NAME OF APPLICANT:
DOING BUSINESS AS:
TYPE OF LICENSE:
PUBLIC HEARING DATE & TIME:
PUBLIC HEARING LOCATION: Town of Breckenridge Town Hall; 150 Ski Hill Road, Council Chambers

You must be 21 years of age, a resident, business owner, and/or manager of an establishment located within the Town of Breckenridge liquor licensing boundaries to sign this petition. For purposes of liquor licensing, the neighborhood boundaries are defined as the Upper Blue River Basin, with general boundaries being Farmers Korner to the North, Hoosier Pass to the South, the Continental Divide to the East, and the top of the Ten Mile Range to the West.

PRINTED Name	Signature	Residential Street Address, City, State (No P.O. Boxes!)	YES Favor	NO Oppose	Date

NAME OF APPLICANT:	
DOING BUSINESS AS:	
TYPE OF LICENSE:	
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PUBLIC HEARING LOCATION: Town of Breckeni Chambers	
AFFIDAVIT O	FCIRCULATOR
State of Colorado) ss.	
County of Summit)	
address)do hereby affirm that I personally circulated signatures; that all signatures were affixed genuine signatures of the persons whose na	, who reside at (street, Summit County, Colorado, I the petition; that the petition contains I in my presence; that I believe them to be ames they purport to be; and that each signer questions and understand the liquor license
	Signature of Circulator
Subscribed and sworn to before me this _ 20	day of,
	Notary Public
My Commission expires:	
	(seal)