## Dear City Council,

This is the seventh year of the Salida Arts Festival, as last year was cancelled because of covid-19. Open to the public, July 17th, and July 18th. It will take place at Riverside Park, adjacent to the pedestrian mall. I have rented the park for three days, July 16-18. July 16th will be set up day and not open to the public. They will have their own 10 x10 white canopies. There will be no staking into the ground. I have hired overnight security, Fri and Sat. nights. I will provide trash cans and I will 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.

It seems there are plenty of port a potties, 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. All of the artists have paid the \$20.00 city vendor license fee which I will collect and give to the city. I believe the show will be a significant source of tax income for the city.

Thank you for your consideration.

Jerry Scavezze

221-3112

JerrySAF1@SalidaArtsFestival.com

# 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.

Applicant/Entity Name (this will be the primary contact for the City) *
Jerry Scavezze
Applicant/Entity Email *
JerrySaf1@SalidaArtsFestival.com
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 *
Salida Arts Festival
Provide a short description of your activity. Include any website or social media handles associated with the event. *
Outdoor Fine Arts Fair, Free, Open to Public. <80 vendors. Setup Friday, Open to public Sat. Sun. https://salidaartsfestival.com/ https://www.facebook.com/SalidaArtsFestival Instagram salida_arts_festival
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? *
1000

Start date desired \*

MM DD YYYY

07 / 16 / 2021

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

Time

09:00 AM

End date desired \*

MM DD YYYY

07 / 18 / 2021

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

Time

07:00 PM

VVIII	III ANY of these features apply to your event?							
$\checkmark$	More than 50 attendees?							
<b>/</b>	Sell food or merchandise?							
	Sell or dispense alcohol? (only allowed for non profit org)							
$\checkmark$	Use amplified sound?							
	Require law enforcement, security or fire professionals?							
$\checkmark$	Require municipal water or electricity hook ups?							
	Require City fencing, road barricades, cones or sprinkler marking?							

This form was created inside of City of Salida.

Google Forms



## **Special Event Application**

1.	Will any food or merchandise be sold? Yes No No 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.
2.	Will alcoholic beverages be sold and/or dispensed at your event? YesNoNoNo
3.	Will there be amplified sound at your event? Yes No Red Tischer One S
4.	Are street closures proposed for your event? Yes No  If yes, where and when?  If yes, it is your responsibility to circulate and submit a petition signed by abutting residents/merchants as to their support or non-support of the closure.
5.	Will you require any law enforcement services specific for your event? Yes No <u>&gt;</u> 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.
6.	Where do you plan for people to park for your event? Across the River at F 67. Turnaround - Citylot on 164 64. City Streets
7.	Please attach the quote/estimate for your trash service.
8.	Do you plan on using any portion of the Salida Trail System (STS)? Yes No 🛬



If yes, describe when, how and where:

- 9. Is your Emergency Action Plan, including First Aid Stations, Communication and public safety agencies complete? Yes No\_\_\_\_
  Please attach the plan documents to this application with the details.
- 11. Please attach a timeline, with dates and times, for your event
- 12. Please list any other needs or requirements that have not been covered.
- 13. Please attach
  - a. Map of your event with portalette, entry/exits and additional trash cans called out
  - b. Proof of insurance
  - c. Quote/estimate for Trash service
  - d. Emergency Action Plan
  - e. Event Timeline
  - f. Sound, Liquor, Street closure, etc permits and applications

Event organizer Signature

Date

5/31/21

City of Salida

**Special Event Emergency Action Plan** 

I, the undersigned, agree to comply 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. Jenny Scaverze	719-221-3112	by San
2. Susan Bethany	719-371-0040	Rotha Botha
3.		3500
4. Overnight		

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

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

Commun	ications
--------	----------

1.	The manager or designee	will com	municate the des	signated evacuation space to participants at the
	beginning of the event.	to	Their	Cars

	10 1.6614	
2.	The Emergency Manger will communicate to the event participants in an emergency with a	
	□ Bull Horn	
	☐ PA system	
	Emergency level voice	

#### Fire

- 1. Call 911
- 2. Assist injured or disabled personnel.

3. Evacuate the building. Activate emergency shutoffs if available. 5) To their cars/Vans from k
4. Attempt to use a fire extinguisher only if you have been trained.
5. Evacuate participant to Nearest Intersection - Sactett + F" if mobile.

Or E"

Or E"

#### Medical Emergency

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

#### Violent incident

- 1. Call 911.
- 2. Attempt to avoid the situation move participants away
- 3. Try to deny contact-evacuate to Vehicles lock/block doors, turn off lights, silence phones.
- 4. If necessary defend distract, attack, subdue.

