



## TOWN OF PALISADE

OFFICE OF THE TOWN CLERK  
175 East Third · Palisade, Colorado 81526 (970)464-5602  
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www.townofpalisade.org

### Neighborhood Needs and Desires Guidelines

Colorado Revised Statutes 12-47-301 (2)(a) states that before issuing a license all licensing authorities shall consider the reasonable requirements of the neighborhood, the desires of the adult inhabitants as evidenced by petitions, remonstrances, or otherwise, and all other reasonable restrictions that are or may be placed upon the neighborhood by the local licensing authority.

Should the applicant choose to submit petitions, as described above, the following process should be used:

An applicant may conduct a petition survey itself, or may hire a professional survey firm.

After submittal of the application the Town Clerk will provide a map of the defined boundaries. All signature addresses must be located within the defined boundaries to be considered valid. To be considered valid the printed name and address must be legible and verifiable.

There is no required number of signatures you must obtain on a petition, however the burden to show that the existing licenses in the area: 1) establish a need for the issuance of the requested license; and 2) that the desires of the inhabitants dictate the issuance of the license, rests with the applicant. The Authority will also be looking to assure that a good and true sampling of the designated neighborhood was taken.

Prior to circulation, the petition must be fully completed to ensure the signers fully comprehend the petition and can clearly indicate if they are in support or opposition of the application. The Affidavit of Circulation must be attached as well as the map provided by the Town Clerk, prior to circulation. Multiple pages can be placed together if the circulator witnesses each signature. For multiple circulators, multiple petitions may be created.

After the petitions have been circulated, the applicant should confirm that the signatures and addresses qualify and complete the summary.

Petitions must be submitted to the Town Clerk's office, 175 E. 3<sup>rd</sup> St, no later than 4:30 p.m. on the 10<sup>th</sup> day before the licensing hearing.

Sample forms are attached to these guidelines. It is the Applicant's sole responsibility to make sure the petitioning is done properly. The Town Clerk's Office is not qualified to issue legal advice. For questions regarding this process, consultation with an attorney is advised.

# Affidavit of Circulator

I, Insert name of Circulator, circulated the attached petition pertaining to the application of Insert name of Application DBA for licensing by the Local Licensing Authority of the Town of Palisade, Colorado. The petition was circulated from (dates) \_\_\_\_\_ to \_\_\_\_\_, and only within the defined neighborhood boundaries established by the Local Licensing Authority on the map provided here. I hereby certify that the persons whose signatures and addresses appear signed this petition in my presence after indicating they were at least twenty-one (21) years of age and after having read the petition. I further certify that, to the best of my knowledge, each signature appearing on the petition is who it purports to be and that the address given with each name indicated is the true business or residence of the person signing the petition.

\_\_\_\_\_  
Signature of Circulator

STATE OF COLORADO     )  
                                          ) ss  
COUNTY OF MESA        )

Subscribed and sworn to before me this     day of     , 20\_\_\_\_. By the person known to me to be \_\_\_\_\_.

My commission expires:  
\_\_\_\_\_

\_\_\_\_\_  
Notary Public

## NEEDS AND DESIRES PETITION SUMMARY

**Applicant Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

Dates of Petitioning: From \_\_\_\_\_ to \_\_\_\_\_

# of Signatures in Favor of the application: \_\_\_\_\_

# of Signatures in Opposition of the application: \_\_\_\_\_

Comments:

Needs and Desires of the Neighborhood currently met \_\_\_\_\_

Not Qualified to Sign \_\_\_\_\_

Refusals to Sign \_\_\_\_\_

Usage Objections \_\_\_\_\_

Want to remain Neutral \_\_\_\_\_

Other \_\_\_\_\_

Please note: Prior to circulation for signature, all yellow sections in the petition must be completed in full; and the neighborhood map provided by the Town and the verification of circulator must be attached. Failure to do so could invalidate the petition. For more information, contact the Town Clerk's Office at 970-464-5602

# PETITION TO THE LOCAL LICENSING AUTHORITY OF THE TOWN OF PALISADE

**Instructions/Qualifications**

- Signers must be at least 21 years of age AND:
  - a resident of the defined neighborhood
- OR
  - Must be Owner or Manager of business located within the defined neighborhood (See map)
- Must sign and include address and other information in the presence of the petition circulator and may only sign the petition once.

\* If you favor and support this application for a \_\_\_\_\_ (type of License) it is because you feel: the reasonable requirements of the adult Inhabitants of the defined neighborhood are **NOT** now being adequately served by exiting businesses that hold the same or similar type of liquor license in the defined neighborhood, AND it is your desire this license be issued.

\*\*If you oppose and do not support this application for a \_\_\_\_\_ (insert type of license), please write your reason why you oppose this license application.

*This petition/opinion survey is being conducted to determine the reasonable requirements, needs and desires of the adult inhabitants of the defined neighborhood per the Colorado Liquor Code, Article 47, Title 12 C.R.S. and per the Local Licensing Authority rules/procedures. If you think you have been unduly influenced by the petition circulator or have questions or comments concerning the proposed application or survey method, please call: the Town Clerk's Office at (970)464-5602.*

Application/DBA Name: \_\_\_\_\_

General Site Location: \_\_\_\_\_

Type of License applied: \_\_\_\_\_

Public Hearing Date before the Authority: \_\_\_\_\_

Defined Neighborhood: (Attach map provided by Authority)

Sig#	Instructions: Please <b>SIGN</b> your name on line A, and print your name on line B. Provide residential or business address on Line C.	BO-Bsns Ownr BM-Bsns Mngr R-Resident	Age	Today's Date	* Favor of App	**Oppose App	Reason:
1	A. Signature						
	B. Print Name						
	C. Address of Residential or Business						
2	A. Signature						
	B. Print Name						
	C. Address of Residential or Business						
3	A. Signature						
	B. Print Name						
	C. Address of Residential or Business						
4	A. Signature						
	B. Print Name						
	C. Address of Residential or Business						
5	A. Signature						
	B. Print Name						
	C. Address of Residential or Business						
6	A. Signature						
	B. Print Name						
	C. Address of Residential or Business						
7	A. Signature						
	B. Print Name						
	C. Address of Residential or Business						
8	A. Signature						
	B. Print Name						
	C. Address of Residential or Business						