

# APPLICATION FOR A SPECIAL EVENTS PERMIT

Department Use Only

rcvd 4/12/23

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

- ☐ SOCIAL ☐ ATHLETIC ☒ PHILANTHROPIC INSTITUTION  
☐ FRATERNAL ☐ CHARTERED BRANCH, LODGE OR CHAPTER ☐ POLITICAL CANDIDATE  
☐ PATRIOTIC ☐ OF A NATIONAL ORGANIZATION OR SOCIETY ☐ MUNICIPALITY OWNING ARTS  
☐ POLITICAL ☐ RELIGIOUS INSTITUTION FACILITIES

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  
Colorado Plateau Mountain Bike Trail Association, Inc. State Sales Tax Number (Required)  
4148617000

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

Post Office Box 40  
Grand Junction, Colorado 81502

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

Fruita Civic Center Park  
325 E. Aspen Avenue  
Fruita, Colorado 81521

| NAME   | DATE OF BIRTH  | HOME ADDRESS (Street, City, State, ZIP) | PHONE NUMBER |
|--|--|---|--------------|
| 4. PRES./SEC'Y OF ORG. or POLITICAL CANDIDATE<br>John Howe   | 9/26/1961  | 339 Sienna Ct, Grand Jct, CO 81507      | 970-270-3738 |
| 5. EVENT MANAGER<br>John Howe  | 9/26/1961  | 339 Sienna Ct, Grand Jct CO 81507       | 970-270-3738 |
| 6. HAS APPLICANT ORGANIZATION OR POLITICAL CANDIDATE BEEN<br>ISSUED A SPECIAL EVENT PERMIT THIS CALENDAR YEAR?<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES HOW MANY DAYS? _____ | 7. IS PREMISES NOW LICENSED UNDER STATE LIQUOR OR BEER CODE?<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> 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 May 12, 2023    | Date May 13, 2023    | Date May 14, 2023     | Date           | Date           |
|----------------------|----------------------|-----------------------|----------------|----------------|
| Hours From 4:00 p.m. | Hours From 2:00 p.m. | Hours From 12:00 p.m. | Hours From .m. | Hours From .m. |
| To 10:00 p.m.        | To 10:00 p.m.        | To 6:00 p.m.          | To .m.         | To .m.         |

## OATH OF APPLICANT

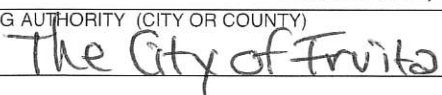
I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.

|  |                    |                   |
|--|--------------------|-------------------|
| SIGNATURE<br> | TITLE<br>President | DATE<br>4/12/2023 |
|--|--------------------|-------------------|

## 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)<br>The City of Fruita                                 | <input checked="" type="checkbox"/> CITY<br><input type="checkbox"/> COUNTY | TELEPHONE NUMBER OF CITY/COUNTY CLERK<br>(970) 639-4210 |
| SIGNATURE<br> | TITLE<br>JOEL KINCAID, MAYOR  | DATE  |

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

## LIABILITY INFORMATION

| License Account Number | Liability Date | State      | TOTAL |
|------------------------|----------------|------------|-------|
|                        |                |            |       |
|                        |                | -750 (999) | \$ .  |

(Instructions on Reverse Size)

**COPMOBA**  
**Fruita Fat Tire Festival/Co2Ut – May 12, 13 and 14, 2023**  
**Special Permit Application Narrative**

1. Description. The Fruita Fat Tire Festival (FFTF) is an annual event that brings a number of mountain bike enthusiasts to Fruita. For 2023, Desert Gravel is organizing the Co2Ut gravel bike race in conjunction with FFTF. Colorado Plateau Mountain Bike Trail Association, Inc. (COPMOBA) is a tax exempt organization under Section 501(c)(3) of the Internal Revenue Code. COPMOBA will provide a beer garden in the licensed area shown on the attached map for the 2023 FFTF in Fruita Civic Center Park, 325 E. Aspen Avenue. COPMOBA will sell and serve beer from kegs into plastic cups. Beer garden hours will be from 4:00 pm to 10:00 pm on Friday, May 12; 2:00 pm to 10:00 pm on Saturday, May 13; one 12:00 pm to 4:00 pm on Sunday, May 14. Last call will be no later than 9:30 pm on Friday and Saturday to allow patrons to finish any beer before closing at 10:00 pm.

