



TOWN OF ELIZABETH

MICHELLE OESER TOWN CLERK

TO: Honorable Mayor and Board of Trustees
FROM: Michelle Oeser Town Clerk
DATE: March 26, 2024
SUBJECT: Protectors of Elizabeth

SUMMARY

On February 20, 2024, the Elizabeth Firefighters Community Foundation applied for a Special Event Liquor Permit and a Special Event Permit for the Annual Protectors of Elizabeth Tribute event. The Special Event at Running Creek Park will be held under Don Means' name. The use of Running Creek Park was approved by Administrator Patrick Davidson.

All necessary fees, paperwork and posting have been completed and turned in as required. The applicant has already paid for the use of Running Creek Park.

All partner agencies and town departments have reviewed the application and have no concerns about the planned event.

The applicant will work with the Elbert County Health Department for food vendor paperwork. This will ensure safeguards are in place.

STAFF RECOMMENDATION

Staff recommends approval of the Elizabeth Firefighters Community Foundations Protectors of Elizabeth Tribute Special Event License application.

ATTACHMENTS(S)

Special Event Liquor Permit Application

Application for a Special Events Permit

Departmental Use Only

Town of Elizabeth

RECEIVED

FEB 20 2024

Town of Elizabeth

In order to qualify for a Special Events Permit, You Must Be a Qualifying Organization Per 44-5-102 C.R.S. and One of the Following (See back for details.)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Social | <input type="checkbox"/> Athletic | <input type="checkbox"/> Philanthropic Institution |
| <input type="checkbox"/> Fraternal | <input type="checkbox"/> Chartered Branch, Lodge or Chapter | <input type="checkbox"/> Political Candidate |
| <input type="checkbox"/> Patriotic | <input type="checkbox"/> National Organization or Society | <input type="checkbox"/> Municipality Owned Arts Facilities |
| <input type="checkbox"/> Political | <input type="checkbox"/> Religious Institution | |

LIAB Type of Special Event Applicant is Applying for:	DO NOT WRITE IN THIS SPACE
2110 <input type="checkbox"/> Malt, Vinous And Spirituous Liquor \$100.00 Per Application	Liquor Permit Number
2170 <input checked="" type="checkbox"/> Fermented Malt Beverage \$100.00 Per Application	

1. Name of Applicant Organization or Political Candidate ELIZABETH FIREFIGHTERS COMMUNITY FOUNDATION	State Sales Tax Number (Required)
2. Mailing Address of Organization or Political Candidate (include street, city/town and ZIP) PO Box 441 ELIZABETH, CO 80107	3. Address of Place to Have Special Event (include street, city/town and ZIP) 500 E KIOWA AVE ELIZABETH, CO 80107

4. Authorized Representative of Qualifying Organization or Political Candidate RUSTY BOOTH	Date of Birth	Phone Number
Auth		

5. Event Manager Dan MEANS	Date of Birth	Phone Number
Event		
Email Address of Event Manager dmeans@farmersagent.com		

6. Has Applicant Organization or Political Candidate been Issued a Special Event Permit this Calendar Year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes How many days? _____	7. Is the premises for which your event is to be held currently licensed under the Colorado Liquor or Beer codes? <input type="checkbox"/> No <input type="checkbox"/> Yes License Number _____
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8. Does the Applicant Have Possession or Written Permission for the Use of The Premises to be Licensed? Yes No

List Below the Exact Date(s) for Which Application is Being Made for Permit

Date	Hours From	To	Date	Hours From	To	Date	Hours From	To	Date	Hours From	To
9/14/2024	10:00 AM	6:00 PM									

Oath of Applicant

I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.

Signature Rusty Booth	Title BOARD PRESIDENT	Date 2/12/2024
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Report and Approval of Local Licensing Authority (City or County)

The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the provisions of Title 44, Article 5, C.R.S., as amended.

THEREFORE, THIS APPLICATION IS APPROVED.

Local Licensing Authority (City or County)	<input type="checkbox"/> City <input type="checkbox"/> County	Telephone Number of City/County Clerk
Signature	Title	Date

DO NOT WRITE IN THIS SPACE - FOR DEPARTMENT OF REVENUE USE ONLY

Liability Information			
License Account Number	Liability Date	State	Total

RECEIVED
FFB 2 0 2024
Town of Elizabeth

P.O. Box 159, 151 S. Banner St.
Elizabeth, Colorado 80107



Phone: (303) 646-4166
Fax: (303) 646-9434
<http://www.townofelizabeth.org>

Town of Elizabeth

Application for Special Event, Parade or Race

This application along with a \$10 application fee must be submitted to the Town Clerk At least Twenty (20) days prior to the Date of intended use and approved by the Town Board.

