

Dear City Council,

This is the eighth year of the Salida Arts Festival. Open to the public, July 16th, and July 17th. It will take place at Riverside Park, adjacent to the pedestrian mall. I have rented the park for three days, July 15-17, July 15th will be set up day and not open to the public. Every artist will have their own 10 x10 white canopies, there will be no staking into the ground.

I will hire an off duty Salida police officer for overnight security, Fri and Sat. nights. I will provide trash cans and be responsible for making sure the park is clean when we leave. There is no liquor. There will be amplified music, (one small amplifier) Sat. and Sun afternoons 12:00-3:00. Red Tischer will be strolling and playing his guitar. No use of stage, or large amplifiers.

I am requesting a variance for overnight parking, July 15th – July 17th. I'm hoping to find a place near the park, for overnight, self-contained RV parking for 4-5 vehicles max., maybe the other side of the river or Toubert building property. I'm not sure what's available, and if it isn't possible, we'll live with that.

It seems there are plenty of restrooms in the area, 2 in park, 2 at scout hut, 2 at boat ramp and multiple restaurants so we do not intend to rent port a potties, unless you mandate it. I will pay for an additional cleaning of the park port-a-potties on Saturday evening. This was adequate last year.

I will collect the \$20.00 city vendor license fee from each artist and then write one check to the city. I have done this every year in the past without issue. I believe the show will be a significant source of tax income for the city.

If you need further information or have questions, let me know.
Thank you for your consideration.

Jerry Scavezze
221-3112
JerrySAF1@SalidaArtsFestival.com

City of Salida Special Event Organizer Rules and Regulations affirmation:

Please check that you understand and will adhere to the following requirements:

- ☒ Any violation of the City of Salida Municipal Code or agreements made in the application process are grounds for denial of the Special Events permit in the future.
- ☒ You will be required to have insurance and name the City as an additionally insured party.
Because this is often a lengthy process, the City will accept and approve applications pending receipt of proof of insurance.
- ☒ Applicants are also responsible for meeting any other agency requirements. For example, if you are serving food you must meet all Health Department requirements
- ☒ 1 trash can per 50 people expected is required.
- ☒ The event is responsible for emptying ALL trash within the event, including pre-existing city trash cans.
- ☒ Chaffee County Department of Health requires at least **one restroom for every fifty people attending the event.**
- ☒ All clean up must be completed within 24 hours after the event concludes. If the City has to clean up after the event, a fee will be billed to the organizer.

Organizer signature: Jay Scarsz Date: 12/19/21

Salida Special Event Emergency Action Plan

I, the undersigned, agree to compile with the following Emergency Action Plan to the best of my ability. The first person on this list will be the designated Emergency Manager and will take responsibility for public addresses and instruction to the event participants

| Emergency Manager (1 lead, 2 alternates) | Contact Info 1 | Contact Info 2 | Signature |
|--|---------------------|---------------------------------|--------------------|
| 1. <u>Jerry Scavazz</u> | <u>719-221-3112</u> | <u>JScavazz22@gmail.com</u> | <u>[Signature]</u> |
| 2. <u>Susan Bethany</u> | <u>719-371-0249</u> | <u>SusanBethany@hotmail.com</u> | <u>[Signature]</u> |
| 3. <u>Toni Tischer</u> | <u>719-221-0370</u> | <u>Toni@TischerStudios.com</u> | |
| 4. | | | |

Please complete the following template according to your Events plan and location.

The following procedures should be followed in the event of an emergency.

Communications

- The manager or designee will communicate the designated evacuation space to participants at the beginning of the event.
- The Emergency Manager will communicate to the event participants in an emergency with a
 - ☐ Bull Horn
 - ☐ PA system
 - ☒ Emergency level voice

Please enter your evacuation destination into the box in each of the follow scenarios

Fire

- Call 911
- Assist injured or disabled personnel.
- Evacuate the building. Activate emergency shut offs if available.
- Attempt to use a fire extinguisher only if you have been trained.
- Evacuate participant to Corner of 1st & Sackett

Medical Emergency

- Identify the medical emergency.
- If life threatening, call 911.
- Administer first aid if properly trained.
- Evacuate the injured person to Corner of 1st & 1st

Violent Incident

- Call 911.
- Attempt to avoid the situation – move participants away

- Try to deny contact-evacuate to Corner of 1st & Sackett

lock/block doors, turn off lights, silence phones.