2. Security and Crowd Control. COPMOBA volunteers will monitor the entrances to the licensed area and its perimeter in order to prevent alcohol being removed from or brought into the licensed area. Additional security within the licensed area will be provided by paid security and/or COPMOBA volunteers to monitor participant behavior and to prevent participants from becoming noticeably intoxicated. COPMOBA will refuse to serve any participant who is noticeably intoxicated. Fruita Police will be called if any illegal activity or behavior that cannot be controlled by security occurs.

3. Fencing. Metal fencing and adjacent building walls will enclose the licensed area as shown on the attached map.

4. Toilets. Portable toilets will be accessible in the licensed area.

5. Signage. Signs will be posted at the entrances, on perimeter fencing and building doors stating that identification will be checked and that no alcohol is allowed in or out of the licensed area.

6. Age Verification. Identification will be checked by COPMOBA volunteers at the token sales area and wristbands provided to persons over the age of 21. Persons under the age of 21 will not be provided wristbands or served alcohol. Wristbands will be checked at the beer service booth and persons without a wristband will not be served.

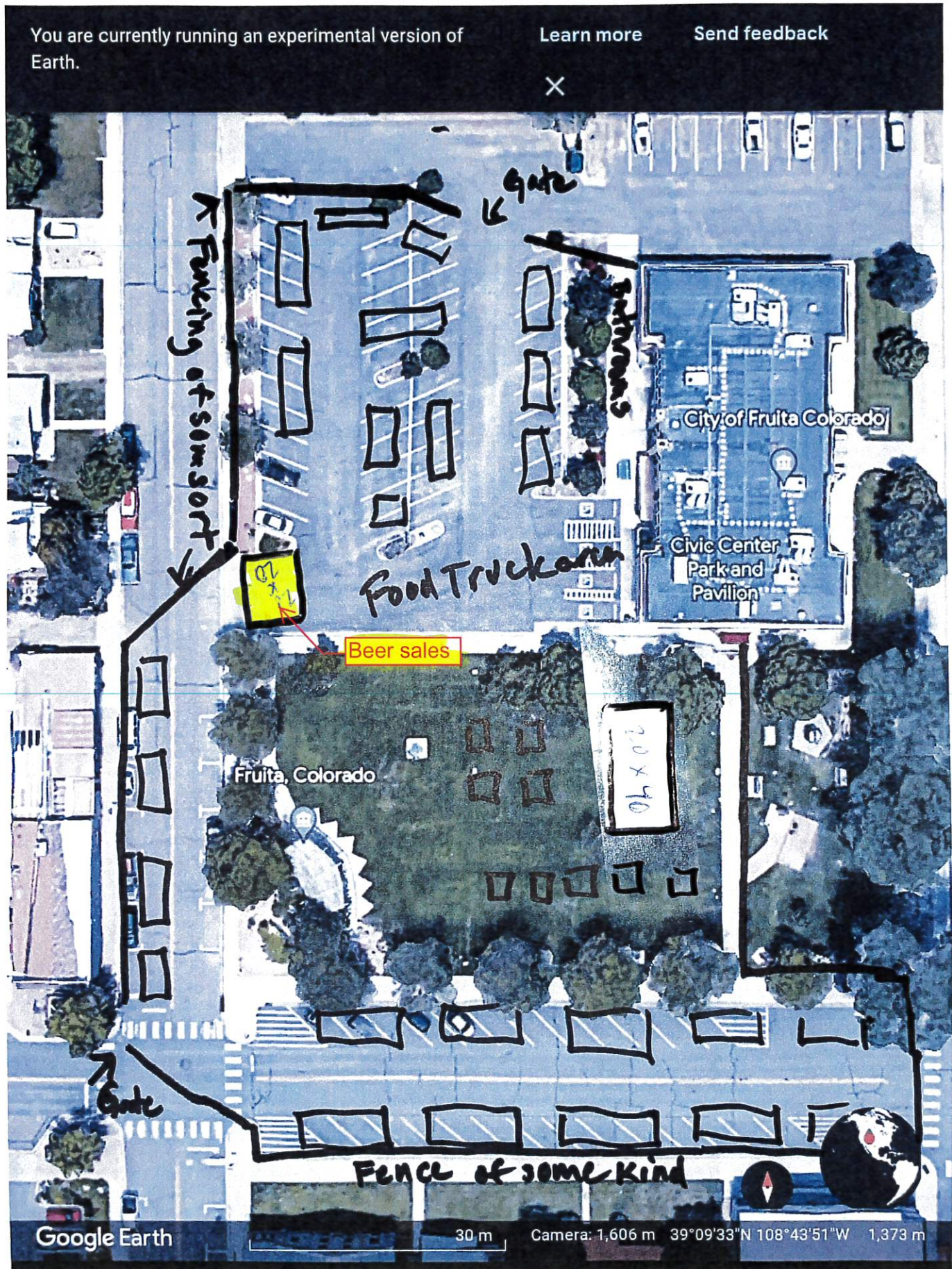
7. Responsible Alcohol Vendor. COPMOBA has Responsible Alcohol Vendor trained volunteers who will be monitoring the licensed area for identification verification and for participants who may become noticeably intoxicated.

