

## **GRACE CHURCH OUTDOOR WORSHIP SERVICE**

Grace Church's annual park service begins @ 10AM with set-up commencing around 7:30AM. The service will include worship, a sermon, possibly several baptisms in the river and a picnic lunch afterward. Attendance is estimated at 250 people. The entire service (including clean-up) should conclude around 2PM. Grace Church will make arrangements with CP's Portables for port-a-potties for the event; we will provide our own trash receptacles, sound equipment, tables and chairs; and we will be using our church Security Team for the event.

# Salida Park Rental & Special Event Form

This application must be filled out in its entirety and is a request only. Applications can be accepted or rejected.

Contact Name \*

Danielle Potter

Applicant/Entity Email \*

office@gracechurchsalida.com

Phone Number \*

7195392693

What type of Event are you requesting? \*

- Public Event: Free and open to the public eg. concerts/festivals (60-90 days notice)
- Admission Based Event: A paid ticket or reservation is required for entry (60-90 days notice)
- Races: A paid race event that can include walking, running, biking etc (60 days notice)
- Special Occasion: A private event by invitation only eg. celebration/birthday party (14 day notice)
- Tournament (30 days notice)
- Assembly/First Amendment Activity (Recommended 5 business day notice)

Event/Activity Name \*

Grace Church Park Service

Provide a short description of your activity. Include any website or social media handles associated with the event. \*

Church service

Desired Location of Event/Activity \*

- Riverside Park
- Alpine Park
- Centennial Park
- Chisholm Park
- Chisholm Park Clubhouse
- Thonoff Park
- F street (For parades, walks/runs/bike races)
- Skatepark
- Marvin Park (For Baseball, Softball or Kickball tournaments)
- Centennial Courts (For Tennis or Pickleball Tournaments)
- Other: .....

Estimated number of attendees? \*

250

Start date desired \*

MM DD YYYY

08 / 01 / 2021

Start Time Desired (please include load in time) \*

Time

07 : 30 AM ▼

End date desired \*

MM DD YYYY

08 / 01 / 2021

End Time Desired (please include load out time) \*

Time

02 : 00 PM ▼

Will ANY of these features apply to your event? \*

- More than 50 attendees?
- Sell food or merchandise?
- Sell or dispense alcohol? (only allowed for non profit org)
- Use amplified sound?
- Need to close a street or right of way?
- Require law enforcement, security or fire professionals?
- None of the above

This form was created inside of City of Salida.

Google Forms

### Addendum A

1. Do you plan on using any portion of the Salida Trail System (STS)? Yes \_\_\_ No

If yes, describe when, how and where:

\_\_\_\_\_  
\_\_\_\_\_

2. How many people do you plan to have at your event: 250

3. Will any food or merchandise be sold? Yes \_\_\_ No

If yes, FOOD AND SALES TAX LICENSES MUST BE OBTAINED. Contact the Colorado Department of Revenue for sales tax licenses at (303) 232-2416, and the Chaffee County Public Health Department for food licenses at (719) 539-2124. Vendors must have a fire extinguisher on site. Vendor booths are subject to inspection by the Salida Police and Fire Departments.

4. Will alcoholic beverages be sold and/or dispensed at your event?

Yes \_\_\_ No

If yes, please fill out the Application for Special Events Liquor License and submit it along with the necessary fees. A State of Colorado Special Event Liquor License permit is ONLY issued to incorporated non- profit organizations. EVENTS REQUIRING ALCOHOL LICENSES MUST SUBMIT THEIR APPLICATION AT LEAST 90 DAYS IN ADVANCE OF THE EVENT.

5. Will there be amplified sound at your event? Yes  No \_\_\_

6. Are street closures proposed for your event? Yes \_\_\_ No

If yes, where and when? \_\_\_\_\_

7. Will you require any law enforcement services specific for your event? Yes \_\_\_

No

If yes, for what purpose (security, traffic, parking or public control, Salida Trail System crossings, etc.?)

\_\_\_\_\_  
\_\_\_\_\_

Dates and times officers needed? \_\_\_\_\_

Please attach the event's Security Plan.

The City of Salida requires reimbursement for the cost of providing police and safety measures above the standard for the time and date of any event.

8. Where do you plan for people to park for your event?

Surrounding Streets

9. Please explain your **Emergency Action Plan, including First Aid Stations,** Communication and public safety agencies. Please attach additional documents to this application with the details.

Emergency Action Plan is to evacuate to the Scout Hut area in the event of an emergency. Announcements to be communicated by PA system. Security Team personnel to administer First Aid if necessary.

10. Will you need event insurance? Yes  No

Events to which the PUBLIC is invited require insurance. Please refer to #11 under Provisions for Park Rentals and Park Rules. Proof of insurance will be required with this application and must list the City as an additional insured party.

11. Please provide a **timeline** for your event

<u>SUNDAY, AUGUST 1st</u>	
<u>7:30AM - 9:30AM: Set up</u>	<u>11:30AM - 1:30PM: Picnic Lunch</u>
<u>10AM - 11:30AM: Service / Baptisms</u>	<u>1:30PM - 2:30PM: Clean up</u>

12. Please list any other needs or requirements that have not been covered.

N/A

13. Signature [Handwritten Signature]

**CITY OF SALIDA**

Permit #: \_\_\_\_\_

**AMPLIFIED SOUND PERMIT**

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

Pursuant to Article IX Section 10-9-80 S.M.C., GRACE CHURCH (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: GRACE CHURCH

Address: 1320 D ST., P.O. Box 100, SALIDA, CO 81201

Telephone: 719-539-2663

Individual supervising sound (if different from Permittee): GRACE A/V TEAM

Activity/event: CHURCH SERVICE

Type of sound amplification equipment authorized (if any): instruments, speakers, microphones

Location: RIVERSIDE PARK / BANDSHELL

Date(s): 06/27/21 and 08/01/21

Hours of operation: 7:30AM - 2PM

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 \_\_\_





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/02/2021

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).

<b>PRODUCER</b> Church Mutual Insurance Company 3000 Schuster Lane P.O. Box 357 Merrill WI 54452		<b>CONTACT NAME:</b> Yvette R Chieves <b>PHONE (A/C, No, Ext):</b> 1-800-554-2642 Option 1 <b>FAX (A/C, No):</b> 855-264-2329 <b>E-MAIL ADDRESS:</b> customerservice@churchmutual.com	
<b>INSURED</b> GRACE CHURCH SALIDA  1320 D ST  SALIDA CO 31201-2746		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Church Mutual Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	<b>NAIC #</b> 18767

**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N		0083445-02-007419	07/06/2019	07/06/2022	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000						
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 1,000,000
							\$
	<b>AUTOMOBILE LIABILITY</b> <input 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						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE    OTH-ER
							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)

Evidence of Liability Insurance for a Worship Services and Picnics at Riverside Park, Sackett and F Streets, Salida, CO on 08/01/21, saap551

<b>CERTIFICATE HOLDER</b>  CITY OF SALIDA 448 E FIRST ST  SALIDA CO 81201-2804	<b>CANCELLATION</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.  AUTHORIZED REPRESENTATIVE  <i>Yvette Chieves</i>
---	---