



1/13/2022

To whom it may concern,

Articipate would like to sponsor the 5<sup>th</sup> annual Salida SunFest, Free Youth Music Festival and Wooden Rain/Wooden Raindrops Marimba Ensembles again this year.

The date for this event will be May 25<sup>th</sup> and May 26<sup>th</sup>  
from 5:00 pm – 10:00 pm. Sound-checks will be at 1pm.

This is a well-organized, professionally run festival for the young people of the region to perform at and attend.

It is designed to give our community's youth a creative and constructive event to celebrate the beginning of their summer break.

Central Colorado Sound will be providing production for this event as well as the Bluegrass festival the following Saturday and Sunday.

Chaffee County Waste will provide disposal and CP Portables will provide Porta-Potties.

This event has been very well received the last 8 years in a row and it has become a popular, annual, Salida tradition.

Thank you,

A handwritten signature in black ink, appearing to read "Trevor Davis". The signature is stylized with a large, sweeping initial "T" and a long, horizontal stroke.

Trevor "Bones" Davis

## Special Event application

Event contact name \*

Trevor Bones Davis

Event contact email address \*

BonesDrums@Gmail.com

Event contact phone number \*

7192073422

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

Riverside Park

Event start date

MM DD YYYY

05 / 25 / 2022

Event start time

Time

05 : 00 PM ▼

Event end date

MM DD YYYY

05 / 26 / 2022

Event end time

Time

10 : 00 PM ▼

Estimated number of people in attendance

200

Please provide a short description of the event

Free, youth, music festival

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/1VGNG7tcBM4NP0KCIJ9hZqgrcvuyPvu/view?usp=sharing>

Will there be amplified sound at your event?

- ☒ Yes
- ☐ No
- ☐ Maybe

If yes, complete the Amplified Sound Permit available below.

<https://drive.google.com/file/d/1V70HXRoEEIrRqCV4S9hTgXj-1Pwfdss1/view?usp=sharing>

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/1V3xAFRIMqozcGrAQsk9QC3BoClmeO9V/view?usp=sharing>

If yes, please describe the request.

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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.? .

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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?

Street parking will be sufficient. Most walk or ride bike

How many additional trash cans are needed for your event?

4

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:

Trevor davis

This form was created inside of City of Salida.

Google Forms



## Addendum A

### For Applications B and C

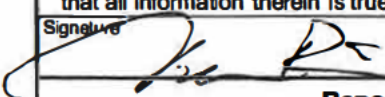
1. Do you plan on using any portion of the **Salida Trail System (STS)**? Yes \_\_\_\_\_ No X \_\_\_\_\_  
If yes, describe when, how and where: \_\_\_\_\_  
\_\_\_\_\_
2. Will any **food or merchandise** be sold? Yes \_\_\_\_\_ No X \_\_\_\_\_  
If yes, **FOOD AND SALES TAX LICENSES MUST BE OBTAINED.** 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.**
3. Will **alcoholic beverages** be sold and/or dispensed at your event? Yes X \_\_\_\_\_ No \_\_\_\_\_  
If yes, please fill out the **Application for Special Events Permit** 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.**
4. Are **street closures** proposed for your event? Yes \_\_\_\_\_ No X \_\_\_\_\_  
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 X \_\_\_\_\_  
If yes, for what purpose (security, traffic, parking or public control, Salida Trail System crossings, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_  
Dates and times officers needed? \_\_\_\_\_
6. Where do you plan for people to **park** for your event? Most will walk or ride bikes \_\_\_\_\_
7. For large events, please explain your **Emergency Action Plan, including First Aid Stations, Communication and public safety agencies. Attach an additional sheet if needed.**  
911 will be called for any incidents  
\_\_\_\_\_  
\_\_\_\_\_
8. Will you need **event insurance**? Yes \_\_\_\_\_ No X I have event insurance  
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.**
9. Please list any other needs or requirements that have not been covered. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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 checked="" 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              |   |

