



Band-Cave
305 F Street Basement
Salida, CO 81201
719-207-3422

4/21/2021

Dear Salida City Council Members,

We are scheduled to hold the 7th annual SunFest, free, youth, music festival in Riverside Park on May 27th & 28th.

SunFest is a celebration of the talented youth in our region and a free, family friendly, Salida tradition. Normally held on the last day of school, SunFest offers a constructive outlet for our community to celebrate the beginning of their summer break and will be the culmination of our community's kids' efforts for the whole school year.

These young musicians have had a difficult year and have worked very hard to develop quality repertoires while enduring mask-wearing, social distancing, quarantines and studio closures due to COVID-19 and a flood. There will be 9 separate, youth acts on Thursday starting at 5pm this year! Friday will have 5 acts and we intend to begin at 6pm.

Articipate will provide sound, lights, staging, waste management, porta-potties, and we are in conversations with CCPH to have a vaccination station this year. This event is normally very low maintenance as we have a professional production team with many volunteers to help it run smoothly.

Please let me know what other information I can provide to move this conversation forward.

Thank you,

Trevor "Bones" Davis

Event/Activity Name *

2021 SunFest

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

7th Annual SunFest Free Youth Music 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? *

500

Start date desired *

MM DD YYYY

05 / 27 / 2021

Start Time Desired (please include load in time) *

Time

05 : 00 PM ▼

End date desired *

MM DD YYYY

09 / 27 / 2020

End Time Desired (please include load out time) *

Time

10 : 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

Addendum A
For Applications B and C

1. Do you plan on using any portion of the **Salida Trail System (STS)**? Yes _____ No ☒
If yes, describe when, how and where: _____

2. 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.
3. Will **alcoholic beverages** be sold and/or dispensed at your event? Yes _____ 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 ☒
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 ☒
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 ☒ 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 | |

LIAB Type of Special Event Applicant is Applying for:	DO NOT WRITE IN THIS SPACE
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 Articipate		State Sales Tax Number (Required) 98012228
2. Mailing Address of Organization or Political Candidate (include street, city/town and ZIP) 1239 D Street Salida CO 81201	3. Address of Place to Have Special Event (include street, city/town and ZIP) Riverside Park Sackett Ave Salida CO 81201	

4. Authorized Representative of Qualifying Organization or Political Candidate Trevor "Bones" Davis	Date of Birth [REDACTED]	Phone Number 719 207 3422
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Authorized Representative's Mailing Address (if different than address provided in Question 2.)

5. Event Manager Trevor "Bones" Davis	Date of Birth [REDACTED]	Phone Number 719 207 3422
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Event Manager Home Address (Street, City, State, ZIP) [REDACTED]	Email Address of Event Manager BONESDRUMS@GMAIL.COM
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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 _____
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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
05/27/21				05/28/21							
		5p .m.	10p .m.			5p .m.	10p .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 ED	Date 03/16/21
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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 44, Article 5, 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
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Signature	Title	Date
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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.
- ☐ 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.

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 04/17/2020 that have been posted, and by documents delivered to this office electronically through 04/21/2020 @ 14:58:02 .

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 04/21/2020 @ 14:58:02 in accordance with applicable law. This certificate is assigned Confirmation Number 12267156 .



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."




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/19/2021

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  Kate Woolman State Farm 130 W 2nd Street, Unit 2 Salida, CO, 81201	CONTACT NAME: Kate Woolman PHONE (A/C, No, Ext): 719-539-6265 E-MAIL ADDRESS: kate@katewoolmaninsurance.com FAX (A/C, No): 719-344-2950
	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Fire and Casualty Company INSURER B: <input type="checkbox"/> INSURER C: <input type="checkbox"/> INSURER D: <input type="checkbox"/> INSURER E: <input type="checkbox"/> INSURER F: <input type="checkbox"/>
INSURED Trevor Davis 1239 D Street Salida, CO, 81201	NAIC # 25143

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 TERM 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 <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 <input type="checkbox"/> OTHER:			96-BR-T609-6	09/14/2020	09/14/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Business Property \$ 108,500
	AUTOMOBILE LIABILITY <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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				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)

Business Description:

Business involved in training individuals to read and play music instruments. May also have recitals or performances for the public.

Business Location:

305 F Street, Salida, CO, 81201

CERTIFICATE HOLDER**CANCELLATION**

City of Salida
448 E First St
Salida, CO 81201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Completed by an authorized State Farm representative. If signature is required, please contact a State Farm agent.

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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. Bones	719 207 3422		
2. Jill Davis	719 207 3482		
3. Andrea Mossman	312 607 6916		
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

- 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
 - X 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

HRRMC

Violent incident

- Call 911.
- Attempt to avoid the situation – move participants away
- Try to deny contact-evacuate to Surrounding businesses and Tauber Bldg
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 Surrounding businesses and Tauber Bldg
- Call 911

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.

