



Bluegrass on the Arkansas, an annual fund raiser for the Rotary Club of Salida, will be back in 2022 on Memorial Day Weekend (May 28th and 29th). The musicians will perform Saturday evening starting at 4:30pm until 9:30pm in the Rotary Amphitheater at Riverside Park and again on Sunday starting at noon till 9:30pm.

As usual this is a **FREE** event our community has enjoyed for the past 17 years that draws locals and visitors from all points to downtown Salida. In addition to the great line-up of bluegrass bands, there will be hamburgers, brats, hot dogs, beer, wine, sodas and event hats and t-shirts for sale by the club at Riverside Park. For the youngsters' enjoyment, there will be kid games and a bounce house and, as all ways, it will be a great time to enjoy a music filled weekend on the Arkansas River at Riverside Park.

Food and beverage sales, generous local sponsorships and day of donations cover event expenses and allow for it to be admission free to the public. The Rotary Club of Salida reinvests 100% of net proceeds of the bluegrass festival in our community, primarily in the form of vocational and scholastic scholarships to local high school students, via financial support of other local non-profits.

## Special Event application

Event contact name \*

Bluegrass on the Arkansas

Event contact email address \*

thomasmansheim@gmail.com

Event contact phone number \*

18477156020

The following questions are similar to the questions that were answered in the online "Park rental and Special event request form". Please provide more detail in this application.

Event location

Riverside Park

Event start date

MM DD YYYY

05 / 28 / 2022

## Event start time

Time

04 : 00 PM ▼

## Event end date

MM DD YYYY

05 / 29 / 2022

## Event end time

Time

10 : 00 PM ▼

## Estimated number of people in attendance

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350 each day

## Please provide a short description of the event

15th annual Bluegrass on the Arkansas music festival sponsored by the Salida Rotary Club and Salida Rotary Charitable Fund Memorial Day weekend at Riverside Park Free to the public, the event is the major fund raiser of the Club with net proceeds going to local causes primarily scholarships to local graduating high schoolers The event will start Saturday afternoon at 4pm and go until 10pm (music usually ends by 9 30) and resume on Sunday at noon until 10pm In addition to the music, there will be kid's games, a bounce house, food and beer

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Will food or merchandise be available from any vendor?

- ☒ Yes
- ☐ No
- ☐ Maybe

If YES, FOOD AND SALES TAX LICENSES MUST BE OBTAINED AND POSSIBLY A MULTI VENDOR PERMIT . 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.

Multiple vendor permit

<https://drive.google.com/file/d/1VHVSD9PEo0x-dNvllrrkWRlXr1JaL8o9/view?usp=sharing>

County form:

<https://www.chaffeecounty.org/EndUserFiles/57096.pdf>

Will Alcohol be sold or distributed at your event?

- ☒ Yes
- ☐ No
- ☐ Maybe

If yes, please fill out the Application for Special Events Liquor License (available at the link below) 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.

<https://drive.google.com/file/d/1VGNG7tcBM4NP0KCIJ9hZqgrcvuyPvu/view?usp=sharing>

Will there be amplified sound at your event?

- ☒ Yes
- ☐ No
- ☐ Maybe

If yes, complete the Amplified Sound Permit available below.

<https://drive.google.com/file/d/1V70HXR0EElrRqCV4S9hTgXj-1Pwfdss1/view?usp=sharing>

Are any streets, sidewalks or other right of way closures required for your event?

- ☒ Yes
- ☐ No
- ☐ Maybe

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.

<https://drive.google.com/file/d/1V3xAFRIMqozcGrAQsk9QC3BoClmeO9V/view?usp=sharing>

If yes, please describe the request.

While no streets are closed and as we have done in the prior years, the parking and a portion of the sidewalk on the park side of Sackett Ave from the Scout Hut to F Street will be blocked off.

Will you require any security or law enforcement services specific for your event?

- ☐ Yes
- ☒ No
- ☐ Maybe

If yes, for what purpose (security, traffic, parking or public control, Salida Trail System crossings, etc.? .

Historically, we have coordinated with the police department and they have patrolled. Chief Johnson is a club member.

If additional City of Salida Police Officers are requested, they must be requested through the Salida Police Department (719-539-6880).

Where will people park for your event?

normal city parking

How many additional trash cans are needed for your event?

Dumpsters from Chaffee County Waste

Is a quote from a trash service included in your application packet?

☐ Yes

☒ No

Is the Emergency Action Plan included in your application packet?

☒ Yes

☐ No

Have you obtained insurance for your event that lists City of Salida as additionally insured?

☒ Yes

☐ No

Please check that you understand and will adhere to the following requirements:

- ☒ Any violation of the City of Salida Municipal Code or agreements made in the application process are grounds for denial of the Special Events permit in the future.
- ☒ You will be required to have insurance and name the City as an additionally insured party. Because this is often a lengthy process, the City will accept and approve applications pending receipt of proof of insurance.
- ☒ Applicants are also responsible for meeting any other agency requirements. For example, if you are serving food you must meet all Health Department requirements
- ☒ Chaffee County Department of Health requires at least one restroom for every fifty people attending the event.
- ☒ 1 trash can per 50 people is required
- ☒ The event is responsible for emptying ALL trash within the event, including pre-existing city trash cans.
- ☒ All clean up must be completed within 24 hours after the event concludes. If the City has to clean up after the event, a fee will be billed to the organizer.

