

## APPLICATION FOR A SPECIAL EVENTS PERMIT

Department Use Only

IN ORDER TO QUALIFY FOR A SPECIAL EVENTS PERMIT, YOU MUST BE NONPROFIT  
AND ONE OF THE FOLLOWING (See back for details.)

- |                                    |  |  |
|------------------------------------|--|--|
| <input 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"/> OF A NATIONAL ORGANIZATION OR SOCIETY | <input type="checkbox"/> MUNICIPALITY OWNING ARTS FACILITIES |
| <input type="checkbox"/> POLITICAL | <input type="checkbox"/> RELIGIOUS INSTITUTION                 |  |

**LIAB TYPE OF SPECIAL EVENT APPLICANT IS APPLYING FOR:**  
2110 ☒ MALT, VINOUS AND SPIRITUOUS LIQUOR \$25.00 PER DAY  
2170 ☐ FERMENTED MALT BEVERAGE (3.2 Beer) \$10.00 PER DAY

**DO NOT WRITE IN THIS SPACE**

LIQUOR PERMIT NUMBER

1. NAME OF APPLICANT ORGANIZATION OR POLITICAL CANDIDATE

Fruita Area Chamber of Commerce

State Sales Tax Number (Required)

84-0978361

2. MAILING ADDRESS OF ORGANIZATION OR POLITICAL CANDIDATE  
(include street, city/town and ZIP)

432 E Aspen Ave.  
Fruita, CO 81521

3. ADDRESS OF PLACE TO HAVE SPECIAL EVENT  
(include street, city/town and ZIP)

325 E Aspen Ave.  
Fruita, CO 81521

NAME

DATE OF BIRTH

HOME ADDRESS (Street, City, State, ZIP)

PHONE NUMBER

4. PRES./SEC'Y OF ORG. or POLITICAL CANDIDATE

Kayla Brown

7-7-1991

1748 10 Rd. Mack, CO 81521

970-858-3894

5. EVENT MANAGER

Hillary Daniels

10/7/1991

832 E Pabor Ave. Fruita CO 81521

970-858-3894

6. HAS APPLICANT ORGANIZATION OR POLITICAL CANDIDATE BEEN  
ISSUED A SPECIAL EVENT PERMIT THIS CALENDAR YEAR?

☐ NO ☒ YES HOW MANY DAYS? \_\_\_\_\_

7. IS PREMISES NOW LICENSED UNDER STATE LIQUOR OR BEER CODE?

☒ NO ☐ YES TO WHOM? \_\_\_\_\_

8. DOES THE APPLICANT HAVE POSSESSION OR WRITTEN PERMISSION FOR THE USE OF THE PREMISES TO BE LICENSED? ☐ Yes ☐ No

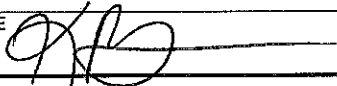
LIST BELOW THE EXACT DATE(S) FOR WHICH APPLICATION IS BEING MADE FOR PERMIT

| Date  | 4-22-2023 | Date    |       | Date |    | Date  |      |    |
|-------|-----------|---------|-------|------|----|-------|------|----|
| Hours | From      | To      | Hours | From | To | Hours | From | To |
|       | 2:00 pm   | 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



TITLE

Executive Director

DATE

3-7-2023

### 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 12, Article 48, C.R.S., as amended.

**THEREFORE, THIS APPLICATION IS APPROVED.**

LOCAL LICENSING AUTHORITY (CITY OR COUNTY)

