



The Rotary Club of Salida plans to host their annual Bluegrass on the Arkansas event on May 29 and 30 at Riverside Park. The event is free to the public and has been enjoyed by the community for the past 16 years (event cancelled in 2020 due to COVID).

While the event is free to the public, as with previous year's events, Rotary encourages donations from those attending the event. Additionally, sponsorships have been secured from local businesses, individuals and Rotarians. Donations, sponsorships and net proceeds from food and beverage sales are returned to our community in the form of annual youth scholarships and contributions to many local nonprofits. Bluegrass on the Arkansas is the major fundraiser for the Salida Rotary Club and its 501c(3) organization the Salida Rotary Charitable Fund.

In addition to the music, hamburgers and brats along with a selection of wine, beer and soda will be served. Traditionally games and a bounce house would be available for kids but due to COVID concerns they will not be offered this year. The hours for this year's event have been scaled back 2 hours each day and will end at 8 p.m. as opposed to 10 p.m. in prior years.

Current city/county COVID-19 health guidelines will be followed and participants will be asked to wear facemasks. In coordination with guidelines from Salida Parks and Rec, plans call for the fencing off of the "small events area" at Riverside Park which is basically from the west end of the Rotary Amphitheater to Sackett Ave. and from the east side to the playground up to Sackett Ave. Sackett Ave will remain open, however, parking on the park side of Sackett will be blocked off for use by the Event. Attendance in the area will be limited to a maximum of 596 persons in accordance with P&R guidelines. Entrances and exits will be monitored and controlled. While no advance registration will be required, name and phone number information will be requested of individuals attending the event.

The Bluegrass schedule is as follows:

Saturday, May 29:

4:30 p.m.-6:00 p.m. - [Ragged Mountain](#)

6:30 p.m.-8:00 p.m. - [Woodbelly](#)

Sunday, May 30:

12:00 p.m.-1:30 p.m. - [Bonnie Culpepper and Alex Johnstone Band](#)

2:00 p.m.-3:30 p.m. - [Big Meadow](#)

4:00 p.m.-5:30 p.m. - [Woodbelly](#)

6:00 p.m.-8:00 p.m. - [Rapidgrass](#)



Rotary Bluegrass on the Arkansas Sponsors for 2021

\$1000 Sponsors

- Colorado Solar – Logan & Katelyn Osborne
- Diesslin Structures, Inc
- First Colorado Land Office - Jeff Post
- LPS Vacation Rental
- Salida Family Dentistry

\$750 Sponsors

- High Country Bank
- State Farm Salida – Kate Woolman

\$500 Sponsors

- Alpine Achievers Initiative
- B.A. Art Services LLC
- Collegiate Peaks Bank
- LaGree's Food Stores
- Tim Glenn – Lewis & Glenn Funeral Home
- Pinon Real Estate Group
- Salida Community Centre
- Salida Sign Works
- Stotler & Young
- The 146 Taphouse
- United Roofing of Colorado
- Wood's Ridge Vacation Homes

\$250 Sponsors

- Café Dawn
- Colorado Summit Realty LLC
- Creekside Chalets
- DRAM
- Dr. Dan Wardrop
- Dr. Jim and Alys Bruffy
- F Street Five and Dime
- Holiday RV
- Heart of the Rockies Regional Med Cntr
- James S. Lovejoy, CPA, PC
- Jug Liquors – Chad Hixon
- La Placita Hair Salon
- Lund Eye Care Associates
- Mountain River Credit Union
- Poncha Lumber
- Randy Canney, Attorney at Law
- Salida Sport and Spine
- Silver Ridge Lodge
- Simple Lodge & Hostel
- Su Casa Furniture
- The Maverick Potter
- Tom and Melissa Mansheim

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) *

Salida Rotary

Applicant/Entity Email *

wilkenk@yahoo.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 *

Bluegrass on the Arkansas

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

2 day bluegrass festival with food and beer and wine. See Bluegrass on the Arkansas website

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? *

2500

Start date desired *

MM DD YYYY

05 / 29 / 2021

Start Time Desired (please include load in time) *

Time

08 : 00 AM ▼

End date desired *

MM DD YYYY

05 / 30 / 2021

End Time Desired (please include load out time) *

Time

12 : 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?
- ☒ 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

APPLICATION FOR A SPECIAL EVENTS PERMIT

Department Use Only

IN ORDER TO QUALIFY FOR A SPECIAL EVENTS PERMIT, YOU MUST BE NONPROFIT
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"/> OF A NATIONAL ORGANIZATION OR SOCIETY | <input type="checkbox"/> MUNICIPALITY OWNING ARTS |
| <input type="checkbox"/> POLITICAL | <input type="checkbox"/> RELIGIOUS INSTITUTION | FACILITIES |

DO NOT WRITE IN THIS SPACE

LIQUOR PERMIT NUMBER

LIAB	TYPE OF SPECIAL EVENT APPLICANT IS APPLYING FOR:
2110 <input checked="" type="checkbox"/>	MALT, VINOUS AND SPIRITUOUS LIQUOR \$25.00 PER DAY
2170 <input type="checkbox"/>	FERMENTED MALT BEVERAGE (3.2 Beer) \$10.00 PER DAY

