

**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:

- 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

**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.

Applications for Special Event Liquor Permits need to be submitted 30 days prior to the event. If submitted less than 30 days, then a late fee will be assessed. No applications will be accepted later than 15 days prior to the event.

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](mailto:helenc@townofbreckenridge.com)

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.