

May 27, 2021

Dear City of Salida,

This year will mark the 10th (ish) Annual Shakespeare in the Park; an event I am proud to have offered to our citizens each summer since moving here in 2010.

We plan to perform two productions of *The Complete Works of William Shakespeare, abridged* this summer: Saturday, June 26 and Sunday June 27 at 6:00 PM at Riverside Park.

This annual event now brings in about 500 people, of all ages, over the two nights providing our community exposure to quality free theatre.

Typically, our productions have more volunteers involved on cast and crew. I chose a smaller show this year in order to hopefully insure we could safely have a production with concerns still in play around the Covid 19 pandemic. The last show we did in 2019 we had 11 adult actors and 8 members of the Drama Team performing in the show including 4 crew members. This year we will have 3 actors and 1 crew member (all former or current SHS High School Drama Team members).

I believe that a town that offers free summer theatrical productions is a sign of a thriving and progressive community, and I am grateful for the support from the City of Salida. This has become an anticipated event that people of all ages look forward to attending.

Sincerely,

Devon L. Kasper

Director

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) *

Devon Kasper

Applicant/Entity Email *

djencks@gmail.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 *

Shakespeare in the Park

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

Free performance in Riverside Park for all ages. Shakespeare in the Park FB

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? *

200

Start date desired *

MM DD YYYY

06 / 25 / 2021

Start Time Desired (please include load in time) *

Time

03 : 00 PM ▼

End date desired *

MM DD YYYY

06 / 27 / 2021

End Time Desired (please include load out time) *

Time

09 : 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

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) *

Leslie Jorgensen

Applicant/Entity Email *

lesliejf@mac.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 *

Salida Art Walk

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

www.salidaartwalk.org

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? *

300

Start date desired *

MM DD YYYY

06 / 24 / 2021

Start Time Desired (please include load in time) *

Time

12 : 00 PM ▼

End date desired *

MM DD YYYY

06 / 26 / 2021

End Time Desired (please include load out time) *

Time

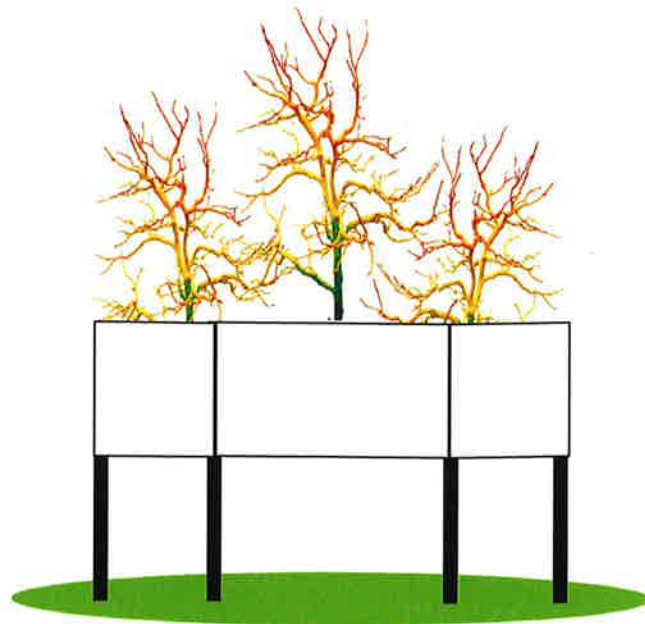
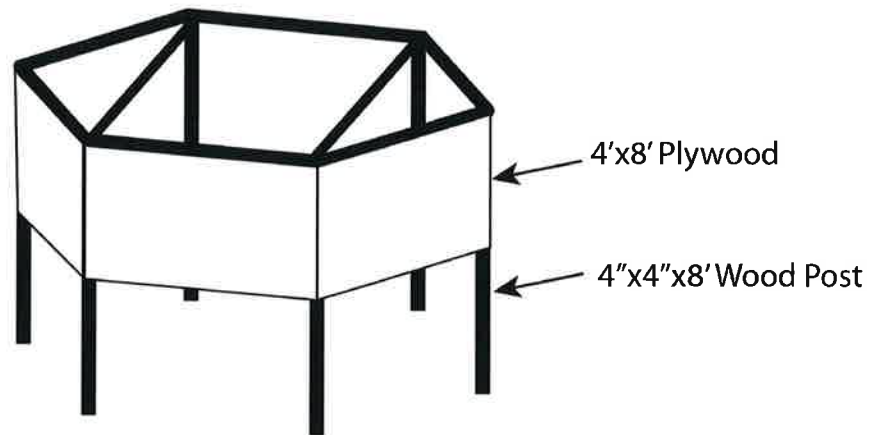
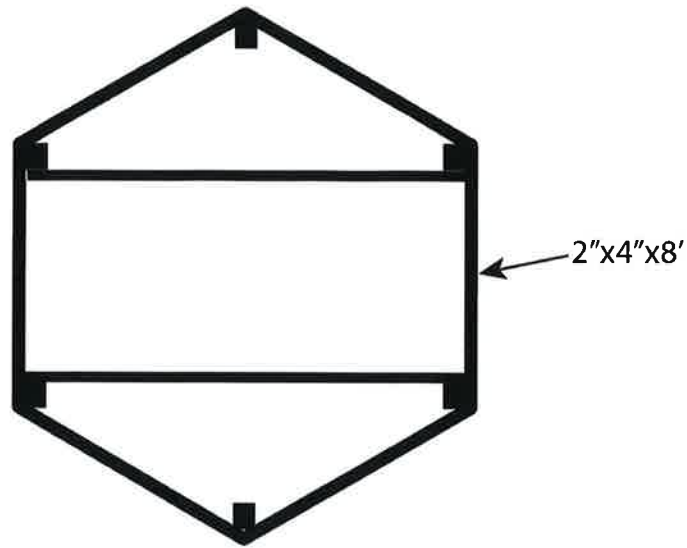
05 : 00 PM ▼