Digital signature:

thomas mansheim

This form was created inside of City of Salida.

Google Forms





**CITY OF SALIDA**  
**AMPLIFIED SOUND PERMIT**

Permit #: \_\_\_\_\_

Please fill out form completely, sign and date prior to submission.

Salida Rotary Charitable Fund

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 Rotary Charitable Fund

Address: PO Box 155  
Salida, CO 81201

Telephone: 847-715-6020

Individual supervising sound (if different from Permittee): Tom Mansheim

Activity/event: Bluegrass on the Arkansas

Type of sound amplification equipment authorized (if any): microphones and PA System

Location: Riverside Park

Date(s): May 28th and 29th 2022

Hours of operation: 4pm to 10pm the 28th and noon to 10pm the 29th

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: [Signature]

Date: Jan 11 2022

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

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

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

## 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 FACILITIES  |
| <input type="checkbox"/> POLITICAL | <input type="checkbox"/> RELIGIOUS INSTITUTION                 |   |

<b>LIAB</b>	<b>TYPE OF SPECIAL EVENT APPLICANT IS APPLYING FOR:</b>
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

**DO NOT WRITE IN THIS SPACE**

LIQUOR PERMIT NUMBER

1. NAME OF APPLICANT ORGANIZATION OR POLITICAL CANDIDATE

State Sales Tax Number (Required)

Salida Rotary Charitable Fund

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)

Riverside Park  
Salida, CO 81201

NAME

DATE OF BIRTH

HOME ADDRESS (Street, City, State, ZIP)

PHONE NUMBER

4. PRES./SEC'Y OF ORG. or POLITICAL CANDIDATE

Stacey Osborne

5. EVENT MANAGER

Tom Mansheim

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

☒ NO ☐ YES HOW MANY DAYS? \_\_\_\_\_

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	From	To	Hours	From	To	Hours	From	To	Hours	From	To
05/28/2022	4:00	10:00	p.m.	05/29/2022	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

01/11/2022

### 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) \$

**Salida Special Event Emergency Action Plan**  
**Bluegrass on the Arkansas**  
*Riverside Park*  
*May 28th & 29th 2022*

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 in the event of an emergency.

Emergency Manager (1 lead, 2-4 alternates)	Contact info 1	Contact info 2	Signature
Tom Mansheim	847-715-6020	719-539-2801	
Stacey Osborne	719-645-8350		
Scarlett Massine	720-938-7778		
April Franklin	719-484-97575		

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 using the event PA system

**Fire**

- 1 Call 911
- 2 Assist injured or disabled personnel
- 3 Evacuate the park
- 4 If trained personnel and equipment available, attempt to extinguish
- 5 Evacuate injured person to Heart of the Rockies Regional Medical Center

**Medical Emergency**

- 1 Identify the medical emergency
- 2 If life threatening, call 911
- 3 Administer first aid if properly trained
- 4 Evacuate injured person to Heart of the Rockies Regional Medical Center

**Violent incident**

- 1 Call 911
- 2 Attempt to avoid the situation – move participants away
- 3 Try to deny contact-evacuate the park, instruct attendees to return to vehicles/homes, turn off lights, silence phones
- 4 If necessary defend - distract, attack, subdue