1. Event: PROTECTORS OF ELIZABETH / CHILLI COOKOFF
 Date of Event: 9/14/24 Time of Actual Event: 2:00 PM - 7:00 PM
 Date(s) and Time(s) for which permission is requested including setup and cleanup:
 Date: 9/14/24 From: 10:00 AM To: 8:00 PM
 Date: _____ From: _____ To: _____
2. Applicant (Organization or Individual): DON MEANS
 Address: PO BOX 1947, ELIZABETH, CO 80107 Telephone # 303.646.9701

ONLY ORGANIZATIONS FILL OUT THE REMAINDER OF ITEM #2:

The Organization is: Profit Non-Profit Attach Copy of Certificate of Incorporation with Non-Profit Status if same is not already on file with the Town Clerk.

INDIVIDUAL RESPONSIBLE FOR THE EVENT:

Name DON MEANS Telephone # 303.475.3920
Address PO BOX 1947, ELIZABETH, CO 80107

3. Please mark the route choice below.
Staging area:

Absolutely no parade routes will be considered other than the above mentioned based on the safety of the citizens and traffic concerns.

4. Estimated Number of Participants: 50 Estimated Number of Spectators: 600
5. Will there be animals or vehicles in the event? Y If yes, explain including how many: _____
FIRST RESPONDERS VEHICLES ON DISPLAY
6. Are you requesting reserved parking for the event? NO If yes, specify number and location: _____

7. How will the applicant provide trash and litter control for the event? ON SITE
8. Will Applicant provide portable Restrooms for the event? NO Where will they be located? ON SITE

9. Will the applicant provide medical coverage for the event?
If yes, specify what level of medical expertise and where they will be located: NO

10. Will any organization or individual other than the applicant has any exhibit or sales booth in the area during the event? NONE If yes, explain who and what: _____

11. Will there be any fees for your event? NO If yes, explain: _____

12. Will your event be open to the Public? YES
13. Will there be any vehicles, trailers or tents for the event? YES
If yes, explain and include the dimensions of any tents: TENTS FOR FOOD VENDORS

Tents exceeding 120sf will require a life safety inspection from our building department. Tents exceeding 400sf will require an additional fire safety inspection. Additional fees for these inspections will apply. Initials: DE

14. Will you be applying for a special event liquor permit to have alcohol in the area? YES

EVIDENCE OF LIABILITY INSURANCE FOR THE EVENT MUST BE SUBMITTED TO THE TOWN PRIOR TO THE EVENT. THE TOWN OF ELIZABETH MUST BE NAMED AS ADDITIONAL INSURED ON THE CERTIFICATE OF INSURANCE.

I have read the attached policy for the use and understand the policy and agree to comply with all the provisions set forth therein.

Signature of Applicant: Daniel Emery Date: 2/19/24



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/19/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME:	
Don Means(0727B91) 166 S Main St		PHONE (A/C, NO, EXT): 303-646-9701	FAX (A/C, NO): 303-646-9716
Elizabeth CO 80107-7565		E-MAIL ADDRESS: dmeans@farmersagent.com	
INSURED		INSURER(S) AFFORDING COVERAGE	
MEANS AGENCY, INC PO BOX 1947		INSURER A: Truck Insurance Exchange	NAIC # 21709
ELIZABETH CO 80107		INSURER B: Farmers Insurance Exchange	21652
		INSURER C: Mid Century Insurance Company	21687
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y	N	045889275	10/01/2023	10/01/2024	EACH OCCURRENCE	\$ 1,000,000		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$ 100,000		
							MED EXP (Any one person)	\$ 5,000		
							PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000		
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 1,000,000		
	OTHER:							\$		
B	AUTOMOBILE LIABILITY	N	N	045889275	10/01/2023	10/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$		
	<input type="checkbox"/> OWNED AUTOS ONLY						<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS ONLY						<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB						EACH OCCURRENCE	\$		
	EXCESS LIAB						AGGREGATE	\$		
	DED						RETENTION \$	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A					PER STATUTE	OTHER \$		
	ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						Y/N		E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE	\$
									E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
166 S MAIN ST, ELIZABETH, CO 80107

CERTIFICATE HOLDER	CANCELLATION
TOWN OF ELIZABETH 151 S BANNER ST ELIZABETH CO 80107	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>[Signature]</i>

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Elizabeth Firefighters Community Foundation, Inc.

is a

Nonprofit Corporation

formed or registered on 04/08/2005 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20051147317 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/15/2024 that have been posted, and by documents delivered to this office electronically through 02/19/2024 @ 14:23:48 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 02/19/2024 @ 14:23:48 in accordance with applicable law. This certificate is assigned Confirmation Number 15763566 .

