

Special Event application

* Required

1. Event contact name *

Patricia (Pat) Hershey Salida Iba Festival

2. Event contact email address *

pat_hershey@hotmail.com

3. Event contact phone number *

201-912-2622

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.

4. Event location

Riverside Park

5. Event start date

(Setup on Sept 9 7am-6pm)

Sept 10, 2022

Example: January 1, 2019

6. Event start time

10:00 AM

Example: 8:30 AM

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.

Multi Vendor license:

<https://drive.google.com/file/d/1VHVSD9PE0x-dNvllrKWRlXr1JaL8o9/view?usp=sharing>

County Permit:

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

12. Will Alcohol be sold or distributed at your event?

Mark only one oval.

- ☒ 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/1VGNG7tcBM4NP0KCIJ9hZqgrcvuyppjPvu/view?usp=sharing>

13. Will there be amplified sound at your event?

Mark only one oval.

- ☒ Yes
☐ No
☐ Maybe

announcements, not music

If yes, complete the Amplified Sound Permit available below.

<https://drive.google.com/file/d/1V70HXRoEEIrRqCV4S9hTqXj-1Pwfdss1/view?usp=sharing>

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

*security evenings of Sept 9 & 10 - we will contact
SPD separately to hire overnight security Fri & Sat
nights (done)*

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

18. Where will people park for your event?

*vendors & attendees will park in municipal lots (public) and
use on-street parking. Some vendors may need to park trailers
@ city hall*

19. How many additional trash cans are needed for your event?

*will hire professional service - quote not yet available
10 - 65 gal cans + recycling bins - Waste Management*

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

Mark only one oval.

☒ Yes

☐ No

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 checked="" type="checkbox"/> SOCIAL | <input type="checkbox"/> ATHLETIC | <input 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 | |

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

State Sales Tax Number (Required)

2. MAILING ADDRESS OF ORGANIZATION OR POLITICAL CANDIDATE
(include street, city/town and ZIP)

3. ADDRESS OF PLACE TO HAVE SPECIAL EVENT
(include street, city/town and ZIP)

NAME

4. PRES./SECY OF ORG. or POLITICAL CANDIDATE

5. EVENT MANAGER

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

☒ NO ☐ YES HOW MANY DAYS? _____

☐ 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	Hours	From	To	Date	Hours	From	To	Date	Hours	From	To	Date	Hours	From	To
9/10/22		9:00 AM	6:00 PM	9/11/22		9:00 AM	6:00 PM								

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

DATE

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 Side)



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 can be submitted in-person to the City Clerk at 448 E. First Street, Suite 112, or via email to clerk@cityofsalida.com. 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:

Salida Fiber Festival / Patricia Hensley

Applicant Business/Organization:

Salida Fiber Festival

Applicant Phone:

C: 201-912-2622

Applicant Email:

pat_hensley@hotmail.com

Applicant Address:

9699 CR 163 OR SFF, PO Box 442
Salida 81201 Salida 81201

Sound Supervisor¹:

Leo Accario Central Colorado Sound

Sound Supervisor Phone:

719-221-0127

II. Event Information.

Description of Event:

Two day fiber festival - PA is used for
announcements throughout Sat & Sun.

Estimated Attendance:

2000

Date(s):

9/10 & 11/2022

Hours of Event:

10-6 (9/10) & 10-5 (9/11)

Location of Event:

Riverside Park

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



**CITY OF SALIDA
NOISE PERMIT**

Signature by the City Administrator on this noise permit indicates that the noise permit has been deemed granted to the applicant and the requested noise has been so authorized, subject to the conditions and limitations set forth below. Where the conditions or limitations set forth below contradict or conflict with the information contained in the application, the conditions and limitations will control.

I. Conditions and Limitations Applicable to All Permits.

The following conditions and limitations are applicable to all noise permits:

- No noise is permitted after 10:00 PM, unless specifically authorized by the City Council following a public hearing. No noise is permitted after midnight on the Fridays and Saturdays of Memorial Day weekend, 4th of July weekend, and Labor Day weekend. No noise is permitted after midnight on the Thursday, Friday, and Saturday during the FIBArk festival.
- No noise is authorized in excess of the maximum limit of 85 dB(A), as measured from any point along the property line or within the property line of the receiving premises. Measuring devices shall be those specifically utilized by the City of Salida.
- All amplification equipment shall be arranged so as to minimize the disturbance to neighboring properties, and permittees shall take reasonable measures to baffle or reduce noise impacts to neighbors.
- No outdoor amplified sound shall be permitted between November 1 through May 1.
- A maximum of sixty (60) amplified sound permits may be granted to same location during a single calendar year, unless additional permits are specifically authorized by the City Council following a public hearing.