#### Severe Weather/Natural incident

- 1. Move participants away from threat if possible.
- Endoor down town Stores/ Rostaurunts + Their cars 2. Evacuate to

3. Call 911

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

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



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/15/2021

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 tights to the certificate holder in liquid care holder in liquid care holder.

ti	is certificate does not confer rights			ificate holder in lieu of s				require an endorsemen	L. A SI	atement on
PRODUCER				CONTACT Will Maddux						
East Main Street Insurance Services, Inc.				PHONE (A/C, No, Ext): (530) 477-6521 FAX (A/C, No): E-MAIL ADDRESS: info@theeventhelper.com						
Will Maddux				E-MAIL ADDRE	ss: info@the	eeventhelper.				
PO Box 1298							SURER(S) AFFOR	IDING COVERAGE		NAIC#
Gr	ass Valley			CA 95945	INSURE	RA: Evansto	n Insurance	Company		35378
INSI	IRED				INSURE	RB:				
	Salida Arts Festival				INSURE	RC:				
1	Jerry Scavezze				INSURE	RD:				
	813 Holiday Hills Blvd.				INSURE	RE:				
	Howard			CO 81233	INSURE	RF:				
CO	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	OCCUMENT WITH RESPE	CT TO	WHICH THIS
INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,0	00,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	0,000
	X Host Liquor Liability							MED EXP (Any one person)	\$ 5,0	00
Α	Retail Liquor Liability	Υ		3DS5472-M2255427		07/16/2021	07/19/2021	PERSONAL & ADV INJURY	\$ 1,0	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					12:01 AM	12:01 AM	GENERAL AGGREGATE	\$ 2,0	00,000
	POLICY PRO-							PRODUCTS - COMP/OP AGG	\$ 1,0	00,000
	OTHER:							Deductible	\$ 1,0	00
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
								- Inchino de la material de	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION S								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY V/N							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory In NH)	"' <i>'</i>						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (4	CORD	101. Additional Remarks Schedu	le. mav h	e attached if more	e space la require	ed)		
Cert	Certificate holder listed below is named as additional insured per attached MEGL 2217 01 19. Attendance: 600, Event Type: Art Show.									
CE	RTIFICATE HOLDER				CANC	CELL ATION				
CE	RIFICATE HOLDER				CANC	ELLATION				
					THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I LY PROVISIONS.		
	City of Salida				AUTHORIZED REPRESENTATIVE					
	448 East 1st St. #112						(1),	Maddup		
	Salida CO 81201				Min L. Comarin					



## City of Salida Multiple Vendor Event Permit Application

	1
	Date of Application 5/15/21
	Event Name: Salida Arts Festival
1.	Event location(s): Riverside Parte
2.	Date(s) & times(s) of event: Sax July 17th 10-5
	Sun July 18th 10-4
3.	Scavezze-Bethany Enc don Salida Ants Festival Individual or organization sponsor(s): Jerry Scavezze  Address: 813 Holiday Hills Bluck Housed CO, 2123
	Address: 813 Holiday Hills Blyd. Howard, CO. 8123. Phone: 79-221-3112 E-mail: Jerry Sat 1 @Salida Arts
4.	Phone: <u>D19-221-3112</u> E-mail: <u>Same</u>
5.	List Participating Vendors: REQUIREMENT: PROVIDE A COPY OF THE CURRENT STATE LICENSE FOR EACH VENDOR

<del></del>
(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)
Description of Charles
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: City of Salida:
Event Sponsor: City of Salida:
Date: Date:

## **CITY OF SALIDA**

Permit	# *	
remini	. # •	

## **AMPLIFIED SOUND PERMIT**

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

rsuant to Article IX Section 10-9-80 S.M.C., (Permittee) en granted this permit to exceed the maximum sound levels established in Article IX Section 10-9	has -80
1.C., in accordance with the following terms and conditions:	00,
Permittee: Jerry Scavezze dba Salida Ants Festiv	2/
Address: 83 Haliday Hills Blvd.	
- Howard, Cu. 81233	
Telephone:	
Individual supervising sound (if different from Permittee): Red Tischer	
Activity/event: Salida Arts Festival	
Type of sound amplification equipment authorized (if any): Ohe musician (Red Tischer) one small Amp. 12-3 sat-sund of s	use
Location: Riverside Rank	
Date(s): $\frac{1}{1}$ / $\frac{1}{2}$ 1 $-\frac{1}{2}$ / $\frac{1}{2}$ 1	
Hours of operation: 10-5 sat 10-4 Sug	
Additional terms/conditions (attach additional sheets if necessary):	
Additional terms/conditions (attach additional sheets in necessary).	
<del></del>	
Expiration:	
This parmit will not be issued beyond 10,00 n m	
This permit will not be issued beyond 10:00 p.m.	
e Permittee shall ensure that the sound/activity authorized by this permit shall be conduct compliance with all applicable City ordinances and regulations, and a failure by the Permit do so, or to comply with all terms and conditions set forth hereinabove, may result in mmary revocation of this permit.	tee
cepted and agreed to by the Permittee:	
Date: 6/14/2/	
Approved by the City Administrator on the day of	
City of Salida: (City Administrator)	
pies to: Police Public Works Fire City Clerk City Zoning	