1. NAME OF APPLICANT ORGANIZATION OR POLITICAL CANDIDATE
Salida Rotary Charitable Fund and Salida Rotary Club

State Sales Tax Number (Required)

2. MAILING ADDRESS OF ORGANIZATION OR POLITICAL CANDIDATE
(include street, city/town and ZIP)

PO Box 155
Salida CO 81201

3. ADDRESS OF PLACE TO HAVE SPECIAL EVENT
(include street, city/town and ZIP)

Bluegrass on the Arkansas -Riverside Park
E Sackett
Salida CO 81201

NAME	DATE OF BIRTH	HOME ADDRESS (Street, City, State, ZIP)	PHONE NUMBER
4. PRES./SEC'Y OF ORG. or POLITICAL CANDIDATE Tom Mansheim			
5. EVENT MANAGER		thomasmansheim@gmail.com	
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 PREMISES NOW LICENSED UNDER STATE LIQUOR OR BEER CODE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TO WHOM? _____		

8. DOES THE APPLICANT HAVE POSSESSION OR WRITTEN PERMISSION FOR THE USE OF THE PREMISES TO BE LICENSED? ☐ Yes ☐ No

LIST BELOW THE EXACT DATE(S) FOR WHICH APPLICATION IS BEING MADE FOR PERMIT

Date	Hours	From	To	Date	Hours	From	To	Date	Hours	From	To	Date	Hours	From	To
05-29-2021				05-30-2021											
		5:00 p.m.	10:00 p.m.			noon	10:00 p.m.								

OATH OF APPLICANT

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 treasurer	DATE 03-08-21
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REPORT AND APPROVAL OF LOCAL LICENSING AUTHORITY (CITY OR COUNTY)

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 12, Article 48, C.R.S., as amended.

THEREFORE, THIS APPLICATION IS APPROVED.

LOCAL LICENSING AUTHORITY (CITY OR COUNTY)	<input type="checkbox"/> CITY <input type="checkbox"/> COUNTY	TELEPHONE NUMBER OF CITY/COUNTY CLERK
SIGNATURE	TITLE	DATE

DO NOT WRITE IN THIS SPACE - FOR DEPARTMENT OF REVENUE USE ONLY

LIABILITY INFORMATION

License Account Number	Liability Date	State	TOTAL
		-750 (999)	\$.

(Instructions on Reverse Side)

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.
- ☐ THE PREMISES TO BE LICENSED MUST BE POSTED AT LEAST TEN (10) DAYS BEFORE A HEARING CAN BE HELD. (12-48-106 C.R.S.)
- ☐ AN APPROVED APPLICATION MUST BE RECEIVED BY THE LIQUOR ENFORCEMENT DIVISION AT LEAST TEN (10) DAYS PRIOR TO THE EVENT.
- ☐ CHECK PAYABLE TO THE COLORADO DEPARTMENT OF REVENUE

(12-48-102 C.R.S.)

A Special Event Permit issued under this article may be issued to an organization, whether or not presently licensed under Articles 46 and 47 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.

If an event is cancelled, the application fees and the day(s) are forfeited.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/08/2021

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).

PRODUCER
Arthur J. Gallagher Risk Management Services, Inc.
2850 Golf Road
Rolling Meadows IL 60008

CONTACT NAME: Ali Sulita
PHONE (A/C, No, Ext): 1-833-3ROTARY
E-MAIL ADDRESS: rotary@ajg.com
FAX (A/C, No): 630-285-4062

INSURED
All Active US Rotary Clubs & Districts
Salida Rotary Club and Salida Rotary Charitable Fund
ATTN: Risk Management Dept.
1560 Sherman Ave.
Evanston, IL 60201-3698

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Lexington Insurance Company	19437
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES**CERTIFICATE NUMBER:** 899307648**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 <input checked="" type="checkbox"/> Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		015375594	7/1/2020	7/1/2021	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			015375594	7/1/2020	7/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> 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 type="checkbox"/> N/A		NOT APPLICABLE			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

The Certificate holder is included as additional insured where required by written contract or permit subject to the terms and conditions of the general liability policy, but only to the extent bodily injury or property damage is caused in whole or in part by the acts or omissions of the insured.

CERTIFICATE HOLDER**CANCELLATION**


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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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. Tom Mansheim	847-715-6020	719-539-2801	
2. April Franklin	719-484-9575		
3. Elaine Allemang	719-239-1580		
4. Stacey Osborne	719-645-8350		

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 Manger will communicate to the event participants in an emergency with a
 - ☐ Bull Horn
 - ☒ PA system
 - ☐ Emergency level voice

Fire

- Call 911
- Assist Injured or disabled personnel.
- Evacuate the building. Activate emergency shutoffs if available.
- Attempt to use a fire extinguisher only if you have been trained.
- Evacuate participant to

Medical Emergency

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

HR RMC

Violent incident

- Call 911.
- Attempt to avoid the situation - move participants away
- Try to deny contact-evacuate to

leave park, return to vehicles/home/
lock/block doors, turn off lights, silence phones.