Fruita

☒ CITY  
☐ COUNTY

TELEPHONE NUMBER OF CITY/COUNTY CLERK

970-858-3663

SIGNATURE

TITLE

DATE

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

### LIABILITY INFORMATION

License Account Number

Liability Date

State

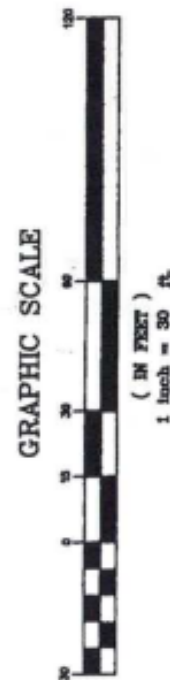
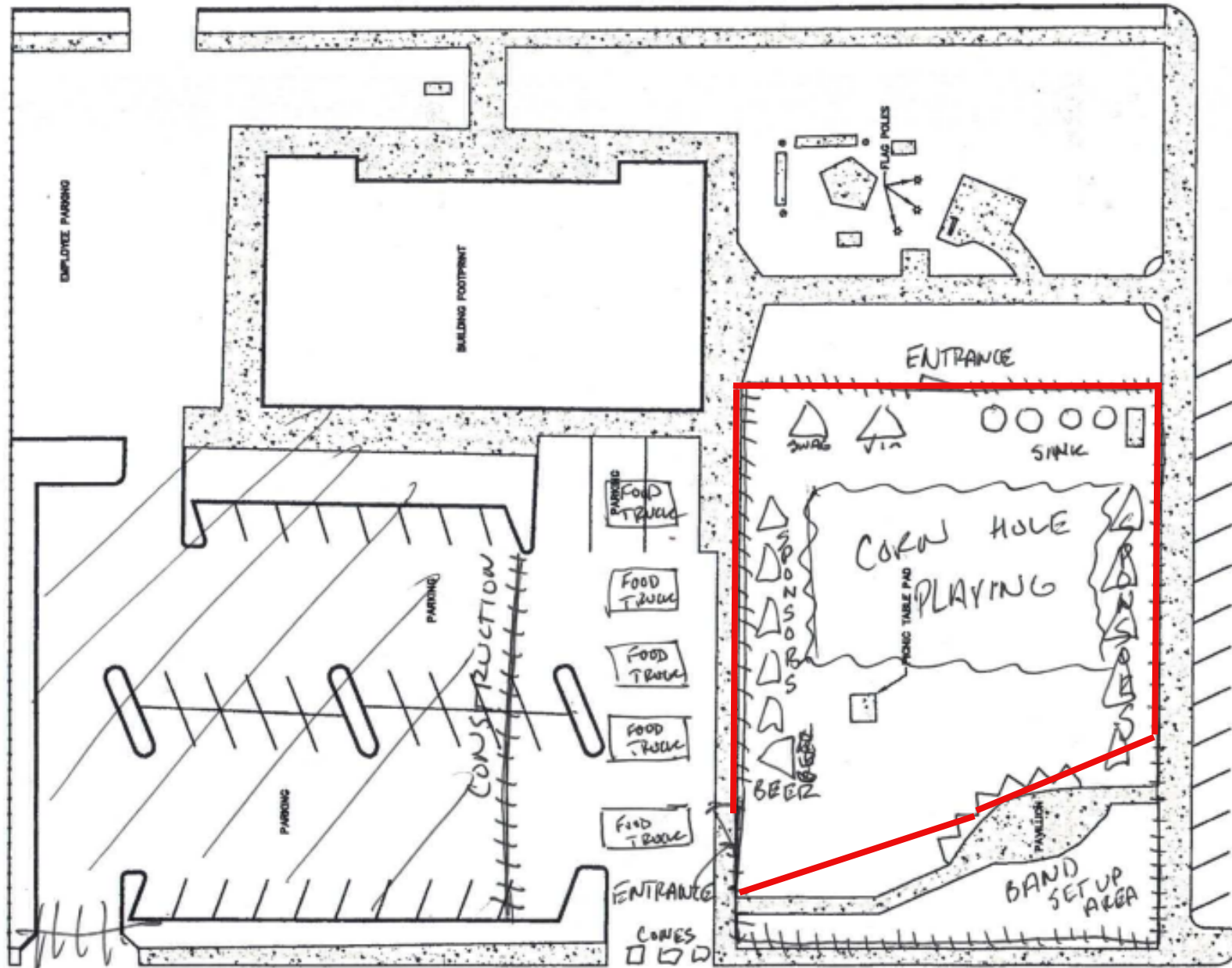
**TOTAL**

-750 (999) \$

## Special Event Liquor Narrative

### Lower Valley Fire Cornhole Tournament

The Lower Valley Firefighters are hosting a cornhole tournament on April 22, 2023 from 2:00 pm to 6:00 pm. The Fruita Area Chamber of Commerce will be hosting the beer garden for this event. Alcohol served will include beer from local breweries and will be served by volunteers. Volunteers and Chamber staff will be on site selling tickets for beer as well as checking IDs prior to ticket sales. Volunteers will be monitoring the entrance and exit points to ensure no outside alcohol enters the premises and no alcohol leaves the licensed premises. There will be mesh fencing with wood stakes to indicate the licensed permit (see the event diagram) around Civic Center Park and stage to keep all alcohol contained to one area. There will only be one entrance/exit on the northwest side of civic center park near the parking lot. Portable restrooms will be on site in the southwest corner of civic center park (see event diagram). This will also include portable handwash stations. Proper signage will be placed at the entrance of the event to say 'no outside alcohol is permitted' and 'no alcohol beyond this point.' There will be 3-4 food trucks on site offering food for patrons and attendees. Volunteers, Chamber staff and the Lower Valley Firefighters will all contribute to clean up during and after the event.