- If necessary defend - distract, attack, subdue.

Severe Weather/Natural Incident

- Move participants away from threat if possible.
- Evacuate to Closest available Structure (Building) or personal cars
- Call 911

Urgent Situation (suspicious person, package, activity or bomb threat)

- Call 911.

Salida Special Event Emergency Action Plan

I, the undersigned, agree to compile with the following Emergency Action Plan to the best of my ability. The first person on this list will be the designated Emergency Manager and will take responsibility for public addresses and instruction to the event participants

| Emergency Manager (1 lead, 2 alternates) | Contact Info 1 | Contact Info 2 | Signature |
|--|----------------|----------------|--------------|
| 1. Mary Sandell | 970-217-0051 | | Mary Sandell |
| 2. Sheryl Wight | 719-207-2048 | | Sheryl Wight |
| 3. | | | |
| 4. | | | |

Please complete the following template according to your Events plan and location.

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Communications

- The manager or designee will communicate the designated evacuation space to participants at the beginning of the event.
- The Emergency Manger will communicate to the event participants in an emergency with a
 - ☐ Bull Horn
 - ☒ PA system
 - ☒ Emergency level voice

Please enter your evacuation destination into the box in each of the follow scenarios

Fire

- Call 911
- Assist injured or disabled personnel.
- Evacuate the building. Activate emergency shut offs if available.
- Attempt to use a fire extinguisher only if you have been trained.
- Evacuate participant to Local business across the street / HRRMC

Medical Emergency

- Identify the medical emergency.
- If life threatening, call 911.
- Administer first aid if properly trained.
- Evacuate the injured person to HRRMC

Violent incident

- Call 911.
- Attempt to avoid the situation – move participants away
- Try to deny contact-evacuate to Back stage Area / cars / local businesses
lock/block doors, turn off lights, silence phones.
- If necessary defend - distract, attack, subdue.

Severe Weather/Natural incident

- Move participants away from threat if possible.
- Evacuate to Backstage area / local businesses / Homes
- Call 911

Urgent Situation (suspicious person, package, activity or bomb threat)

- Call 911.



CITY OF SALIDA
AMPLIFIED SOUND PERMIT

Permit #: _____

Please fill out form completely, sign and date prior to submission.

Pursuant to Article IX Section 10-9-80 S.M.C., _____ (Permittee) has been granted this permit to exceed the maximum sound levels established in Article IX Section 10-9-80, S.M.C., in accordance with the following terms and conditions:

Permittee: Jerry Seaveze for Salida Arts Festival

Address: 813 Holiday Hills, Howard, Co. 81233

Telephone: 719-221-3112

Individual supervising sound (if different from Permittee): Red Tischer

Activity/event: Salida Arts Festival

Type of sound amplification equipment authorized (if any): One Small ~~amplifier~~ amplifier. No use of stage

Location: Riverside Park

Date(s): 7/16 - 7/17

Hours of operation: noon - 3 Both days

Additional terms/conditions (attach additional sheets if necessary): One Roving musician.

Expiration: _____

This permit will not be issued beyond 10:00 p.m.

The Permittee shall ensure that the sound/activity authorized by this permit shall be conducted in compliance with all applicable City ordinances and regulations, and a failure by the Permittee to do so, or to comply with all terms and conditions set forth hereinabove, may result in the summary revocation of this permit.

Accepted and agreed to by the Permittee: _____

Date: _____

Approved by the City Administrator on the ____ day of _____.

City of Salida: _____ (City Administrator)

Copies to: Police ____ Public Works ____ Fire ____ City Clerk ____ City Zoning ____

Amplified Sound Permit



CITY OF SALIDA
AMPLIFIED SOUND PERMIT

Permit #: _____

Please fill out form completely, sign and date prior to submission.

Pursuant to Article IX Section 10-9-80 S.M.C., Salida Concerts Inc (Permittee) has been granted this permit to exceed the maximum sound levels established in Article IX Section 10-9-80, S.M.C., in accordance with the following terms and conditions:

Permittee: Salida Concerts

Address: PO Box 13, Salida, CO 81201

Telephone: _____

Individual supervising sound (if different from Permittee): Mary Sundell / Salida Concerts

Activity/event: Classical Music Concert - Brass Quintet

Type of sound amplification equipment authorized (if any):
microphones + speakers hung on stage

Location: Riverside Amphitheatre

Date(s): July 16th 2022

Hours of operation: 5:30 pm - 9:00 pm

Additional terms/conditions (attach additional sheets if necessary): _____

Expiration: _____

This permit will not be issued beyond 10:00 p.m.