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?

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Google Forms



Interactive Art Kiosk

Free standing structure with plywood panels painted white to be painted/drawn or stapled to and on. The "painted trees" could be attached to the inside of the structure.

Emergency Action Plan

ArtWalk 2021

Riverside Park

The plan for providing information to guests is to use the public address system located on the stage and additional speakers placed in other areas of the park.

In case of a weather emergency guests will be instructed to exit the park. In the case of a medical emergency 911 will be called and security will be notified if present.

If attendance is limited to the park fencing will be used to control the number of guests in the park. Entrances and exits will be staffed. Signage will be in place with county health department guidelines.

Michael Varnum 719-221-9478 is the contact person in case of emergency.




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/01/2021

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  State Farm Kate Woolman Insurance Agency Inc 130 W 2nd St. Unit B Salida, CO 81201		CONTACT NAME: Jaimie Mouser PHONE (A/C, No, Ext): 719-539-6265 FAX (A/C, No): 719-344-2950 E-MAIL ADDRESS: jaimie@katewoolmaninsurance.com	
		INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Fire and Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED Salida Council for the Arts PO Box 672 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 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
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		96-CP-A963-0	06/19/2020	06/19/2021	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 \$ 1,400
<input type="checkbox"/>	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) \$ \$
<input type="checkbox"/>	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						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	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)

CERTIFICATE HOLDER

CANCELLATION

City of Salida 448 E First St. Ste 112 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 Completed by an authorized State Farm representative. If signature is required, please contact a State Farm agent.
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/01/2021

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PRODUCER  Kate Woolman Insurance Agency Inc 130 W 2nd St. Unit B Salida, CO 81201		CONTACT NAME: Jaimie Mouser PHONE (A/C, No, Ext): 719-539-6265 FAX (A/C, No): 719-344-2950 E-MAIL ADDRESS: jaimie@katewoolmaninsurance.com	
INSURED Salida Council for the Arts PO Box 672 Salida, CO 81201		INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Fire and Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 25143	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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	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 DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$
	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	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)

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

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

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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 FAX (A/C, No): 719-344-2950		
	E-MAIL ADDRESS: kate@katewoolmaninsurance.com		
INSURED Shakespeare in the Park DBA PO BOX 722 Salida, CO, 81201	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: State Farm Fire and Casualty Company		25143
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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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			96-C4-P887-8	05/06/2021	05/06/2022	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 2,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							Business Property \$ 5200
	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						EACH OCCURRENCE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	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)

The City of Salida is an additional insured on the general liability policy.