- If necessary defend - distract, attack, subdue.

Severe Weather/Natural incident

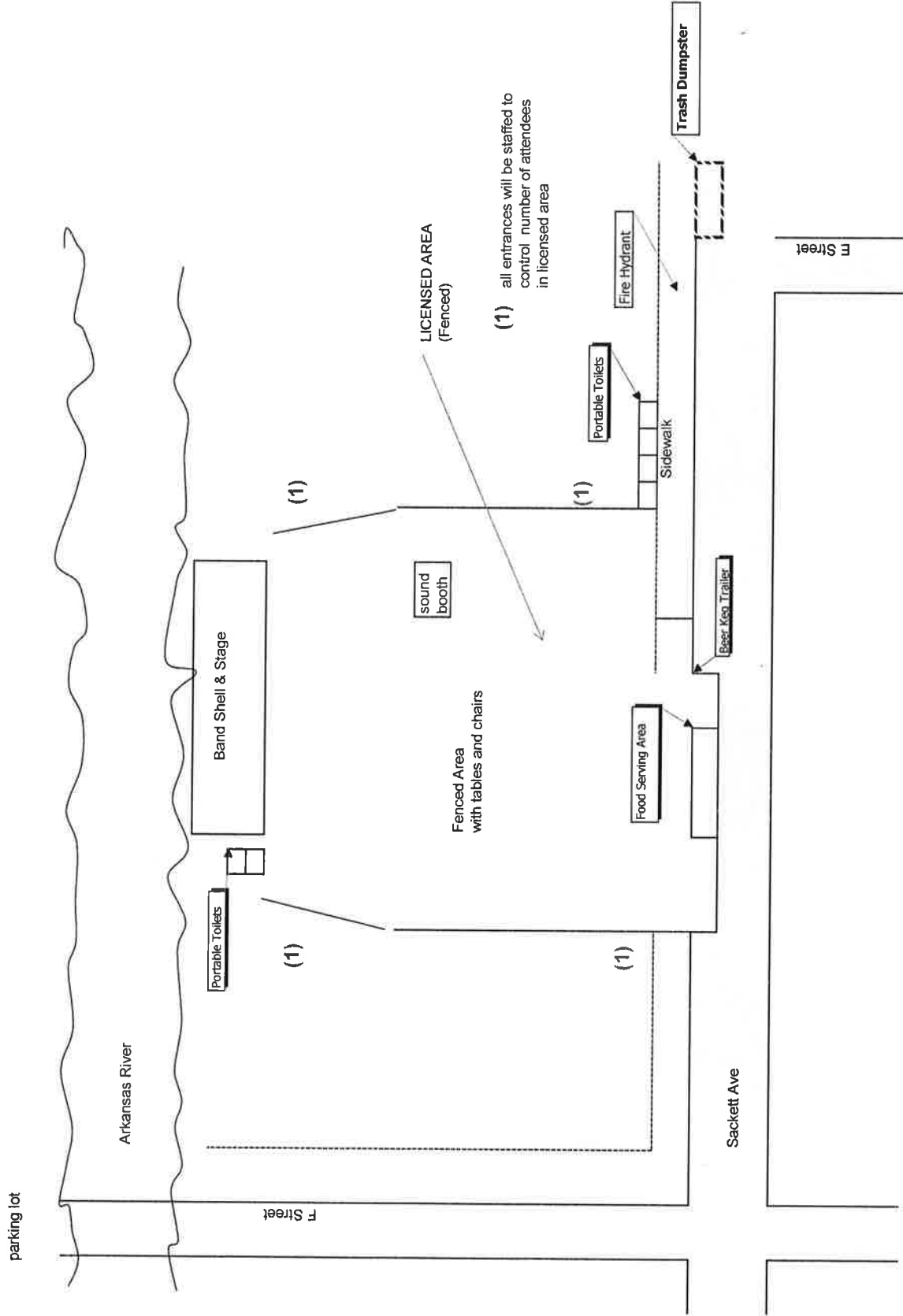
- Move participants away from threat if possible.
- Evacuate to
- Call 911

vehicles/residence/ Lodging / Leave park orderly

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

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

Riverside Park, Salida, CO



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., Salida Rotary Charitable Fund & Salida Rotary Club (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 Rotary Charitable Fund & Salida Rotary Club

Address: PO Box 155
Salida CO 81201

Telephone: 847-715-6020

Individual supervising sound (if different from Permittee): _____

Activity/event: Bluegrass on the Arkansas

Type of sound amplification equipment authorized (if any): _____
Microphones for MC, performers and nonelectric instruments

Location: Riverside Park

Date(s): May 29th & May 30th

Hours of operation: 29th 6pm to 10pm, 30th noon to 10pm

Additional terms/conditions (attach additional sheets if necessary): the above times are best case senario and will be scaled back accordingly based on Chaffee County Public Health COVID-19 guidelines and Chaffee County protection level on the COVID-19 status dial

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)