II. Conditions and Limitations Applicable to this Permit.

The following conditions and limitations are applicable to this noise permit:

- _____
- _____
- _____

III. Expiration.

This noise permit is issued for the following dates and expires on the following date:

Date(s): _____

Expiration: _____

For use by the City Administrator only:

Application granted: [] Yes [] No

Signature: _____

Date: _____



Salida Special Event Emergency Action Plan

I, the undersigned, agree to compile 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. Pat Hensley	201-912-2122	pat.hensley@salida.org	<i>Pat Hensley</i>
2. Penny Smith-Kerker	512-914-4488	p.smithkerker@gmail.com	<i>Penny Smith-Kerker</i>
3. Michelle Walker	619-952-2298	walkerwalker@gmail.com	<i>Michelle Walker</i>
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

- The manager or designee will communicate the designated evacuation space to participants at the beginning of the event.
- The Emergency Manager will communicate to the event participants in an emergency with a
 - ☐ Bull Horn
 - ☐ PA system
 - ☐ Emergency level voice

Please enter your evacuation destination into the box in each of the follow scenarios

Fire

- Call 911
- Assist injured or disabled personnel.
- Evacuate the building. Activate emergency shut offs if available.
- Attempt to use a fire extinguisher only if you have been trained.
- Evacuate participant to

corner of F & Sackett Streets

Medical Emergency

- Identify the medical emergency.
- If life threatening, call 911.
- Administer first aid if properly trained.
- Evacuate the injured person to

corner of F & Sackett Streets to await EMTs

Violent Incident

- Call 911.
- Attempt to avoid the situation – move participants away
- Try to deny contact-evacuate to

lock/block doors, turn off lights, silence phones.

- If necessary defend - distract, attack, subdue.

Severe Weather/Natural Incident

- Move participants away from threat if possible.
- Evacuate to
- Call 911

send them home

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

- Call 911.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/14/2022

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).

PRODUCER R.V. Nuccio & Associates Insurance Brokers, Inc. 10148 Riverside Drive Toluca Lake, CA 91602		CONTACT NAME: Robert V. Nuccio PHONE (A/C, No, Ext): (800) 364-2433 E-MAIL ADDRESS: support@rvnuccio.com FAX (A/C, No): (818) 980-1595	
INSURED Salida Fiber Festival PO Box 442 Salida, CO 81201		INSURER(S) AFFORDING COVERAGE INSURER A: The American Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 21857	

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Host Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		UST022072210 NAEP101695	9/9/2022	09/12/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES \$ 300,000 MEDICAL EXPENSE \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED \$ RETENTION \$						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	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				PER STATUTE \$ OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability			UST022072210	9/9/2022	09/12/2022	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured: Riverside Park

CERTIFICATE HOLDERRiverside Park
Sackett Ave and F Street
Salida, CO 81201**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

Robert V. Nuccio

Certificate Number: NAEP101695

Policy Number: UST022072210

Effective Dates: 9/9/2022 12:01am to 09/12/2022 12:01am

Additional Insured - Person, Organization or other Entity - Sole

600002STEP 09 12

Policy Amendment(s) Commercial General Liability

This endorsement modifies insurance provided under the following:

Commercial General Liability Coverage Part

Schedule

Name of Additional Insured Person(s) or Organization(s) or other Entity(ies)

Riverside Park

Information required to complete this Schedule, if not shown above, will be shown in the Declarations

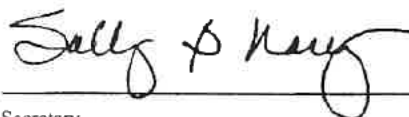
Section II - Who Is An Insured is amended to include as an insured the person, organization or other entity shown in the Schedule above but only to the extent that **bodily injury, property damage or personal and advertising injury** is caused by the sole negligence of the Memorandum of Insurance holder.

Any Additional Insured Person(s) or Organization(s) or other Entity(ies) covered under this policy is subject to the policy forms, terms, conditions, exclusions, limitations and provisions.

This Endorsement is otherwise subject to all the terms, conditions, exclusions, limitations, and provisions of the policy to which it is attached.

This Form must be attached to Change Endorsement when issued after the policy is written.

One of the Fireman's Fund Insurance Companies as named in the policy



Secretary



President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/14/2022

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).