The Permittee shall ensure that the sound/activity authorized by this permit shall be conducted in compliance with all applicable City ordinances and regulations, and a failure by the Permittee to do so, or to comply with all terms and conditions set forth hereinabove, may result in the summary revocation of this permit.

Accepted and agreed to by the Permittee: _____

Date: _____

Approved by the City Administrator on the ____ day of _____.

City of Salida: _____ (City Administrator)

Copies to: Police ____ Public Works ____ Fire ____ City Clerk ____ City Zoning ____
Amplified Sound Permit



2. State who, what, where, when, why, and how the situation occurred.
3. If there is a bomb threat, turn off all electronics.

CITY COUNCIL MEMO

| Special event | Presented by <small>Replace with organizers name</small> | Date <small>Replace with accurate date of meeting</small> |
|---------------|---|--|
| | Salida Concerts, Inc | |

Event Overview: Classical Music Concert on Riverside Stage,
"American Brass Quintet"

Event intent: FREE Concert in park for community.

Event timeline: 5:30 set up stage, 6:00 musicians warm up, 6:30 concert

Event map: N/A

2. State who, what, where, when, why, and how the situation occurred.
3. If there is a bomb threat, turn off all electronics.

CITY COUNCIL MEMO

| Special event | Presented by Replace with organizers name | Date Replace with accurate date of meeting |
|---------------|--|---|
|---------------|--|---|

Event Overview: *Art Festival in Riverside Park*

Event intent: *Sales of Artist's artwork to public*

Event timeline: *7/16 10:00AM to 7/17 4:00 PM*

Event map:

See page 2

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Organizer signature: Jay Scarsz Date: 12/19/21



City of Salida
Multiple Vendor Event Permit Application

Date of Application 5/1/22

Event Name: Salida Arts Festival

1. Event location(s): Riverside Park - 'F' st + Sackett

2. Date(s) & times(s) of event: Sat July 16 10-5
Sun July 17 10-4

3. Individual or organization sponsor(s): Jerry Scavezze
Address: 813 Holiday Hills Blvd. Howard, Co. 81233
Phone: 719-221-3112 E-mail: JScavezze@gmail.com

4. Contact Person: Same
Phone: _____ E-mail: _____

5. List Participating Vendors:
REQUIREMENT: PROVIDE A COPY OF THE CURRENT STATE LICENSE FOR EACH VENDOR

Will be in after show -

(If additional space is needed, please attach a list of participating vendors.)

6. Provide Proof of Insurance (The City Administrator, at his or her discretion, may require the City be named as an additional insured.)

Copy of Insurance Attached (Yes or No) yes

Required Fees and Checklist:



\$75 Application Fee

 \$20 per participating vendor: Number of Vendors X \$20 =



Current Colorado Sales Tax License for each participating vendor



Proof of Insurance

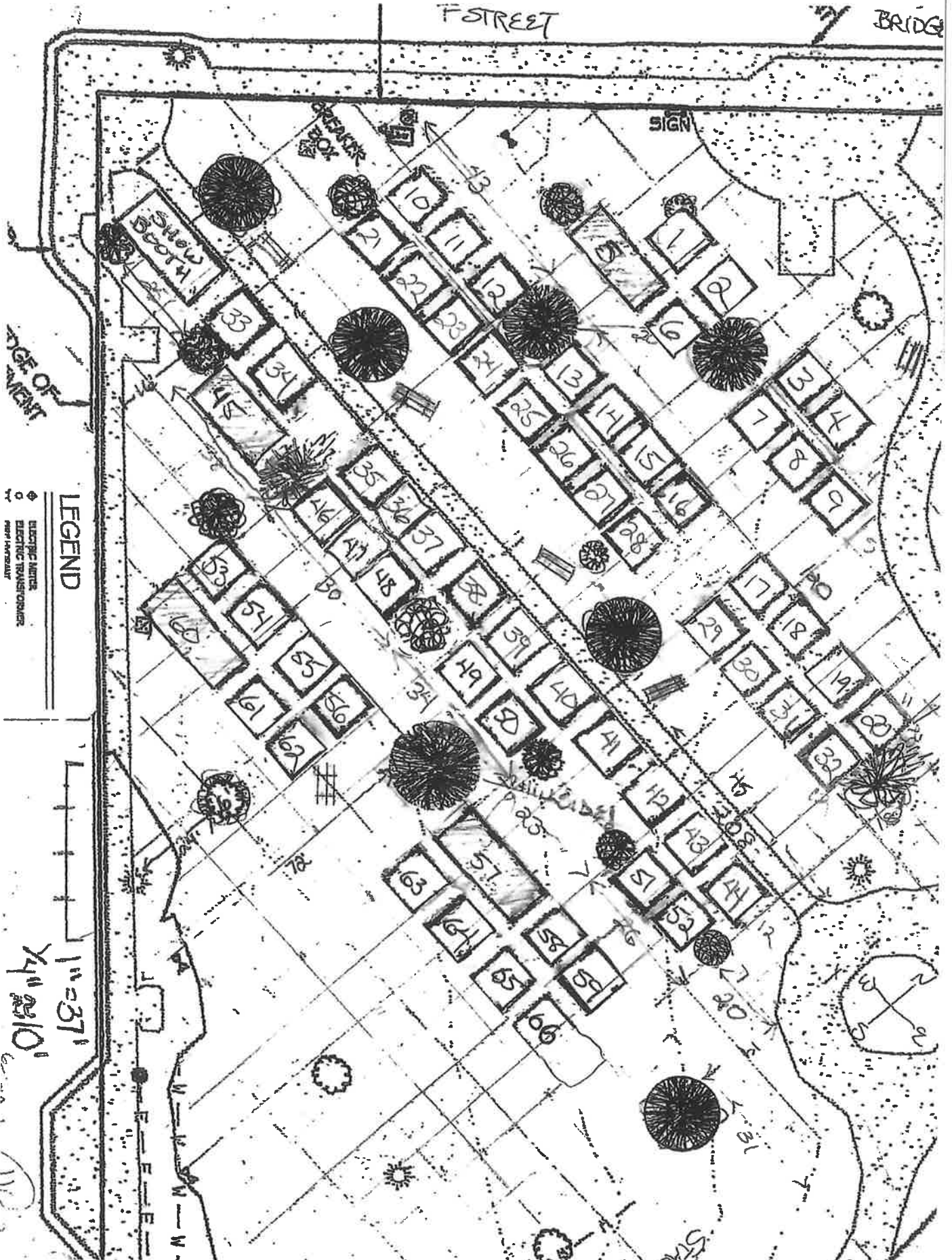
Signed:

Event Sponsor: Jerry Sams

City of Salida:

Date: 6/19/22

Date:

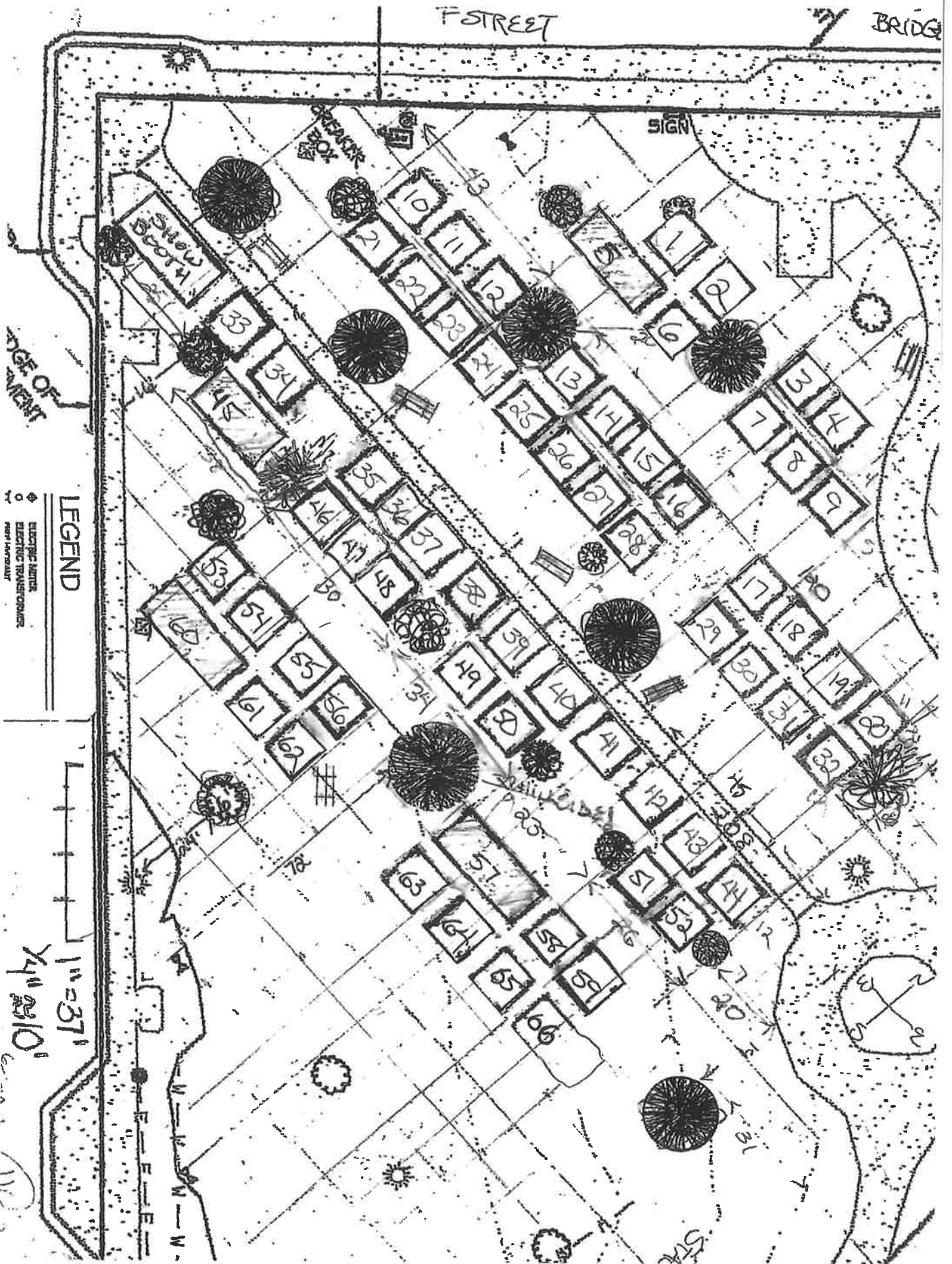


LEGEND

- ◆ ELECTRIC METER
- ELECTRIC TRANSFORMER
- WATER METER

1" = 37'

1/4" = 10'





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/02/2022

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 East Main Street Insurance Services, Inc. Will Maddux PO Box 1298 Grass Valley CA 95945 | | CONTACT NAME: Will Maddux PHONE (A/C, No. Ext): (530) 477-6521 E-MAIL ADDRESS: info@theeventhelper.com FAX (A/C, No): | |
| INSURED Salida Arts Festival Jerry Scavezze 813 Holiday Hills Howard CO 81233 | | INSURER(S) AFFORDING COVERAGE INSURER A: Lloyds Syndicate 2623 INSURER B: Lloyds Syndicate 623 INSURER C: INSURER D: INSURER E: INSURER F: | |
| | | NAIC # AA-1128623 AA-1126623 | |

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 | Y | | EH-771322-L2293508 | 07/15/2022 12:01 AM | 07/18/2022 12:01 AM | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (other than fire) \$ 1,000,000 |
| | Host Liquor Liability | | | | | | MED EXP (Any one person) \$ 5,000 |
| | Retail Liquor Liability | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | OTHER: | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | AUTOMOBILE LIABILITY | | | | | | Deductible \$ 1,000 |
| | <input type="checkbox"/> ANY AUTO | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS | | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> RETENTION \$ | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR | | | | | | |
| | EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | | | | EACH OCCURRENCE \$ |
| | | | | | | | AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A | | | | | | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | 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 listed below is named as additional insured per attached CG 20 26 07 04.
Attendance: 500, Event Type: Art Festival and Show.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|--|
| City of Salida, CO., for Riverside Park 170 East Sacket Salida CO 81201 | 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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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

| Name Of Additional Insured Person(s) Or Organization(s) |
|--|
| City of Salida, CO., for Riverside Park 170 East Sacket Salida, CO 81201 |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.