CITY OF FRUITA  
ENGINEERING DEPARTMENT

SCALE  
HORIZONTAL: 1"=30'  
VERTICAL: N/A

REVISION:  
REVISION:  
REVISION:

DATE:  
DATE:  
DATE:

FRUITA CIVIC CENTER

FILE: BASE.DWG  
SHEET: 1 OF 1

DESIGNED BY: J.B.  
DATE: 4/24  
DRAWN BY: J.B.  
DATE: 4/24  
CHECKED BY:

|||||  
FENCE

△  
TENT/  
POP UP

○  
PORTA  
POTTY



OPENING

DATE/TIME: 02/14/2023  
1448



**FRUITA**  
COLORADO

Event Name: Lower Valley Firefighters Cornhole  
Event Date: 4/22/23

## Parks & Trails Permit

**You must apply for use of a City park or trail, even if you are not formally setting up in the park, but expect crowds from your event to overflow into a park or onto a trail.**

The applicant requests use of the following City of Fruita park:

|   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Circle Park                    | <input checked="" type="checkbox"/> Civic Center Pavilion | <input type="checkbox"/> Heritage Park   | <input type="checkbox"/> Little Salt Wash Park |
| <input type="checkbox"/> Olga Anson Park                | <input type="checkbox"/> FCC Back Yard                    | <input type="checkbox"/> Prospector Park | <input type="checkbox"/> Raptor Skate Park     |
| <input type="checkbox"/> Reed Park                      | <input type="checkbox"/> Dan Williams Memorial Park       | <input type="checkbox"/> Triangle Park   | <input type="checkbox"/> Snooks Bottom Park    |
| <input type="checkbox"/> Riverfront Park/Disc Golf Park |   | <input type="checkbox"/> Trail:          |  |

Shelter Rental fees are \$25.00 for the first two hours, \$10.00 each additional hours. If the applicant requests fields at Little Salt Wash Park, they are available for an hourly fee of \$25.00 per field per hour in addition to shelter rentals.

Please attach an event site plan sketch to this application that shows what areas of the park will be in use and for what purpose. **\*If you only need use of a park pavilion for a private event, call the Parks and Recreation Department at 970-858-0360.**

Set up will begin at: 10:00 am Tear down will be complete at: 4:00 pm

The applicant requests the following City services **if they are available** at the site.

☒ Electric outlets ☒ Potable water ☒ Restroom facilities ☐ Other: \_\_\_\_\_

The event-holder must provide:

|  |                |
|--|----------------|
| <input checked="" type="checkbox"/> Additional portable restrooms:                       | Qty: <u>4</u>  |
| <input checked="" type="checkbox"/> Trash removal and cleanup of site at end of event    |                |
| <input checked="" type="checkbox"/> Trash receptacles and on site dumpsters:             | Qty: <u>10</u> |
| <input checked="" type="checkbox"/> Special fencing (note where on site diagram)         |                |
| <input checked="" type="checkbox"/> Hand washing facilities (note where on site diagram) |                |
| <input type="checkbox"/> Supplemental electricity generator as necessary                 |                |

The City of Fruita will automatically turn off park sprinkler systems for permitted special events. The curfew in all City parks is 10 p.m., and this applies to special event holders. Crowds spilling over from parks cannot block access to public streets that have not been closed by permit through the City of Fruita.

Event-holders who fail to return City parks to the condition in which they were prior to the event will be charged for trash removal and cleanup of the site, and may forfeit their chances of obtaining future event approval. *All event apparatus must be removed by 5 p.m. the day after the event.*

I have read, understand and agree to the requirements concerning the use of City of Fruita Parks. Facsimile, electronic, typed, and counterpart signatures are binding as originals.

Applicant Signature

Date

4/30/23

## **Parking Plan**

For the parking plan, we plan on coning off the remaining parking lot on the west side of the civic center that is not being utilized by construction. We will use our own cones and would like to cone it off at 0600 on Saturday, April 22nd to allow for three food trucks to be included in the fenced area for the event.

We do not plan on utilizing any traffic control companies or providing shuttles of any sort. I believe this will only take away 6 parking spots from the downtown area with the remainder of the lot already closed for construction. We do not plan on closing any of the streets or using any of the street accessible parking for the event and those will all remain open to the public.

We may intermittently have emergency apparatus around the event (Ambulance/Fire Truck) but they will stay out of the general traffic flow and will not take up any parking spots.