PRODUCER R.V. Nuccio & Associates Insurance Brokers, Inc. 10148 Riverside Drive Toluca Lake, CA 91602	CONTACT NAME: Robert V. Nuccio PHONE (A/C, No, Ext): (800) 364-2433 FAX (A/C, No): (818) 980-1595 E-MAIL ADDRESS: support@rvnuccio.com																					
INSURED Salida Fiber Festival PO Box 442 Salida, CO 81201	<table border="1"><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>The American Insurance Company</td><td>21857</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	The American Insurance Company	21857	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A:	The American Insurance Company	21857																				
INSURER B:																						
INSURER C:																						
INSURER D:																						
INSURER E:																						
INSURER F:																						

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 SUBR INSD 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"/> Host Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	UST022072210 NAEP101695	9/9/2022	09/12/2022	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES	\$ 300,000
						MEDICAL EXPENSE	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 1,000,000
							\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				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	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				PER STATUTE	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A	Liquor Liability		UST022072210	9/9/2022	09/12/2022		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured: Town of Salida Colorado

CERTIFICATE HOLDERTown of Salida Colorado
448 E First St, Suite #112
Salida, CO 81201**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

Robert V. Nuccio

Certificate Number: NAEP101695

Policy Number: UST022072210

Effective Dates: 9/9/2022 12:01am to 09/12/2022 12:01am

Additional Insured - Person, Organization or other Entity - Sole

600002STEP 09 12

Policy Amendment(s) Commercial General Liability

This endorsement modifies insurance provided under the following:

Commercial General Liability Coverage Part

Schedule

Name of Additional Insured Person(s) or Organization(s) or other Entity(ies)

Town of Salida Colorado

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

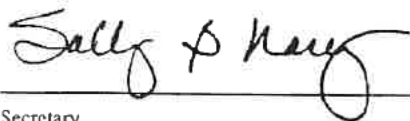
Section II - Who Is An Insured is amended to include as an insured the person, organization or other entity shown in the Schedule above but only to the extent that **bodily injury, property damage or personal and advertising injury** is caused by the sole negligence of the Memorandum of Insurance holder.

Any Additional Insured Person(s) or Organization(s) or other Entity(ies) covered under this policy is subject to the policy forms, terms, conditions, exclusions, limitations and provisions.

This Endorsement is otherwise subject to all the terms, conditions, exclusions, limitations, and provisions of the policy to which it is attached.

This Form must be attached to Change Endorsement when issued after the policy is written.

One of the Fireman's Fund Insurance Companies as named in the policy



Secretary



President

Garcia, Debbie
waste mgmt fiber festival 064-19526
Jun 16, 2022 at 3:59:14 PM
pat_hensley@hotmail.com


Hi Pat

Here is the information for the Fiber Festival in September.
We will be delivering 10-64 gal trash totes and 4-64 gal recycle totes.
The guesstimate is \$165.00 which includes the delivery, removal and empty of all totes
plus fees.

Thank you

DEBBIE GARCIA
Sr. Operations Specialist
Four Corners

T: 719-239-6003
230 Jones Ave
Salida, CO 81201

Access WM 24/7 with 



Recycling is a good thing. Please recycle any printed emails.

6 - Toilets

2 - H/W

6 X \$5.00

\$30.00

2 X \$5.00

\$10.00

8 XTRA Clean Saturday 8 X \$5.00

\$40.00

8 " " Sunday 8 X \$5.00

\$40.00

Del. Fee

100.00

100.00

P.V. Fee

100.00

100.00

SALIDA Fiber Fest \$ 1,680.00

Unlimited Sanitary
719-395-2701 (Laura)

MULTIPLE EVENT SALES TAX LICENSE

THIS LICENSE IS
NOT TRANSFERABLE

USE ACCOUNT NUMBER for all references	LIABILITY INFORMATION			VALID THROUGH
27251405-0000	31-0031-006	C	010112	Dec 31 2023



SALIDA FIBER FESTIVAL
PO BOX 442
SALIDA CO 81201-0442

Interim Executive Director
Department of Revenue

▲ Detach Here ▲

Letter Id: L2075358688

Display this license at each event where you are making sales. This license is valid for any event attended through the 'Valid Through' date noted on the license.

File Sales Tax Returns Online for FREE

To save time and to reduce filing errors, file your special event sales tax return using Revenue Online. Go to www.Colorado.gov/RevenueOnline, under Quick Links click on File a Return then click on Special Event Sales Tax and follow the instructions to file your return.

Learn more about Sales Tax

FREE public tax classes are offered live and online. Please visit the Education page of the Taxation website Colorado.gov/Tax/Education to view current schedules and to register for a class near you.

Sign up for FREE Colorado Department of Revenue Sales Tax Updates

Interested in keeping up with the latest state tax news and information?

