



Prevent • Promote • Protect

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(719) 578-3199 phone  
[www.elpasocountyhealth.org](http://www.elpasocountyhealth.org)

## Application for Variance- Event

*Please email a completed application and supplemental documents to  
[COVIDBusinessRecovery@elpasoco.com](mailto:COVIDBusinessRecovery@elpasoco.com).*

### **Applicant Contact Information:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Title/Relationship to Site: \_\_\_\_\_

### **Event Information:**

Event Name: \_\_\_\_\_

Event Address: \_\_\_\_\_

Event Website: \_\_\_\_\_

Site Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Event Variance Date(s): \_\_\_\_\_

### **Variance Request Information:**

Variance Request % Capacity: \_\_\_\_\_

Variance Request # of People: \_\_\_\_\_

Safety Plan Coordinator: \_\_\_\_\_

**Event Supplemental Documents:**

(Please list below and attach documents/drawings/maps/plans/supporting information/etc. as needed.)

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