# Fruita Police Department

Chief David Krouse



157 S. Mesa St  
Fruita, CO 81521

970-858-3008 Phone  
970-858-3665 Fax  
[www.fruita.org](http://www.fruita.org)

**To:** Debra Woods  
**From:** Dave Krouse, Chief of Police  
**Date:** March 24, 2023  
**Re:** 2023 LV Firefighter Fundraiser 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)

02/15/2023

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 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).

|  |   |                        |
|--|---|------------------------|
| <b>PRODUCER</b><br>Foresite Sports, Inc.<br>DBA: Eventsured<br>24 S. Newtown Street Road<br>Newtown Square, PA 19073 | <b>CONTACT NAME:</b> Eventsured Customer Service<br><b>PHONE (A/C, No, Ext):</b> 888-882-5902<br><b>E-MAIL ADDRESS:</b> info@eventsured.com<br><b>FAX (A/C, No):</b><br><b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Houston Casualty Company<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> | <b>NAIC #</b><br>42374 |
|--|---|------------------------|

**COVERAGES** **CERTIFICATE NUMBER:** TM270687 **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 INSR                         | SUBR WVD | POLICY NUMBER       | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|-----------------------------------|----------|---------------------|-------------------------|-------------------------|--|
| A        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Host Liquor Liability<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | Y                                 |          | H22SE00130/TM270687 | 04/22/2023<br>12:01AM   | 04/23/2023<br>2:01AM    | EACH OCCURRENCE \$ 1,000,000   |
|          | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000   |                                   |          |                     |                         |                         |  |
|          | MED EXP (Any one person) \$ 1,000  |                                   |          |                     |                         |                         |  |
|          | PERSONAL & ADV INJURY \$ 1,000,000   |                                   |          |                     |                         |                         |  |
|          | GENERAL AGGREGATE \$ 2,000,000   |                                   |          |                     |                         |                         |  |
|          |  |                                   |          |                     |                         |                         | PRODUCTS - COMP/OP AGG \$ 1,000,000  |
|          |  |                                   |          |                     |                         |                         | DEDUCTIBLE \$ 0  |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS   |                                   |          |                     |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$   |
|          |  |                                   |          |                     |                         |                         | BODILY INJURY (Per person) \$  |
|          |  |                                   |          |                     |                         |                         | BODILY INJURY (Per accident) \$  |
|          |  |                                   |          |                     |                         |                         | PROPERTY DAMAGE (Per accident) \$  |
|          |  |                                   |          |                     |                         |                         | \$   |
|          | <b>UMBRELLA LIAB</b><br><input type="checkbox"/> EXCESS LIAB<br>DED <input type="checkbox"/> RETENTION \$  |                                   |          |                     |                         |                         | EACH OCCURRENCE \$   |
|          |  |                                   |          |                     |                         |                         | AGGREGATE \$   |
|          |  |                                   |          |                     |                         |                         | \$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y / N<br><input type="checkbox"/> | N / A    |                     |                         |                         | WC STATU-TORY LIMITS<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$ |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additional Insureds must be venue managers or municipalities and are added with respect to our insureds operations only. Waiver of Subrogation (WOS) and Primary & Non-Contributory (PNC) wording applies only when coverage is purchased by the insured, required by written contract and as indicated below. This coverage is with respect to the Corn Hole Tournament/Event to be held on 04/22/2023 - 04/22/2023 with 200 attendees at City of Fruita Civic Center 325 Aspen Ave Fruita, CO 81521. Additional Insureds include: City of Fruita Civic Center 325 Aspen Ave Fruita, CO 81521; .

**CERTIFICATE HOLDER****CANCELLATION**

|  |   |
|--|---|
| City of Fruita Civic Center<br>325 Aspen Ave<br>Fruita CO, 81521 | <b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b><br><b>AUTHORIZED REPRESENTATIVE</b><br> |
|--|---|



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**

Page \_\_\_\_\_ of \_\_\_\_\_

|  |                  |   |  |
|--|------------------|---|--|
| <b>AGENCY</b><br>Moody-Valley Insurance Agency, Inc. |                  | <b>NAMED INSURED</b><br>Fruita Area Chamber of Commerce |  |
| <b>POLICY NUMBER</b>                                 |                  | <b>EFFECTIVE DATE:</b>                                  |  |
| <b>CARRIER</b>                                       | <b>NAIC CODE</b> |   |  |

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance: Notes**CONTRACTUAL LIABILITY APPLIES PER POLICY TERMS AND CONDITIONS**

General Liability:

Additional Insured status applies only to the extent provided in form CG2026F (4-13) when required by written contract and when scheduled.

Excess Liability:

Excess Liability policy is on a follow form basis for the following underlying insurance coverages: General Liability, Automobile Liability, and Employers Liability.

**IMPORTANT:**

The policy forms referenced will be sent via email only. To obtain copies, please send your request with the email address to certrequestgj@moodyins.com