

**October 3, 2022**

**To: City Council**

**Re: Salida Art Walk SPECIAL EVENTS**

**Greetings to you from Salida Art Walk Committee,**

We are excited to be planning the **30<sup>th</sup> Annual SALIDA ART WALK** tradition celebrating art in Salida. Our event is planned for a three-day weekend in the historic creative district. It is a cultural and a rich experience for visitors of all ages. Families can spend the weekend connecting with their imaginations through art. Pedestrians stroll along the streets, and shop in participating downtown businesses, then enjoy recharging in our great Restaurants. We shine the spotlight on the Galleries and most have increased revenue.

ART Walk invites a unique kind of intimacy. The advantage of street closure on a three-block section of "F" street, is that gives people a strong definition of where to go. **"Here is the ART WALK"**! It also provides a safer space to take in our gifted community.

Hotels and businesses on Highway 50 have told us they benefit from increased revenue and look forward to the opportunity to be involved. Our many volunteers work very hard to plan and carry out a thousand and one details that are required for the success of a safe and fun weekend.

We thank you for guidance and will appreciate permission to celebrate local art in this tradition for another year in Salida.

Sincerely,

**Christy Sower**

**Salida Art Walk Chair**

**Saw23.christy@gmail.com**

**719-221-2382**

**Attached:**

- **PARKS & Rec Application and deposit for \$200**
- **MULTIPLE VENDOR PERMIT/ \$75.**
- **INSURANCE** is on file
- **EMERGENCY Action plan**
- **SOUND PERMIT app**

# Special Event application

Event Name \*

30th ANNUAL SALIDA ART WALK

Event contact name \*

Christy Sower

Event contact email address \*

saw23.christy@gmail.com

Event contact phone number \*

7192212382

If you are requesting on behalf of an organization, is it a nonprofit (501c3)? \*



Yes



No



N/A

If you have rented a park with the City of Salida in the past, please indicate the name of the account in our software system (SmartRec/Amilia). \*

Christy Sower

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

06 / 23 / 2023

Event start time

Time

07 : 00 AM ▼

Event end date

MM DD YYYY

06 / 25 / 2023

Event end time

Time

05 : 00 PM ▼

Estimated number of people in attendance

800 estimated

Please provide a short description of the event

30th Annual celebration of local art in Salida's Creative District.

Will food or merchandise be available from any vendor?

☐ Yes

☒ No

☐ Maybe

If yes, food and sale 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 at the City Clerk's office or at the link below.

<https://drive.google.com/file/d/1xzs0WynIEqU8bvC9owxr94VwpmhoeLTa/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/1V3xAFRIMqozcGrAQsk9QC3BoCltmeO9V/view?usp=sharing>

If yes, please describe the request.

As in 2022, seasonal closure of "F" Street from Sackett to half block between 2nd & 3rd Streets.

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.? .

NA

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?

IN Public Parking Lots and on the streets.

How many additional trash cans are needed for your event?

none

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.

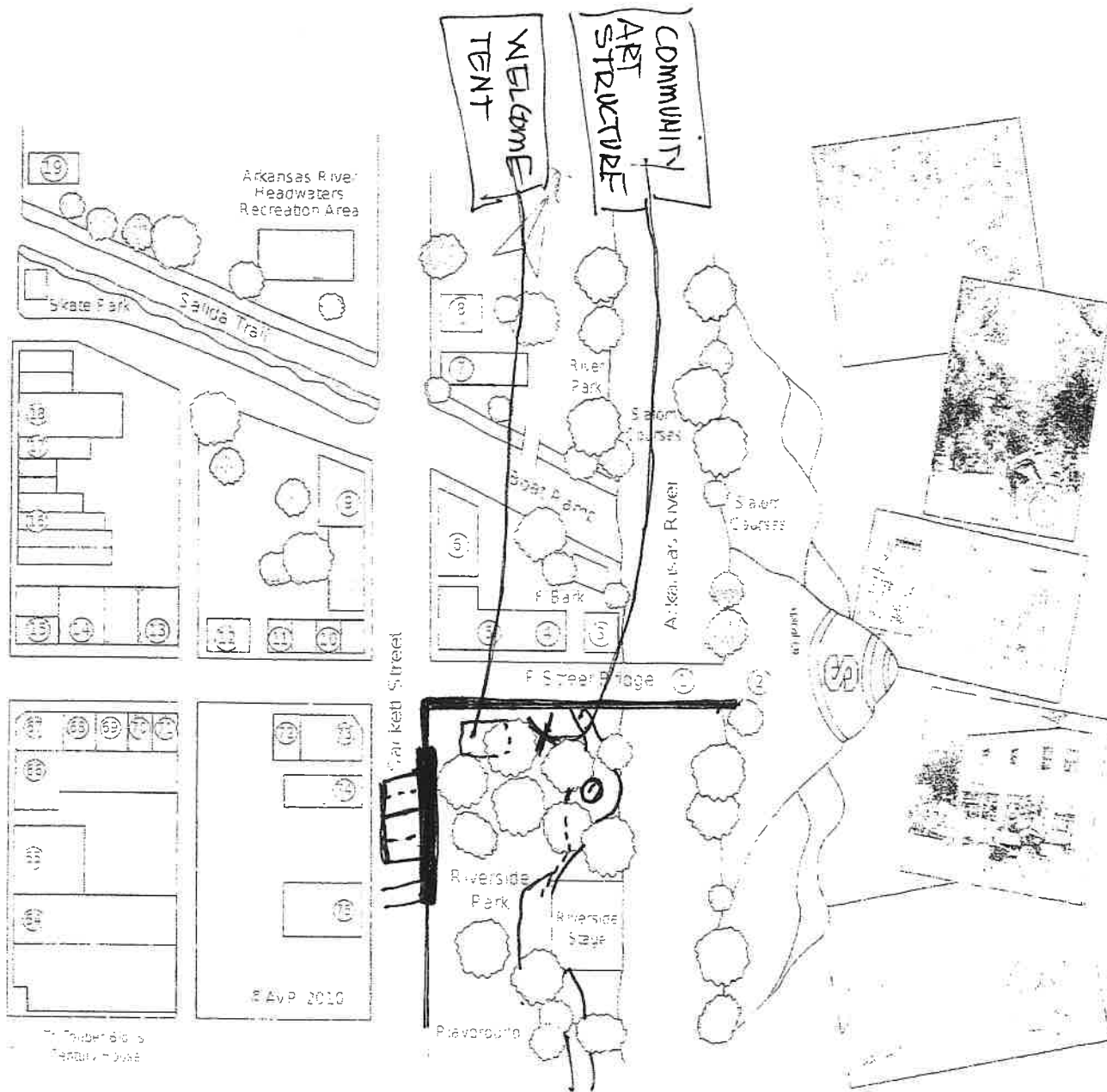
Digital signature:

.....

This form was created inside of City of Salida.

Google Forms







## CITY OF SALIDA

### NOISE PERMIT APPLICATION

Please fill out the form completely, including by signing and dating the application. Submitting an incomplete application is a basis for denial of a noise permit. Listing a particular type of audio amplification equipment, hours of operation, or any other information below does not guarantee the applicant's right to use such equipment or have an event at a particular time. Whether such application requests have been granted will be indicated in the issued permit.

Applicants may apply for events which are recurring (i.e., live music every Thursday). Any such events should be clearly described as recurring in the event description and should identify all dates on which the event will occur.

Completed applications should be submitted via email to [deputyclerk@cityofsalida.com](mailto:deputyclerk@cityofsalida.com). If that is not possible, they can be submitted in-person to 448 E 1<sup>st</sup> Street Suite 112. Applications must be submitted at least five (5) working days prior to the date for which the permit is sought.

#### I. Applicant Information.

Applicant Name: CHRISTY SOWER

Applicant Business/Organization: SALIDA ART WALK

Applicant Phone: 719.221.2382

Applicant Email: saw23.christy@gmail.com

Applicant Address: PO BOX 235  
SALIDA, CO 81201

Sound Supervisor<sup>1</sup>: CHRISTY SOWER

Sound Supervisor Phone: 719 221 2382

#### II. Event Information.

Description of Event: DURING WEEKEND, SOME LOW AMPLIFIED SOUND  
MAY TAKE PLACE AT RANDOM VENUES, MOSTLY ON 'F' ST.  
TYPE OF MUSIC - MAINLY ACOUSTIC.

Estimated Attendance: GROUP OF 4 TO 12 VISITORS STROLLING  
AT ANY GIVEN TIME.

Date(s): JUNE 23, 24, 25, 2023

Hours of Event: 10AM - 5PM IN PARK, UNTIL 10PM DOWNTOWN.

Location of Event: RIVERSIDE PARK AND F ST, SACKETT TO 4TH, IN  
CREATIVE DISTRICT.

<sup>1</sup> The sound supervisor will be responsible for responding to and immediately addressing noise or other complaints in the absence of the applicant/permittee.



### III. Noise Information.

Type of Noise (e.g., live music, parade):

MAINLY ACOUSTIC WITH RANDOM PERFORMERS (BOSKERS)

Type of Sound Amplification Equipment:

SMALL AMP - LOW SOUND

### IV. Agreement.

As the applicant for this noise permit, I, CHRISTY SOWER, hereby agree and understand that it is my responsibility to ensure compliance with the conditions and limitations set forth in the permit and all laws, rules, and regulations of the City of Salida, the state, and the federal government. I further agree and understand that any violations of the permit or applicable laws may result in the immediate revocation of the permit. Violations of the conditions and limitations set forth in the permit or applicable laws shall also be grounds for denial of future permit applications. I further understand and agree that the permit and application fee are non-refundable and non-transferrable.

Signature:

Christy Sower

(Typed or Digital signature accepted)

Date:

\_\_\_\_\_

### For use by the City Clerk only:

Application fee received: ☐ Yes ☐ No ☐ N/A

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_



## City of 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. <u>CHRISTY SOWER</u>	<u>719.221.2382</u>	<u>6.23/FRI</u>	<u>CHRISTY SOWER</u>
2. <u>ADRIANE KUHN</u>	<u>206.769.7405</u>	<u>6.25/SUN</u>	
3. <u>JOHN CAMPBELL</u>	<u>865.414.3559</u>	<u>6.24/SAT</u>	
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

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
  - ☒ 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

HEART OF THE ROCKIES MEDICAL CENTER

#### Violent incident

1. Call 911.
2. Attempt to avoid the situation – move participants away

3. Try to deny contact-evacuate to TWO BLOCKS AWAY FROM INCIDENT  
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 SHELTER
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.




# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/10/2023

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

**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"/>	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" 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	06/19/2022	06/19/2023	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"/>	<b>AUTOMOBILE LIABILITY</b> <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"/>	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
<input type="checkbox"/>	<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				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**

Salida Art Walk PO Box 672 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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ACORD 25 (2016/03)

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