**Severe Weather/Natural incident**

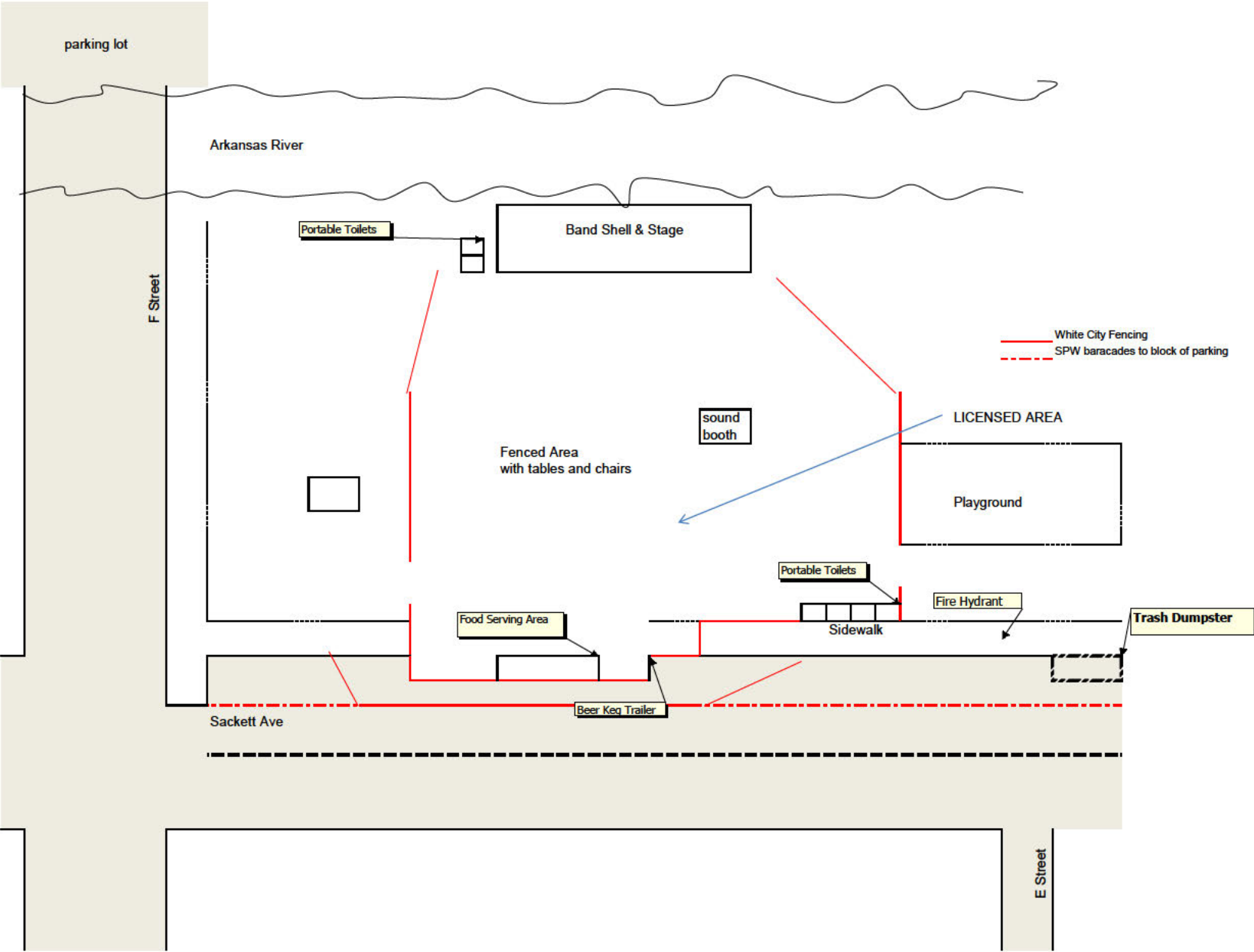
- 1 Move participants away from threat if possible
- 2 Evacuate the park
- 3 Call 911

**Urgent s 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



Riverside Park, Salida, CO





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/28/2022

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).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 2850 Golf Road Rolling Meadows IL 60008		<b>CONTACT NAME</b> Ali Sulita <b>PHONE (A/C, No, Ext)</b> 1-833-3ROTARY <b>E-MAIL ADDRESS</b> rotary@ajg.com <b>FAX (A/C, No)</b> 630-285-4062	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A</b> Lexington Insurance Company	
		<b>INSURER B</b>	
		<b>INSURER C</b>	
		<b>INSURER D</b>	
		<b>INSURER E</b>	
		<b>INSURER F</b>	

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

## 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 L MIT APPL ES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	015375594	7/1/2021	7/1/2022	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	<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	7/1/2021	7/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> 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 DESCR PTION OF OPERATIONS below		Y/N N/A	NOT APPLICABLE			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACC DENT \$ 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 an 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

City of Salida  
 448 E 1st Street  
 Salida, CO 81201  
 Bluegrass on the Arkansas  
 Riverside Park  
 May 28th & 29th

## 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

*Cynthia L. LaMonte*

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## Organization Record Confirmation

Review and select "Confirm" if this entity is the correct business organization.

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ID Number:	19911032735
Name:	ROTARY CLUB OF SALIDA, INC.
Principal Street Address:	P.O. Box 155, SALIDA, CO, 81201, United States
Principal Mailing Address:	P.O. Box 155, Salida, CO, 81201, United States
Registered Agent:	David Wood
Registered Agent Street Address:	P.O. Box 155, SALIDA, CO, 81201, United States
Registered Agent Mailing Address:	
Status:	Good Standing
Form:	Nonprofit Corporation
Jurisdiction:	CO
Formation Date:	1991-05-07

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## Organization Record Confirmation

Review and select "Confirm" if this entity is the correct business organization.

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ID Number:	20081144588
Name:	Salida Rotary Charitable Fund, Inc.
Principal Street Address:	PO Box 155, Salida, CO, 81201, United States
Principal Mailing Address:	
Registered Agent:	Thomas Mansheim
Registered Agent Street Address:	53 Trailside Circle, Salida, CO, 81201, United States
Registered Agent Mailing Address:	P. O. Box 155, Salida, CO, 801201, United States
Status:	Good Standing
Form:	Nonprofit Corporation
Jurisdiction:	CO
Formation Date:	2008-03-16

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