

Application for a Special Events Permit

Departmental Use Only

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 type="checkbox"/> Social | <input checked="" 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"/> Municipally 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 \$25.00 Per Day	Liquor Permit Number
2170 <input checked="" type="checkbox"/> Fermented Malt Beverage \$10.00 Per Day	

1. Name of Applicant Organization or Political Candidate Gemini Adventures LLC	State Sales Tax Number (Required) 87-4730586
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2. Mailing Address of Organization or Political Candidate (Include street, city/town and ZIP) 3506 Feather Reed Ave, Longmont CO 80503	3. Address of Place to Have Special Event (Include street, city/town and ZIP) Civic Center Park 325 Aspen Ave, Fruita CO 81521
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4. Authorized Representative of Qualifying Organization or Political Candidate Kyla Claudell	Date of Birth 01/10/75	Phone Number 303-875-3347
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Authorized Representative's Mailing Address (if different than address provided in Question 2.)
1356 Tamarack Ave, Boulder CO 80304

5. Event Manager Kyla Claudell	Date of Birth 01/10/75	Phone Number 303-875-3347
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Event Manager Home Address (Street, City, State, ZIP) 1356 Tamarack Ave, Boulder CO 80304	Email Address of Event Manager kyla@geminiadventures.com
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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 checked="" 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	Date	Hours From	To
04/13/24	5 p.m.	9 p.m.												

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 	Title Race Director	Date 02/21/24
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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) City of Fruita CO	<input checked="" type="checkbox"/> City <input type="checkbox"/> County	Telephone Number of City/County Clerk 970-639-4210
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Signature JOEL KINCAID, MAYOR	Title JOEL KINCAID, MAYOR	Date
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DO NOT WRITE IN THIS SPACE - FOR DEPARTMENT OF REVENUE USE ONLY

Liability Information			
License Account Number	Liability Date	State	Total
		750 (999)	\$

Special Event Liquor Permit Narrative

Desert Rats Trail Running Festival 2024

The event is an awards party for the runners of the 2024 Desert Rats Trail Running Festival in Civic Center Park. It will include an awards ceremony and live music from 5pm-9pm. We will be providing one free can of beer to all attendees who participated in the event. No alcohol will be sold.

The area will be completely fenced with labeled and monitored exits. We will have a professional security company hired for the duration of the event.

We will be using orange fencing to secure the area.

There will be 10 portable toilets including one with ADA access and 3 handwashing stations at the event. See venue map for location.

Signage will be posted at all entrance/exit areas reminding participants that removing alcohol is not permitted

All staff distributing the beer giveaways will be over 21 years of age.

There will be 2 food trucks present at the event.

Ave, Fruita, CO 81521

ade needs: 700'

nt for Merchandise

nt for registration

for HOKA (partner)

s for local partners

10 Portos

1 HWS

ES AND TIMES:

9 @ 9:00 AM (parking lot MERCH tent only)

out on field (REG tent and HOKA, local vendors)

wn on 4/15 @ 9:00

vered on 4/12 @ 9:00

r announcements and presentations

the duration of operations hours
equipped with fire packages

City of Fruita Co

Civic Center
Park and
Pavilion

Break in
fence for
emergenc
exit

Break in
fence for
emergenc
exit



MERCH -
20x40

REG - 20x40

HOKA
20x20

NAAK

Beer
Tent

Boundless

Summit Canyon

NOM Nutrition

MKT
Presale

Gemini Events

Back stock
- 10x20



Fruita Police Department

Chief David Krouse



157 S. Mesa St
Fruita, CO 81521

970-858-3008 Phone
970-858-3665 Fax
www.fruita.org

To: Debra Woods
From: Dave Krouse, Chief of Police
Date: March 6, 2024
Re: 2024 Desert Rats Special Event Liquor Permit

The application and narrative have been reviewed. There is nothing which would prohibit the issuance of the license requested.

The licensee needs to be aware they are solely responsible for control of the licensed premises in regard to alcohol possession, consumption and adherence to state and municipal laws.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/27/2024

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 Willis Towers Watson Northeast, Inc. o/c 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED World Triathlon Corporation 3407 W Dr. Martin Luther King Jr. Blvd Tampa, FL 336076226	INSURER A: Philadelphia Indemnity Insurance Company NAIC# 18058	
	INSURER B: National Union Fire Insurance Company of P 19445	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER: W32721245** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED 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	ADDL SUBR INSD / 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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		PHPR2637785	12/31/2023	12/31/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		PHPR2637785	12/31/2023	12/31/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		PHUB894330	12/31/2023	12/31/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	080772148	01/01/2024	01/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: For the Desert Rats Trail Running Festival 2024.

The dates for the event is 4/8-4/15

CERTIFICATE HOLDER**CANCELLATION**

City of Fruita 324 N Coulson St Fruita, CO 81521	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 
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