



Salida Business Alliance has been partnering with the City of Salida for over 25 years to celebrate July 4th with a community event for locals and visitors. This year we are planning a smaller event because of continued COVID-19 concerns. There will not be a parade and we will not open the park to vendors, other than Rotary's beer garden. We will have entertainment (Salida Circus, Freedom Singers and 2 local bands) starting at 2pm and ending around 8:30pm. We will offer chalk art on the sidewalks surrounding Riverside Park starting at 2pm. We will have a Bike Light Parade starting at 9pm on a short course around town, starting at the cul de sac and ending at Riverside Park. We would ask to have a police escort for the bike parade. Hopefully, the City will be able to light fireworks at approximately 9:30pm.

# 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 Business Alliance

Applicant/Entity Email \*

vickiesue@avpsalida.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 \*

City of Salida July 4th Celebration

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

Traditional local July 4th celebration for residents and guests, including music and vendors in Riverside Park, parade on F Street, bike light parade and fireworks. (depending on Chaffee County Health Dept COVID restriction guidelines)

## 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? \*

1500

Start date desired \*

MM DD YYYY

07 / 04 / 2021

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

Time

08 : 00 AM ▼

End date desired \*

MM DD YYYY

07 / 04 / 2021

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?



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

1. Do you plan on using any portion of the Salida Trail System (STS)? Yes ☒ No ☐

If yes, describe when, how and where:

2. How many people do you plan to have at your event: 1200

3. Will any food or merchandise be sold? Yes ☒ No ☐ by Salida Rotary Club

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.

4. Will alcoholic beverages be sold and/or dispensed at your event?

Yes ☒ No ☐ by Salida Rotary Club

If yes, please fill out the Application for Special Events Liquor License 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.

5. Will there be amplified sound at your event? Yes ☒ No ☐

6. Are street closures proposed for your event? Yes ☐ No ☒

If yes, where and when?

7. 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.?)

we are requesting a police escort for the Bike Light Parade at 9pm

Dates and times officers needed? July 4th 8:45 - 9:30pm

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.

8. Where do you plan for people to park for your event?  
Public parking on the streets + parking lot at end of F Street

9. Please explain your Emergency Action Plan, including First Aid Stations, Communication and public safety agencies. Please attach additional documents to this application with the details.

we will be in contact with EM and PD throughout the event + will have a cell phone on hand to use.

10. Will you need event insurance? Yes \_\_\_\_\_ No X

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.

11. Please provide a timeline for your event

Chalk Art + Salida Circus start the event at 2pm  
Local music until 8:30pm  
Bike Light Parade starts at 9pm, followed by fireworks.

12. Please list any other needs or requirements that have not been covered.

13. Signature Salida Business Alliance  
by Donna Cole +  
Vickie Sue Vigil

# 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.)

- ☐ SOCIAL    ☐ ATHLETIC    ☒ PHILANTHROPIC INSTITUTION  
☐ FRATERNAL    ☐ CHARTERED BRANCH, LODGE OR CHAPTER    ☐ POLITICAL CANDIDATE  
☐ PATRIOTIC    ☐ OF A NATIONAL ORGANIZATION OR SOCIETY    ☐ MUNICIPALITY OWNING ARTS  
☐ POLITICAL    ☐ RELIGIOUS INSTITUTION    FACILITIES

**LIAB TYPE OF SPECIAL EVENT APPLICANT IS APPLYING FOR:**

- 2110 ☒ MALT, VINOUS AND SPIRITUOUS LIQUOR \$25.00 PER DAY  
 2170 ☐ FERMENTED MALT BEVERAGE (3.2 Beer) \$10.00 PER DAY

**DO NOT WRITE IN THIS SPACE**

LIQUOR PERMIT NUMBER

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)

4th of July Celebration -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

6. HAS APPLICANT ORGANIZATION OR POLITICAL CANDIDATE BEEN  
ISSUED A SPECIAL EVENT PERMIT THIS CALENDAR YEAR?

☐ NO ☒ YES HOW MANY DAYS? 1.5

7. IS PREMISES NOW LICENSED UNDER STATE LIQUOR OR BEER CODE?

☒ NO ☐ 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 07-04-2021

Hours From noon .m.  
To 10:00 p .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.