CERTIFICATE HOLDER

City of Salida

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

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

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State Farm®

Business Insurance (Fire Only)

Additional Insured/Certificate Holder Questionnaire

Policyholder Name: Shakespeare in the Park C/O Devon Kasper

Policy Number: 96-C4-P887-8

Agent: Kate Woolman

Note – Please review the following and compare it to the request by the third party:

- ▲ If the third party is only requesting *Proof of Insurance* please issue a Certificate of Insurance (COI). A copy of the COI does not need to be sent to the operations center.
- ☐ Check here if the third party is requesting *Proof of Insurance, Certificate Holder Status, AND cancellation notice*. Issue a COI, complete **Part One** only of this form and attach to an ECHO PT. There is no charge for Certificate Holder Status.
- ☒ Check here if the third party is requesting *Proof of Insurance AND Additional Insured status*. Issue a COI, complete **Part One and Part Two** of this form and attach to an ECHO PT. Additional Insured status may result in an additional premium charge. One questionnaire per Additional Insured request is required.

Part One:

Third Party Name, Mailing Address, and Loan Number (if applicable):

City Of Salida- City Hall

The Toubert Building 448 E. First Street Salida, CO 81201

Does the third party need to receive a copy of the cancellation notice? Yes ☐ No ☒

Part Two:

Effective Date of the endorsement: 06/25/2021

End of Contract Date: 06/28/2021

What is the relationship between our Insured and Additional Insured? Describe the work or services being performed:

Select **ALL** that apply for this Additional Insured Request:

<input checked="" type="checkbox"/> Designated Person or Organization (use: common general form for non-contractor requests and events/trade shows)
<input type="checkbox"/> Designated Premises (use <u>only</u> if third party is requesting) Choose all that apply to request: Section I <input type="checkbox"/> Section II <input type="checkbox"/> Loss of Income <input type="checkbox"/>
<input type="checkbox"/> Engineers, Architects or Surveyors - *Blanket <input type="checkbox"/> Scheduled <input type="checkbox"/> Primary Non-Contributory (not avail w/Blanket) <input type="checkbox"/>
<input type="checkbox"/> Grantor of Franchise
<input type="checkbox"/> Grantor of Licenses – coverage defaults to Blanket , select Scheduled if desired Scheduled <input type="checkbox"/>
<input type="checkbox"/> Lessor of Leased Equipment Provide Lease Amount (not equipment value): _____
<input type="checkbox"/> Loss Payee – <u>must select one of the following</u> : <input type="checkbox"/> Part A: Loss Payable: Description/Interest: _____ Loan Number: _____ <input type="checkbox"/> Part B: Lender's Loss Payable: Description/Interest: _____ Loan Number: _____ <input type="checkbox"/> Part C: Contract of Sale Description/Interest: _____ Loan Number: _____
<input type="checkbox"/> Managers or Lessors of Premises (use for Landlords, not for use with property managers)
<input type="checkbox"/> Mortgagee, Assignee, or Receiver - Primary Non-Contributory <input type="checkbox"/>
<input type="checkbox"/> Owners, Lessees, or Contractors (use: our insured is doing work for the AI) *Blanket <input type="checkbox"/> Scheduled <input type="checkbox"/>
<input type="checkbox"/> State or Political Subdivisions – Permits Choose one: For work <input type="checkbox"/> For Premises <input type="checkbox"/>
<input type="checkbox"/> Vendor - Provide Annual Sales: _____ Product: _____
<input type="checkbox"/> Other:

*Blanket AI Coverage not available in California

Does the AI need to receive a copy of the declarations at issuance/renewal? Yes ☒ No ☐

Does the policy need to be endorsed with a Waiver of Subrogation? Yes ☐ No ☒

Note: A Waiver of Subrogation cannot be added to a blanket AI. A Waiver may be attached to a scheduled AI specifically naming the entity to which it applies.

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: Devon Kasper

Address: 421 E. 2nd Street, Salida

Telephone: 719-221-5445

Individual supervising sound (if different from Permittee): _____

Activity/event: Shakespeare in the Park

Type of sound amplification equipment authorized (if any): speakers;
wireless mikes on actors

Location: Riverside Park

Date(s): June 25, 26 and 27

Hours of operation: 3-8pm Friday; 5-7:30pm Sat and Sun

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: Devon L Kasper

Date: June 3, 2021

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