Foodshed Alliance

PO Box 1155, Salida, CO 81201

719-398-0301

www.FoodshedAlliance.com

Foodshed Alliance operates farmers markets in Salida and Buena Vista. The Summer 2021 farmers market season in Salida will run on Saturdays, 8am-1pm, from June 12th through October 16th, at Alpine Park. Foodshed Alliance farmers markets play an important role in strengthening relationships between local producers and consumers; elevating our agricultural, prepared food, and crafter small businesses; and empowering our community to support a thriving, sustainable local food economy. Foodshed Alliance farmers markets also support food access in the community by participating in SNAP and being the only food retail outlet in Chaffee County participating in Double Up Food Bucks, a matching program that provides free, Colorado-grown fruits and vegetables to anyone that spends SNAP dollars at the market.

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.

App	Applicant/Entity Name (this will be the primary contact for the City) *						
Foo	Foodshed Alliance						
App	plicant/Entity Email *						
info	@foodshedalliance.com						
Wh	at type of Event are you requesting? *						
()	Public Event: Free and open to the public eg. concerts/festivals (60-90 days notice)						
0	Admission Based Event: A paid ticket or reservation is required for entry (60-90 days notice)						
0	Races: A paid race event that can include walking, running, biking etc (60 days notice)						
0	Special Occasion: A private event by invitation only eg. celebration/birthday party (14 day notice)						
0	Tournament (30 days notice)						
0	Assembly/First Amendment Activity (Recommended 5 business day notice)						

Event/Activity Name *
Salida farmers market
Provide a short description of your activity. Include any website or social media handles associated with the event. *
Farmers market that runs early June to mid October with agricultural, cottage foods, concessionaire, and artisan vendors. foodshedalliance.com // @foodshedalliance
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? *
75

Start date desired * MM DD YYYY

06 / 05 / 2021

Start Time Desired (please include load in time) *

Time

06:30 AM

End date desired *

MM DD YYYY

10 / 16 / 2021

End Time Desired (please include load out time) *

Time

02:30 PM -

/	More than 50 attendees?
\checkmark	Sell food or merchandise?
	Sell or dispense alcohol? (only allowed for non profit org)
\checkmark	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?

Will ANY of these features apply to your event? *

Require City fencing, road barricades, cones or sprinkler marking?

This form was created inside of City of Salida.

Google Forms



City of Salida Multiple Vendor Event Permit Application

Date of Application 11.16.2020 Event Name: Foodshed Alliance Farmers Market 1. Event location(s): Alpine Park 2. Date(s) & times(s) of event: Saturdays June 5 - October 16 2021 / 8 am - 1 pm 3. Individual or organization sponsor(s): Foodshed Alliance Address: PO Box 1155 Salida E-mail: admin@foodshedalliance.com Phone: 719-398-0301 4. Contact Person: Ally Jacobs Phone: 719-398-0301 E-mail: info@foodshedalliance.com 5. List Participating Vendors: REQUIREMENT: PROVIDE A COPY OF THE CURRENT STATE LICENSE FOR EACH VENDOR Provided at end of 2021 season

(If additional space is needed, please attach a list of participating vendor 6. Provide Proof of Insurance (The City Administrator, at his or her discretion, months of the named as an additional insured.) Copy of Insurance Attached (Yes or No) Required Fees and Checklist: \$75 Application Fee \$20 per participating vendor: Number of Vendors X \$20 =	s.) ay require the
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Copy of Insurance Attached (Yes or No)	pril 2021)
\$75 Application Fee	
\$75 Application Fee	
\$20 per participating vendor: Number of Vendors X \$20 =	
Current Colorado Sales Tax License for each participating vendor	
Current Colorado Sales Tax License for each participating vendor	
Proof of Insurance	
Signed:	
Event Sponsor: City of Salida:	

CITY OF SALIDA

mit #:

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., Foodshed Alliance (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: Foodshed Alliance
Address: PO Box 1155
Telephone: 719-398-0301
Individual supervising sound (if different from Permittee):
Activity/event: Farmers Market 2021
Type of sound amplification equipment authorized (if any):
Location: Alpine Park
Date(s): Saturdays June 5 - October 16 2021 (TBD)
Hours of operation: 8 am - 1 pm
Additional terms/conditions (attach additional sheets if necessary):
Expiration: 10.31.2021
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: Leah Underwood
Date: 11.16.2020
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) 04/23/2021

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), AUTHORIZEI REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

tl c	he terms and conditions of the policy, ertificate holder in lieu of such endors	cert	ain p	olicies may require an e	ndorse	ment. A sta	tement on th	is certificate does not c	onfer rights to the
-	DDUCER				INCAMA.	CT Larry Spilke	er ext 203	Partition	
	o Insur, Inc dba mpbell Risk Management				E-MAIL	o, Ext): 317-84	48-9075 campbellrisk.co	(A/C, No):	317-848-9093
	95 Whitley Drive, Suite 204 Ianapolis, IN 46240				ADDRE	SS:		RDING COVERAGE	NAIC #
Lar	ry Spilker Ext 203				INSURI	HANOVE	R INSURANCE		22292
	URED odshed Alliance				INSURI	RB:			
PC	D Box 1155				INSURI	RC:			
Sa	llida Colorado 81201				INSURI				
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	X COMMERCIAL GENERAL LIABILITY			AAME129 I LIW DA91067 O	2			EACH OCCURRENCE	\$ 1,00
	CLAIMS-MADE X OCCUR	X	X	AAM5138 LHW D481967 - 02	2	03/01/2021	03/01/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100
						3.6		MED EXP (Any one person)	s s
								PERSONAL & ADV INJURY	\$ 1,000
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC							GENERAL AGGREGATE	\$ 2,000
	X POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO							BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$
		0							\$
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$
	AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER	11
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	
	DESCRIPTION OF OPERATIONS DOIGN							E.L. DISEASE - POLICY LIMIT	3
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL								
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	48 E. 1 Street STE 112							Y PROVISIONS.	SE DECIVERED
5	alida, CO 81201								
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High Country Greens Drop-in Martha's Woodfired Jewets Garden Gems Palkade Peach Shack Sex Plants Rock N Reit Sama's Bread numpin Good Gost Magpie Art. Umle Red Hen Westdiffe Sth St. Colorado Mountain Lannhéer Brendan Mexican Tamales Sun Mountain Sath Co Capper Frocty Bandit Cupyales Ride ON Badger Creek Naturally Colorado Gracie). Farmshead Manager Orunian Big Nugget Farms Triangle Doors

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. Arlo Shefte-Jacobs	303-519-3825 cell	719-398-0301 work	
2. Chrissy McFarren	540-550-3440 cell		
3. Leah Underwood	719-221-5249 cell		
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.

C

Commi	unications						
1.	The manager or designee will communicate the designated evacuation space to participants at the						
	beginning of the event.						
2.	2. The Emergency Manger will communicate to the event participants in an emergency with a						
	☐ Bull Horn						
	PA system						
	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						

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 | Market Manager Booth

Violent incident

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

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

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