8. Trash. Trash will be picked up periodically by volunteers and disposed of in receptacles provided by the event sponsor in order to keep the licensed area clean.

9. Food. Food trucks will be available and serving food in the licensed area.

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# 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:** April 18, 2023  
**Re:** 2023 CO2UT/Fat Tire Special Event Liquor Permit

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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.



**FRUITA**  
COLORADO

**CITY OF FRUITA**  
**SPECIAL EVENTS PERMIT**  
(To be posted at the Event)

**Event Name:** Fat Tire and CO2UT

**Date(s):** May 10-14, 2023

**Event Location:** Civic Center Park

**Event Coordinator:** George Gatseos and Morgan Murri

**Approved by:**   
City of Fruita Parks and Recreation Director



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/29/2023

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 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).

|   |  |   |  |
|---|--|---|--|
| <b>PRODUCER</b><br>Nicholas Hill Group, Inc.<br>1586 S 21st Street Suite 200<br><br>Colorado Springs CO 80904     |  | <b>CONTACT NAME:</b> Andrea Slate<br><b>PHONE (A/C, No. Ext):</b> (719) 694-2595<br><b>E-MAIL ADDRESS:</b> andrea@nicholashillgroup.com<br><b>FAX (A/C, No):</b>                                      |  |
| <b>INSURED</b><br>Colorado Plateau Mountain Bike Trails Association<br>PO Box 4602<br><br>Grand Junction CO 81502 |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Everest National Insurance 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>10120  |  |

**COVERAGES****CERTIFICATE NUMBER:****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 INSD | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|-----------|----------|----------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input checked="" type="checkbox"/> OTHER: Liquor Liability | Y         |          | SI8MB00133-231 | 03/25/2023              | 03/25/2024              | EACH OCCURRENCE \$ 1,000,000   |
|          | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000   |           |          |                |                         |                         |  |
|          | MED EXP (Any one person) \$ Excluded   |           |          |                |                         |                         |  |
|          | PERSONAL & ADV INJURY \$ 1,000,000   |           |          |                |                         |                         |  |
|          | GENERAL AGGREGATE \$ 2,000,000   |           |          |                |                         |                         |  |
|          |  |           |          |                |                         |                         | PRODUCTS - COMP/OP AGG \$ 300,000                                    |
|          |  |           |          |                |                         |                         | Liquor Liability \$ 1,000,000  |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY  |           |          |                |                         |                         | 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><input type="checkbox"/> 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  |           |          |                |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|          |  |           |          |                |                         |                         | 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)**

Certificate holder is added as Additional Insured on a Primary and Noncontributory basis under the General Liability Insurance and shall include a Waiver of Subrogation in favor of the Additional Insured. Coverage includes Participant Legal Liability. Coverage is included for Trail Building and Maintenance and Completed Operations of Trail Building and Maintenance performed by the Policyholder.

**CERTIFICATE HOLDER****CANCELLATION**

City of Fruita, CO  
325 E. Aspen  
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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