



Salida Mayor and City Council,

The Salida Community Center will once again sponsor the annual Salida Community Easter Egg on Saturday, April 16th at Thonhoff Park.

The hunt will begin at 9am and features age divisions for Pre-K through 4 Grade. The Easter Bunny will be delivered thanks to the Salida Fire Department.

After the hunt, an Egg Toss will be held for cash prizes.

Thank you in advance for your support of this worthwhile tradition for Salida's youth.

Special Event application

Event Name *

Salida Community Easter Egg Hunt

Event contact name *

Danny Ridenour

Event contact email address *

danr@threeeagles.com

Event contact phone number *

7192072952

The following questions are similar to the questions that were answered in the online "Park rental and Special event request form". Please provide more detail in this application.

Event location

Thonhoff Park

Event start date

MM DD YYYY

04 / 16 / 2022

Event start time

Time

08 : 00 AM ▼

Event end date

MM DD YYYY

04 / 16 / 2022

Event end time

Time

12 : 00 PM ▼

Estimated number of people in attendance

300

Please provide a short description of the event

Easter Egg hunt for area children

Will food or merchandise be available from any vendor?

- ☐ Yes
- ☒ No
- ☐ Maybe

If YES, FOOD AND SALES TAX LICENSES MUST BE OBTAINED AND POSSIBLY A MULTI VENDOR PERMIT . 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.

Multiple vendor permit

<https://drive.google.com/file/d/1VHVSD9PEo0x-dNvllrrkWRlXr1JaL8o9/view?usp=sharing>

County form:

<https://www.chaffeecounty.org/EndUserFiles/57096.pdf>

Will Alcohol be sold or distributed at your event?

- ☐ Yes
- ☒ No
- ☐ Maybe

If yes, please fill out the Application for Special Events Liquor License (available at the link below) 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.

<https://drive.google.com/file/d/1VGNG7tcBM4NP0KCIJ9hZqgrcvuypjPvu/view?usp=sharing>

Will there be amplified sound at your event?

- ☐ Yes
- ☒ No
- ☐ Maybe

If yes, complete the Amplified Sound Permit available At the City Clerk's office.

Are any streets, sidewalks or other right of way closures required for your event?

- ☒ Yes
- ☐ No
- ☐ Maybe

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.

<https://drive.google.com/file/d/1V3xAFRIMqozcGrAQsk9QC3BoCltmeO9V/view?usp=sharing>

If yes, please describe the request.

Roads around Thonhoff Park. Local traffic will have access.

Will you require any security or law enforcement services specific for your event?

☐ Yes

☒ No

☐ Maybe

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

If additional City of Salida Police Officers are requested, they must be requested through the Salida Police Department (719-539-6880).

Where will people park for your event?

Surrounding neighborhood

How many additional trash cans are needed for your event?

Will Supply

Is a quote from a trash service included in your application packet?

☐ Yes

☒ No

Is the Emergency Action Plan included in your application packet?

☐ Yes

☒ No

Have you obtained insurance for your event that lists City of Salida as additionally insured?

☒ Yes

☐ No

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
- ☒ Chaffee County Department of Health requires at least one restroom for every fifty people attending the event.
- ☒ 1 trash can per 50 people is required
- ☒ The event is responsible for emptying ALL trash within the event, including pre-existing city trash cans.
- ☒ 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.

Digital signature:

Danny Ridenour/Salida Community Center

This form was created inside of City of Salida.

Google Forms

Easter Egg Hunt

Dan Ridenour <danr@threeeagles.com>

Wed 3/30/2022 10:25 AM

To: chaffeeadmin@chaffeecounty.org <chaffeeadmin@chaffeecounty.org>

Dear Chaffee County,

My name is Danny Ridenour. I help organize the annual Salida Community Easter Egg each year. This year's hunt is scheduled for Saturday, April 16th at Thonhoff Park.

The park will be utilized from 8am to 12noon.

If this causes any problems for the County, please let me know.

Thanks,

Dan R

(O) 719-539-2575

(C) 719-207-2952



This does not cause any problems for Chaffee County.

Approved!

Greg Felt
Chair, Bo CC



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. Danny Ridenour	719.267.2952		
2. Elaine Allmang	719.539.3351		
3.			
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

1. The manager or designee will communicate the designated evacuation space to participants at the beginning of the event.
2. The Emergency Manager 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.
4. Attempt to use a fire extinguisher only if you have been trained.
5. Evacuate participant to

Medical Emergency

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

Violent incident

1. Call 911.
2. Attempt to avoid the situation – move participants away
3. Try to deny contact-evacuate to Home
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.
2. Evacuate to Home
3. Call 911

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

1. Call 911.
2. State who, what, where, when, why, and how situation occurred.
3. If bomb threat, turn off all electronics.

Map

Street View

Satellite

[View larger map](#)



-BARRICADE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/22/2022

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 GKS Insurance Brokerage 9780 S Meridian Blvd Suite 400 Englewood CO 80112	CONTACT NAME: Michelle Talbott, CISR TRIP PHONE (A/C, No, Ext): 303-996-7801 E-MAIL ADDRESS: mtalbott@crsdenver.com FAX (A/C, No): 303-757-7719
INSURED Salida Senior Citizens, Inc. 305 F Street Salida CO 81201	INSURER(S) AFFORDING COVERAGE INSURER A: Hartford Insurance Company INSURER B: Pinnacol Assurance INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 914 41190

COVERAGES**CERTIFICATE NUMBER:** 1598710551**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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			34SBAUI2020	3/25/2022	3/25/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			34UECZG4562	1/27/2022	1/27/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A		4234916	1/21/2022	2/1/2023	<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
A	Directors & Officers Liab			34KM0430957	1/20/2022	1/19/2023	Per Claim 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Easter Egg Hunt

CERTIFICATE HOLDER**CANCELLATION**

City of Salida
448 E 1st Street
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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