

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 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 checked="" type="checkbox"/>	Malt, Vinous And Spirituous Liquor	Liquor Permit Number
2170 <input type="checkbox"/>	Fermented Malt Beverage	

1. Name of Applicant Organization or Political Candidate Community Hospital - Colorado West Healthcare System		State Sales Tax Number (Required) 74257
2. Mailing Address of Organization or Political Candidate (include street, city/town and ZIP) 2373 G Road Grand Junction CO 81505		3. Address of Place to Have Special Event (include street, city/town and ZIP) 325 East Aspen Ave. Fruita CO 81521

4. Authorized Representative of Qualifying Organization or Political Candidate Chris Thomas	Date of Birth 09-04-65	Phone Number 242-0920
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Authorized Representative's Mailing Address (if different than address provided in Question 2.) 2373 G Road Grand Junction CO 81505

5. Event Manager Margaret Strommenger	Date of Birth 04-15-74	Phone Number 970-445-0816
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Event Manager Home Address (Street, City, State, ZIP) 337 Arches Drive Fruita CO 81521	Email Address of Event Manager
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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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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
10-2-2021																			

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 Event Coordinator	Date 09/04/21
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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
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Signature	Title	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)	\$.

(Instructions on Reverse Side)



An
Affiliate
Of



Joanne Virgilio, DO
Jonathan King, MD
Sudy Jahangiri, MD

Kristina Goutsouliak, MD
Heather Steele, MD
Andrea Liggett, FNP

J. Ryan Bagley, MD
Jonathan Frandsen, MD

Grand Valley Oncology – Community Hospital
2373 G Road, Suite 140
Grand Junction, CO 81505

March 28, 2021

City Of Fruita

Re: Radiation Oncology Fundraising Even / Special Event Permit

The Radiation Oncology department of Community Hospital is holding a fundraising event at the Fruita Civic Center Park on October 2, 2021. Tickets will be sold prior to the event and we are hoping for around 200 to be sold for corn-hole, beer garden and some music. Set-up will be at 12:00 p.m. and the park will be cleaned by 9:00 p.m. Our plan is to set up 15 corn-hole boards/set on the east side of Civic Park. The entire event will be fenced with one entrance/exit. There will be a posted emergency exit behind the beer garden table so it will be watched so no alcohol will be taken out of the designated area. We will be using the fencing that is provided by the Parks and Recreation Department from the City of Fruita. There will always be a person, who is 21 years-of-age, present to ID and wrist band those who have purchased a beer garden ticket and to also insure no alcohol will leave the designated area upon exiting. There will also be a sign posted at the exit stating, No Alcohol Past This Point. Beer with alcohol percent greater than 3.2% will be served. Only cans of beer will be served and there will no glass containers of any kind. Those serving alcohol will be older than 21 years-of-age and the alcohol will only be served to those with wrist bands

Prior to the event we will be having a meeting/training with all volunteers to go over the event and the duties and responsibilities each will have.

As per my meeting with the Fruita Parks and Recreation personal, we will not be having any additional security and there will be no other police presence due to the fact that event is completely contained within the Civic Park.

There will be portable bathrooms in the north parking lot as indicated on the map. There will be one regular restroom, one handicap restroom as well as one hand wash station. There will be a trash receptacle at the hand was station. There will be volunteers present at the event and will be diligently cleaning up outside of the designated beer garden as well was with the designated beer garden. There will be trash receptacles and recycle bins present in the beer garden as well as the north side of the park.

There will be two food trucks present during the event and will be parked on the north side of the park in the parking lot. They all have the proper licensing to work in the City of Fruita.