<b>LIAB</b> Type of Special Event Applicant is Applying for:		<b>DO NOT WRITE IN THIS SPACE</b>	
2110 <input checked="" type="checkbox"/> Malt, Vinous And Spirituous Liquor	\$25.00 Per Day	Liquor Permit Number	
2170 <input checked="" type="checkbox"/> Fermented Malt Beverage	\$10.00 Per Day		
1. Name of Applicant Organization or Political Candidate <b>Articipate</b>		State Sales Tax Number (Required) <b>98012228</b>	
2. Mailing Address of Organization or Political Candidate (include street, city/town and ZIP) <b>1239 D Street Salida CO 81201</b>		3. Address of Place to Have Special Event (include street, city/town and ZIP) <b>Riverside Park Sackett Ave Salida CO 81201</b>	
4. Authorized Representative of Qualifying Organization or Political Candidate <b>Trevor "Bones" Davis</b>		Date of Birth [REDACTED]	Phone Number <b>719 207 3422</b>
Authorized Representative's Mailing Address (if different than address provided in Question 2.)			
5. Event Manager <b>Trevor "Bones" Davis</b>		Date of Birth [REDACTED]	Phone Number <b>719 207 3422</b>
Event Manager Home Address (Street, City, State, ZIP) [REDACTED]		Email Address of Event Manager	
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 _____	
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			
List Below the Exact Date(s) for Which Application is Being Made for Permit			
Date 05/25/22 Hours From 5p .m. To 10p .m.	Date 05/26/22 Hours From 5p .m. To 10p .m.	Date _____ Hours From ____ .m. To ____ .m.	Date _____ Hours From ____ .m. To ____ .m.
Date _____ Hours From ____ .m. To ____ .m.	Date _____ Hours From ____ .m. To ____ .m.	Date _____ Hours From ____ .m. To ____ .m.	Date _____ Hours From ____ .m. To ____ .m.
Date _____ Hours From ____ .m. To ____ .m.	Date _____ Hours From ____ .m. To ____ .m.	Date _____ Hours From ____ .m. To ____ .m.	Date _____ Hours From ____ .m. To ____ .m.
<b>Oath of Applicant</b>			
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 <b>ED</b>	Date <b>02/10/22</b>
<b>Report and Approval of Local Licensing Authority (City or County)</b>			
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. <b>THEREFORE, THIS APPLICATION IS APPROVED.</b>			
Local Licensing Authority (City or County) <input type="checkbox"/> City <input type="checkbox"/> County		Telephone Number of City/County Clerk	
Signature		Title	Date
<b>DO NOT WRITE IN THIS SPACE - FOR DEPARTMENT OF REVENUE USE ONLY</b>			
<b>Liability Information</b>			
License Account Number	Liability Date	State	Total
		<b>-750 (999)</b>	<b>\$ .</b>

(Instructions on Reverse Side)

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF FACT OF GOOD STANDING**

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Articipate

is a

Nonprofit Corporation

formed or registered on 12/02/2008 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20081627661 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/09/2022 that have been posted, and by documents delivered to this office electronically through 02/10/2022 @ 15:08:04 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 02/10/2022 @ 15:08:04 in accordance with applicable law. This certificate is assigned Confirmation Number 13786821 .



*Jena Griswold*

Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."*

## Application Information and Checklist

**The following supporting documents must be attached to this application for a permit to be issued:**

- ☐ Appropriate fee.
- ☐ Diagram of the area to be licensed (not larger than 8 1/2" X 11" reflecting bars, walls, partitions, ingress, egress and dimensions. **Note:** If the event is to be held outside, please submit evidence of intended control, i.e., fencing, ropes, barriers, etc.
- ☐ Copy of deed, lease, or written permission of owner for use of the premises.
- ☐ Certificate of good corporate standing (NONPROFIT) issued by Secretary of State within last two years; or
- ☐ If not incorporated, a NONPROFIT charter; or
- ☐ If a political Candidate, attach copies of reports and statements that were filed with the Secretary of State.

