the defined neighborhood (see below).

**OR**

2) You must be an Owner or Manager of a business located within the defined neighborhood (see below) and be 21 years of age or older. **If you are signing as the owner/manager please give the address of the business.**

3) You must execute your signature in the presence of the petition circulator.

4) You must sign your own given name, i.e., first name or first initial, middle name or middle initial and last name. No individual may sign for another individual.

**PETITION ISSUE:**

1. If you **FAVOR AND SUPPORT** this application for this new liquor license because it is your opinion the reasonable requirements of the adult inhabitants of the defined neighborhood (see below) are not now being adequately served by existing businesses that hold the same or similar type of liquor license now doing business in the defined neighborhood, and it is your desire that this license be issued, please sign and check the **FAVOR** column to grant the requested license. You are welcome to add any additional comments.

2. If you **OPPOSE AND DO NOT SUPPORT** this application for this new liquor license, please sign and check the **OPPOSE** column, and please write in your reason why you oppose this license application.

**DEFINED NEIGHBORHOOD:**

The defined neighborhood for the application listed above is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT/TRADE NAME: \_\_\_\_\_

SITE LOCATION: \_\_\_\_\_

TYPE OF LICENSE: \_\_\_\_\_

HEARING DATE: \_\_\_\_\_

DEFINED NEIGHBORHOOD: \_\_\_\_\_

| Sign. # | <b>INSTRUCTIONS:</b> Please sign your name on Line #1, and Print your name on Line #2. Please provide your complete residential/business street address on Line #3, as it applies. | Age | Today's Date | Favor | Oppose | PLEASE WRITE IN YOUR REASON WHY YOU FAVOR OR OPPOSE THIS APPLICATION |
|---------|--|-----|--------------|-------|--------|--|
| 1.      | Signature: _____<br>Printed Name: _____<br>Address: _____  |     |              |       |        |  |
| 2.      | Signature: _____<br>Printed Name: _____<br>Address: _____  |     |              |       |        |  |
| 3.      | Signature: _____<br>Printed Name: _____<br>Address: _____  |     |              |       |        |  |
| 4.      | Signature: _____<br>Printed Name: _____<br>Address: _____  |     |              |       |        |  |
| 5.      | Signature: _____<br>Printed Name: _____<br>Address: _____  |     |              |       |        |  |
| 6.      | Signature: _____<br>Printed Name: _____<br>Address: _____  |     |              |       |        |  |
| 7.      | Signature: _____<br>Printed Name: _____<br>Address: _____  |     |              |       |        |  |
| 8.      | Signature: _____<br>Printed Name: _____<br>Address: _____  |     |              |       |        |  |
| 9.      | Signature: _____<br>Printed Name: _____<br>Address: _____  |     |              |       |        |  |
| 10.     | Signature: _____<br>Printed Name: _____<br>Address: _____  |     |              |       |        |  |
| 11.     | Signature: _____<br>Printed Name: _____<br>Address: _____  |     |              |       |        |  |

**Verification**

I, \_\_\_\_\_ verify that I hand carried this Petition concerning the application for a \_\_\_\_\_ liquor license for \_\_\_\_\_ in the defined neighborhood and verified that all petitioners were at least 21 years of age and a resident and/or business owner or manager of the defined neighborhood and that all petitioners executed their signature in my presence.

\_\_\_\_\_

Petition Circulator

\_\_\_\_\_

Date

State of Colorado    )  
  :  
County of Eagle     )

SUBSCRIBED AND SWORN before me this \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_, by \_\_\_\_\_.

Witness my hand and official seal. My Commission Expires: \_\_\_\_\_

\_\_\_\_\_

Notary Public

\_\_\_\_\_

Date