City and County of Denver
DEPARTMENT OF EXCISE AND LICENSES
201 W. Colfax Ave. Dept. 206
Denver, CO 80202
P: 720.865.2740
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www.denvergov.org/businesslicensing

DENVER
EXCISE & LICENSES

SPECIAL EVENT CABARET PERMIT

(Must be printed legibly for application to be accepted)

LICENSEE/APPLICANT: _____

Please Check One: ◯ Liquor Licensed Establishment

Trade Name: _____

◯ Special Event Liquor Permit Holder (For Nonprofit Organizations Only)

FULL ADDRESS OF EITHER:

Liquor Licensed Establishment: _____

OR

Location of Special Event Liquor Permit: _____

MAIN CONTACT / RESPONSIBLE PARTY:

Name: _____ Mobile Phone: _____ Email: _____

1. Type of Entertainment to be offered and provided: _____
2. Has the Applicant/Licensee been issued a special event cabaret permit during this calendar year?
   ☐ Yes ☐ No

   If yes, how many? _____

LIST THE EXACT DATE(S) FOR WHICH THE APPLICATION IS BEING MADE:

Date	Opening Time	Closing Time
1.		
2.		
3.		
4.		
5.		

OATH OF APPLICANT		
I declare under penalty of perjury that I have read the foregoing application and that all information therein is true, correct, and complete to the best of my knowledge.		
Authorized Signature:	**Title:**	**Date:**

*****To be completed by the Department of Excise and Licenses*****

The foregoing application has been examined and found to be satisfactory. Therefore, THE APPLICATION IS APPROVED.

_____ Director Signature

_____ Date

_____ *Licensing Technician*

_____ *Detective*

_____ *Detective Signature*

_____ *Date*