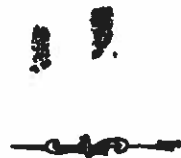
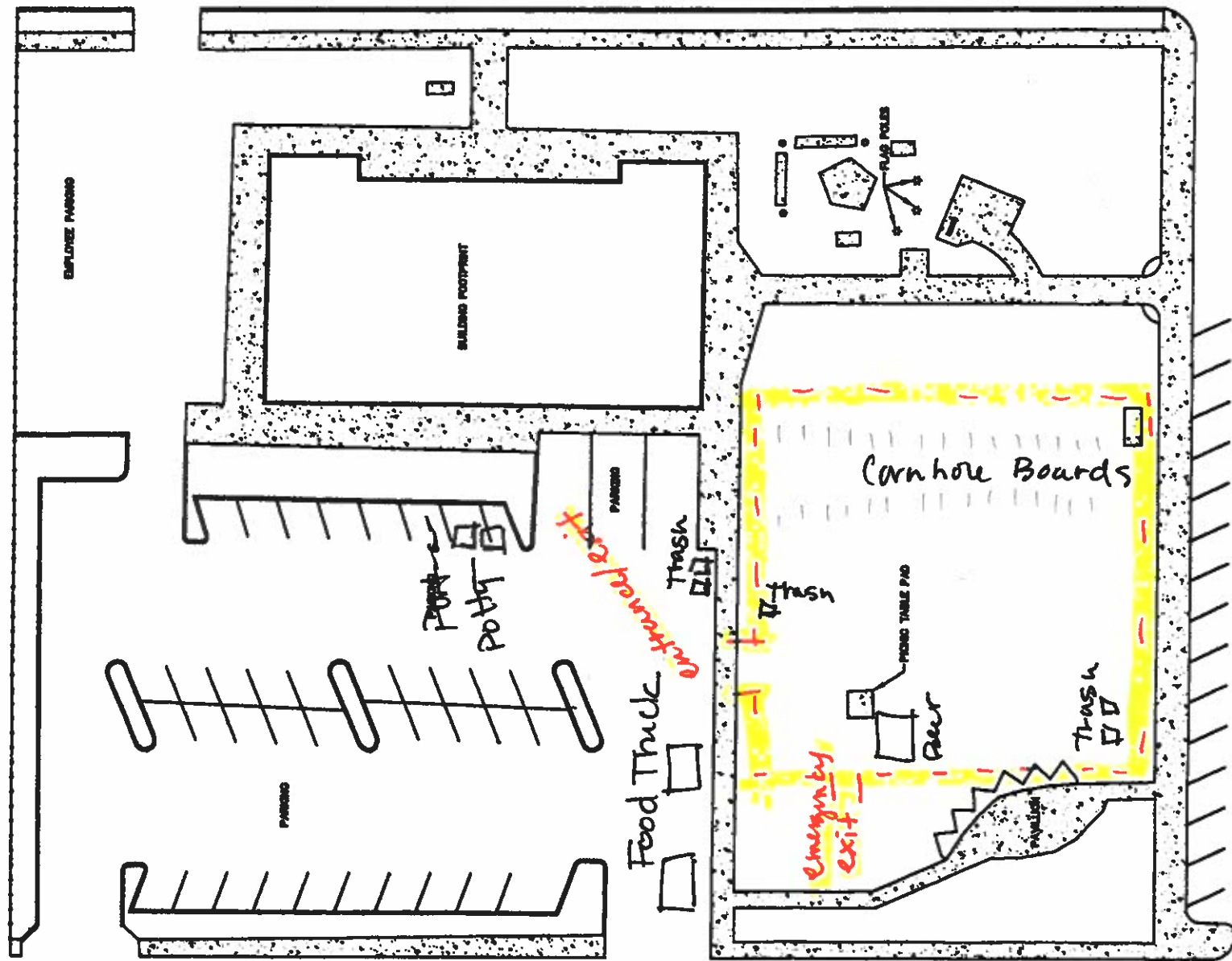
Again, all volunteers will be over the age of 21. If there are any further questions or concerns, please let me know so I am able to remedy the situation.

Thank you for this opportunity to raise money for those in our community that need some extra help while going through their cancer treatments.

Sincerely,

 RT. (R)(T)

Margaret H. Strommenger R.T. (R)(T)



CITY OF FRUITA
ENGINEERING DEPARTMENT

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

REVISION: _____ DATE: _____
REVISION: _____ DATE: _____
REVISION: _____ DATE: _____

FRUITA CIVIC CENTER

FILE: BASE.DWG
SHEET: 1 OF 1



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: August 12, 2021
Re: 2021 Community Hospital 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.

Debra Woods

From: Tom Casal
Sent: Thursday, August 12, 2021 12:13 PM
To: Debra Woods
Subject: RE: Community Hospital - Radiology Cornhole Fundraiser

Hi Deb,

Community Hospital's Corn Hole tournament Special Event Application was received and they have been approved to host the event at Civic Center Parks on Saturday October 2nd for Noon to 8:30pm.

Thanks

Tom Casal
Recreation Superintendent
City of Fruita
324 N. Coulson St.
Fruita CO 81521
(970) 858-0360 ext. 6405
tcasal@fruita.org



From: Debra Woods <dwoods@fruita.org>
Sent: Thursday, August 12, 2021 11:17 AM
To: Tom Casal <tcasal@fruita.org>
Subject: Community Hospital - Radiology Cornhole Fundraiser

Hi, Tom –

May I please get something in writing from you that Community Hospital has the City's permission to hold their Cornhole Fundraising Event at Civic Center Memorial Park on Saturday, October 2nd from 12:00 to 8:30 pm? Thanks!

Deb Woods

Deputy City Clerk
City of Fruita
325 E. Aspen Ave.
Fruita, CO 81521
(970) 858-3663
dwoods@fruita.org





COLOWES-01

SARAM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/20/2021

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 Home Loan & Investment Company 205 North 4th Street Grand Junction, CO 81501	CONTACT NAME: Sara Mendenhall	
	PHONE (A/C, No, Ext): (970) 254-0846 FAX (A/C, No): (970) 243-3914	
	E-MAIL ADDRESS: saram@hlic.com	
INSURED Colorado West Healthcare System 2021 N 12th St Grand Junction, CO 81501	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: COPIC Insurance	11860
	INSURER B: Allmerica Financial Benefit	10212
	INSURER C: Pinnacol Assurance	41190
	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 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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			HCC0011404	5/1/2021	5/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			AW49536174-09	5/1/2021	5/1/2022	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 type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UCC0011405	5/1/2021	5/1/2022	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000
C	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	4139147	1/1/2021	1/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)
The City of Fruita is named as additional insureds for special events

CERTIFICATE HOLDER

CANCELLATION

City of Fruita
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