

Application for a Special Events Permit

Town of Elizabeth

RECEIVED
FEB 19 2025
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.)

- Social
- Fraternal
- Patriotic
- Political
- Athletic
- Chartered Branch, Lodge or Chapter
- National Organization or Society
- Religious Institution
- Philanthropic Institution
- Political Candidate
- Municipality Owned Arts Facilities

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: BRENDEN REGAN Date of Birth: 5/3/86 Phone Number: 303 416 0656

Authorized Representative's Mailing Address (if different than address provided in Question 2.)

5. Event Manager: Don means Date of Birth: Phone Number:

Event Manager Home Address (Street, City, State, ZIP): 35859 ELK RIDGE RUN ELIZABETH, CO 80107 Email Address of Event Manager: dmeans@farmersagent.com

6. Has Applicant Organization or Political Candidate been issued a Special Event Permit this Calendar Year?
 No 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?
 No Yes License Number _____

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	Date	Hours From	To
9/13/2025	2:00P	6:00P												

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: [Signature] Title: BOARD PRESIDENT Date: 2/18/2025

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) City 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

Certificate Of Completion

Envelope Id: 184081C1-3840-411A-8177-DAE6DF689338

Subject: Complete with Docusign: First Responders Day.pdf

Source Envelope:

Document Pages: 1

Signatures: 1

Certificate Pages: 4

Initials: 0

AutoNav: Enabled

EnvelopeId Stamping: Enabled

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Status: Completed

Envelope Originator:

Don Means

PO Box 1947

nil

Elizabeth, CO 80107

dmeans@farmersagent.com

IP Address: 67.190.27.103

Record Tracking

Status: Original

2/18/2025 3:13:19 PM

Holder: Don Means

dmeans@farmersagent.com

Location: DocuSign

Signer Events

Brenden Regan

b.regan@elizabethfire.org

Security Level: Email, Account Authentication (None)

Signature

Signed by:

OFFCE61F4BD24D0...

Signature Adoption: Drawn on Device

Using IP Address: 174.234.5.242

Signed using mobile

Timestamp

Sent: 2/18/2025 3:14:32 PM

Viewed: 2/18/2025 4:42:24 PM

Signed: 2/18/2025 4:45:34 PM

Electronic Record and Signature Disclosure:

Accepted: 2/18/2025 4:42:24 PM

ID: 91b5b589-4b25-472e-a6ee-23f71d3c8297

In Person Signer Events**Signature****Timestamp****Editor Delivery Events****Status****Timestamp****Agent Delivery Events****Status****Timestamp****Intermediary Delivery Events****Status****Timestamp****Certified Delivery Events****Status****Timestamp****Carbon Copy Events****Status****Timestamp****Witness Events****Signature****Timestamp****Notary Events****Signature****Timestamp****Envelope Summary Events****Status****Timestamps**

Envelope Sent

Hashed/Encrypted

2/18/2025 3:14:32 PM

Certified Delivered

Security Checked

2/18/2025 4:42:24 PM

Signing Complete

Security Checked

2/18/2025 4:45:34 PM

Completed

Security Checked

2/18/2025 4:45:34 PM

Payment Events**Status****Timestamps****Electronic Record and Signature Disclosure**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/18/2025

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 Don Means(0727B91) 166 S Main St Elizabeth CO 80107-7565	CONTACT NAME:		
	PHONE (A/C, NO, EXT): 303-646-9701	FAX (A/C, NO): 303-646-9716	
	E-MAIL ADDRESS: dmeans@farmersagent.com		
	INSURER(S) AFFORDING COVERAGE		
INSURED ELIZABETH'S OLDE HOTEL SQUARE, PO BOX 1947 ELIZABETH CO 80107	INSURER A: Truck Insurance Exchange		21709
	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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	N	N	606694138	11/04/2024	11/04/2025	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		N	606694138	11/04/2024	11/04/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTHER \$
							E.L. EACH ACCIDENT	\$
							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
FARMERS INSURANCE GROUP FEDERAL CREDIT 242 E AIRPORT DR SAN BERNARDINO CA 92408	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>



Running Creek
Park

500 E ADAMS AVE

STAGEL

CMT

Google Earth
© 2010



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

RECEIVED
FEB 18 2025
Town of Elizabeth

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: FIRST REpondERS DAY
Date of Event: 9/13/25 Time of Actual Event: 2:00 PM - 6:00 PM
Date(s) and Time(s) for which permission is requested including setup and cleanup:
Date: 9/13/25 From: 10:00 AM To: 7:30 PM
Date: _____ From: _____ To: _____
2. Applicant (Organization or Individual): DON MEANS
Address: 166 S MAIN ST UNIT 101, 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 # 303-646-9701
Address 166 S MAIN ST UNIT 101, 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? YES If yes, explain including how many: ??
FIRST RESPONDERS BRING THEIR VEHICLES FOR SPECTATORS TO VIEW, FIRE TRUCK, AMBULANCE, PATROL CARS

6. Are you requesting reserved parking for the event? If yes, specify number and location: NO

7. How will the applicant provide trash and litter control for the event? DUMPSTER ON SITE
8. Will Applicant provide portable Restrooms for the event? NO Where will they be located? RESTROOMS 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? NO 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, TENTS FOR CHILI COOKOFF

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: DM

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:  Date: 2/18/2025

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."