- ☐ Application must first be submitted to the Local Licensing Authority (city or county) at least thirty (30) days prior to the event.
- ☐ Public notice of the proposed event and procedure for protesting issuance of the permit shall be conspicuously posted at the proposed location for at least (10) days before approval of the permit by Local Licensing Authority. (44-5-106 C.R.S.)
- ☐ State Licensing Authority must be notified of approved applications by Local Licensing Authorities within ten (10) days of approval.
- ☐ Check payable to the Colorado Department Of Revenue

### Qualifications for Special Events Permit

(44-5-102 C.R.S.)

A Special Event Permit issued under this article may be issued to an organization, whether or not presently licensed under Articles 4 and 3 of this title, which has been incorporated under the laws of this state for the purpose of a social, fraternal, patriotic, political or athletic nature, and not for pecuniary gain or which is a regularly chartered branch, lodge or chapter of a national organization or society organized for such purposes and being non profit in nature, or which is a regularly established religious or philanthropic institution, and to any political candidate who has filed the necessary reports and statements with the Secretary of State pursuant to Article 45 of Title 1, C.R.S. A Special Event permit may be issued to any municipality owning arts facilities at which productions or performances of an artistic or cultural nature are presented for use at such facilities.



216 Ferraro's

Arkansas River

Riverside Park

Beer Garden

Entrance

Beer Truck

E Sackett Ave

E Sackett Ave

E Sackett Ave

E Sackett Ave

NFSI

NFSI



216 Ferraro's



Arkansas River

Riverside Park

Beer Garden

Entrance

Beer Truck

E Sackett Ave

E Sackett Ave

E Sackett Ave

E Sackett Ave

**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., Articipate (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: Trevor Davis

Address: 1239 D St Salida CO 81201

Telephone: 719 207 3422

Individual supervising sound (if different from Permittee): Carey Hallett

Activity/event: 2022 SunFest

Type of sound amplification equipment authorized (if any): Full PA System

Location: Riverside Park, Salida, CO

Date(s): 5/25 & 5/26, 2021

Hours of operation: 5pm-10pm

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

\_\_\_\_\_

Expiration: 5/27,2021

***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: Trevor Davis

Date: 1/13/2022

Approved by the City Administrator on the \_\_\_\_ day of \_\_\_\_\_.

City of Salida: \_\_\_\_\_ (City Administrator)

Copies to: Police \_\_\_\_ Public Works \_\_\_\_ Fire \_\_\_\_ City Clerk \_\_\_\_ City Zoning \_\_\_\_

January, 2009 Amplified Sound Permit






# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/12/2022

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).

<b>PRODUCER</b>  Kate Woolman State Farm 130 W 2nd Street Unit 2 Salida CO 81201	<b>CONTACT NAME</b> Kate Woolman <b>PHONE (A/C, No, Ext)</b> 719-539-6265 <b>E-MAIL ADDRESS</b> Kate@katewoolmaninsurance.com	<b>FAX (A/C, No)</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  Trevor Davis 1239 D Street Salida CO 81201	<b>INSURER A</b> State Farm Fire and Casualty Company	<input type="checkbox"/>
	<b>INSURER B</b> State Farm Mutual Automobile Insurance Company	<input type="checkbox"/>
	<b>INSURER C</b>	<input type="checkbox"/>
	<b>INSURER D</b>	<input type="checkbox"/>
	<b>INSURER E</b>	<input type="checkbox"/>
	<b>INSURER F</b>	<input type="checkbox"/>

**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	COMMERCIAL GENERAL LIABILITY			96-BR-T609-6	09/14/2021	09/14/2022	EACH OCCURRENCE \$ 1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 2,000,000
	GEN'L AGGREGATE L MIT APPL ES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						Business property \$ 200,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS						\$
	NON-OWNED AUTOS ONLY						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER
	If yes, describe under DESCR PTION OF OPERATIONS below						E.L. EACH ACC DENT \$
							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)

<b>CERTIFICATE HOLDER</b>  City of Salida 448 E 1st St. Salida, CO 81201	<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  Completed by an authorized State Farm representative. If signature
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