Subscribe to our free email service at: SalesTaxLicenseSignup.SubscribeMeNow.com

Deb Gdula



ON SACKETT ONE LANE OPEN (from F to E/SE)

option #1 NO TRAFFIC ON SACKETT FROM
E to F EXCEPT VÉNDORS & EMERGENCY
- expect complaints

→ option #2 use one LANE for TRAVEL IN
BOTH DIRECTIONS - REQUIRES 2
ATTENDANTS & stop signs & SAFETY VESTS

E STREET



F STREET

PARALLEL PARKING



ONE LANE OPEN

SACK

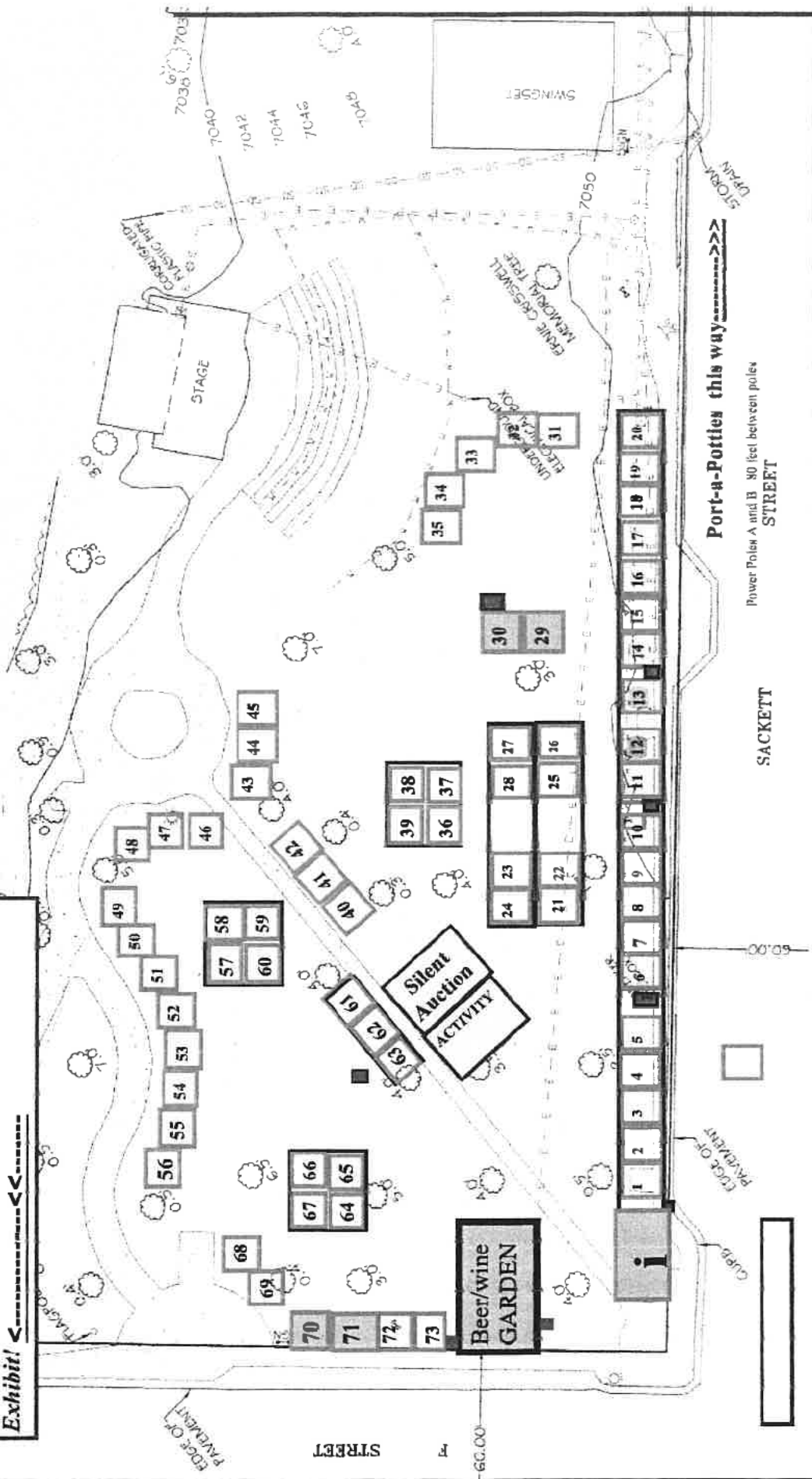
HEAD-IN PARKING
(TEMPORARY PARALLEL PARK FOR UNLOADING)
(2 LANES)

PARK

HEAD-IN PARK
Food Trucks

Arkansas River

Walk up-river along the path to reach the
Steamplant for classes and Fiber Art
Exhibit! <-----



Port-a-Potties this way >>>>

Power Poles A and B 80 feet between poles

SACKETT

EDGE OF PAVEMENT

STREET

Beer/wine
GARDEN

Silent
Auction
ACTIVITY

STAGE

CORREGATOR

SWINGSET

GOING CRISWELL
MEMORIAL PARK

UNION BOX

50.00

60.00

STREET