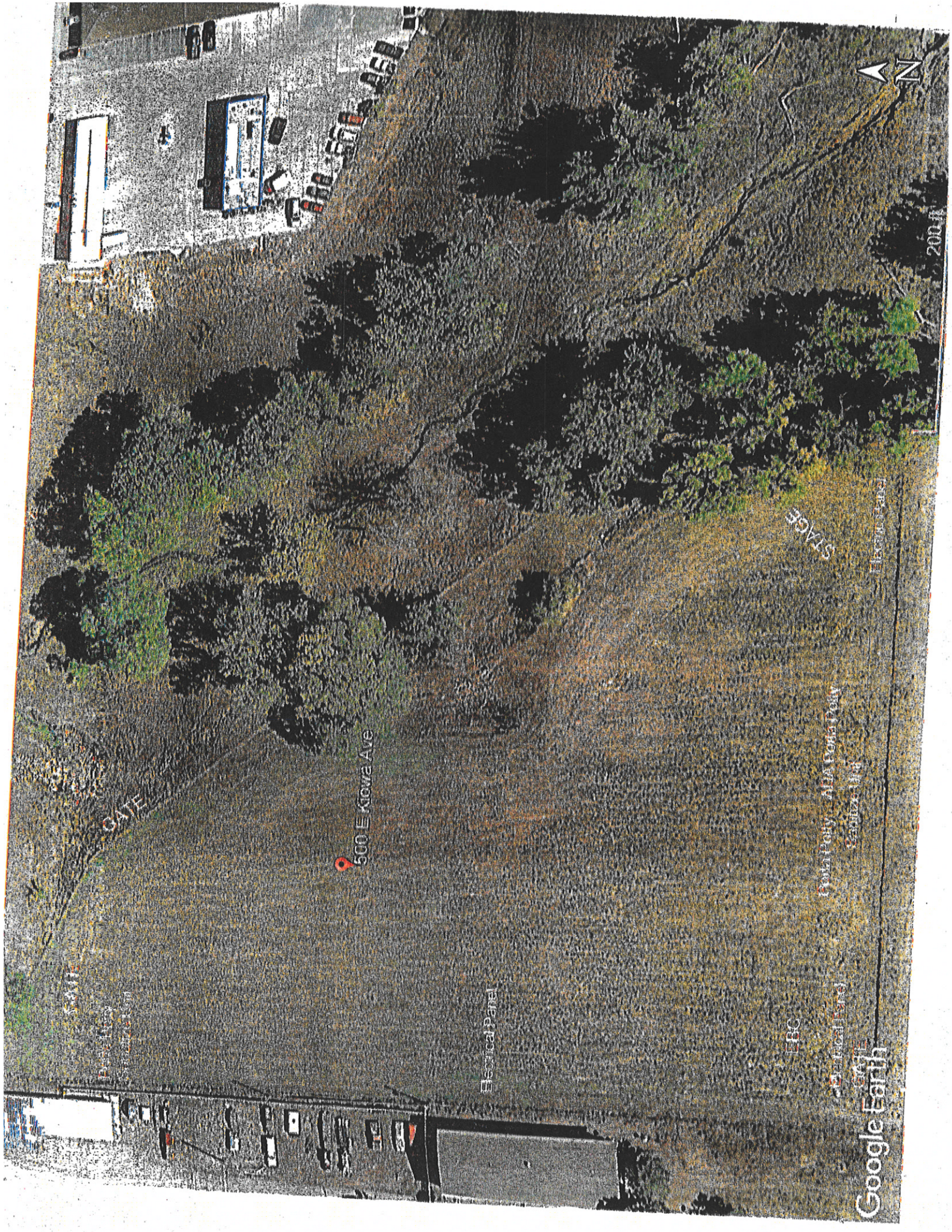


Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, <https://www.coloradosos.gov/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, <https://www.coloradosos.gov> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



200 ft

STAGE

Electrical Panel

Kowala Pointy - Alpha Pointy Pointy
Catalpa

500 E KOWA AVE

GATE

Electrical Panel

ERC

Electrical Panel

Google Earth

Means Agency, Inc
PO Box 1947
Elizabeth, CO 80107
303.646.9701

Farmers Insurance Group FCU
PO BOX 36911
LOS ANGELES, CA 90036
16-7779/3220

21033

2/19/2024

PAY TO THE ORDER OF Town of Elizabeth

\$ **300.00

Three Hundred and 00/100***** DOLLARS

PROTECTED AGAINST FRAUD

Town of Elizabeth
PO Box 159
Elizabeth, CO 80107



Daniel S. May MP

MEMO Park Rental



Means Agency, Inc
PO Box 1947
Elizabeth, CO 80107
303.646.9701

Farmers Insurance Group FCU
PO BOX 36911
LOS ANGELES, CA 90036
16-7779/3220

21034

9/14/2024

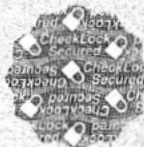
PAY TO THE ORDER OF Town of Elizabeth

\$ **1,000.00

One Thousand and 00/100***** DOLLARS

PROTECTED AGAINST FRAUD

Town of Elizabeth
PO Box 159
Elizabeth, CO 80107



Daniel S. May MP

MEMO Cleaning Deposit



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