## 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

## 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)

- ☐ CITY  
☐ 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 Size)



## 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.

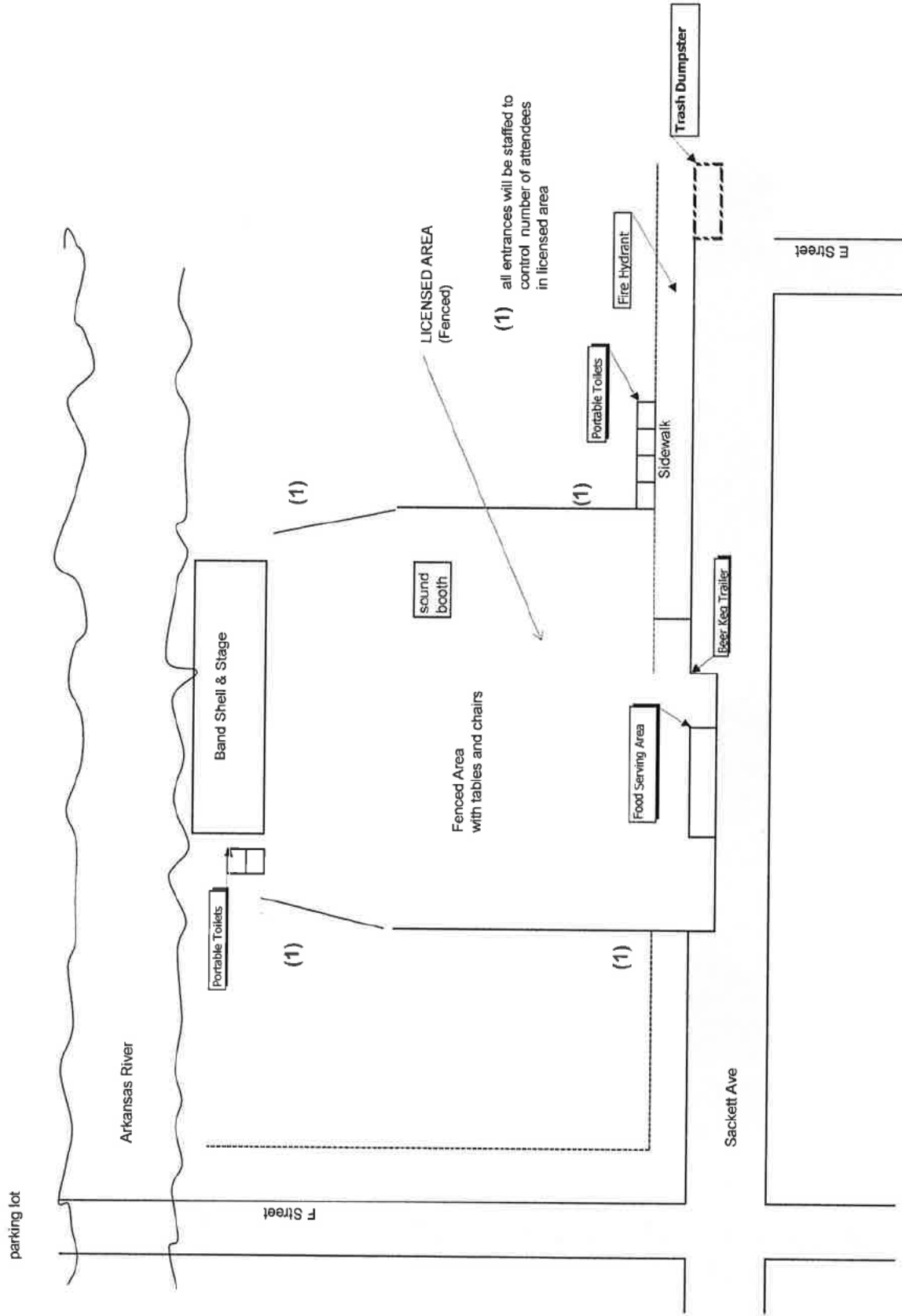
- ☐ APPLICATION MUST FIRST BE SUBMITTED TO THE LOCAL LICENSING AUTHORITY (CITY OR COUNTY) AT LEAST THIRTY (30) DAYS PRIOR TO THE EVENT.
- ☐ THE PREMISES TO BE LICENSED MUST BE POSTED AT LEAST TEN (10) DAYS BEFORE A HEARING CAN BE HELD. (12-48-106 C.R.S.)
- ☐ AN APPROVED APPLICATION MUST BE RECEIVED BY 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.

Riverside Park, Salida, CO





# 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  
**FAX (A/C, No):** 630-285-4062  
**E-MAIL ADDRESS:** rotary@ajg.com

**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <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"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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 OTH-ER 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

## 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. Donna Cole	719-221-6430		Donna Cole
2. Angel Rowell	651-483-4901		
3. Dino Maes	719-530-0786		
4. Elaine Allemang	719-239-1580		

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 - Dino Maes
  - ☐ 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 home

### 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 Scout Hut  
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 per PA system
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.

# 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., \_\_\_\_\_ (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 Business Alliance

Address: PO Box 981

Telephone: 719-539-6691

Individual supervising sound (if different from Permittee): Salida Business Alliance

Activity/event: July 4th celebration

Type of sound amplification equipment authorized (if any): Colorado Central Sound Company

Location: Riverside park

Date(s): July 4th

Hours of operation: 11 am to 10 pm

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

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: Vickie Sue Vigil

Date: \_\_\_\_\_

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

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

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