

June 30, 2023

Salida City Council

Re: Salida Fiber Festival

September 8-10, 2023

Riverside Park

We are happy to be hosting the 12th annual Salida Fiber Festival, held at Riverside Park!

Currently we have 42 vendors accepted, showcasing the fiber arts with locally produced products.

The festival begins with vendor set-up on Sept 8, from 9:00 a.m. and ends on Sunday September 10 at 4 p.m.

We will be doing a “soft closure” of Sackett St. to allow for vendor unloading. Barricades will be set up and manned by volunteers to allow passage of vehicles as needed. No closures will be in effect past 5 p.m. on Friday.

Waste Management is contracted for 10- 64 gallon trash cans and 4 recycle containers

Unlimited Sanitary will be placing 6 porta-potties and 4 handwash stations on Friday morning and has been contracted with extra cleanings/service throughout the event weekend.

The sheriff’s office has been contacted to provide security for the event at night, for Friday and Saturday.

Continental Divide Productions has been contracted to provide a basic sound system for announcements only.

Two food truck vendors and one Coffee vendor have been contracted with to provide food and beverage and have applied for the appropriate special event licenses.

A beer/wine garden will once again be in place, for service of beverages. We do completely enclose the beer Garden with portable fencing panels, with gates. Volunteers will be on staff monitoring the area to ensure no beverages leave the enclosure.

Over 2000 attend this event in past years, and we fully expect even better attendance this year.

Thank you,

Respectfully submitted

Salida Fiber Festival Committee

Jane Levene / Peggy Reininger

Special Event Application

The following questions are similar to the questions that were answered in the online "Park Rental & Special Event Request" form. Please provide more detail in this application.

1. Event Name *

SALIDA FIBER FESTIVAL

2. Event Contact Name *

JANE LEVENE

3. Event Contact Email Address *

jlevene@comcast.net

4. Event Contact Phone Number *

303-870-3056

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

☒ Yes

☐ No

☐ N/A

6. If you have rented a park or registered for a program with Salida Parks & Rec, please indicate the name of the account in our software system (SmartRec/Amilia). *

SALIDA FIBER FESTIVAL

7. Event Location *

RIVERSIDE PARK

8. Event Start Date *

09/08/2023



9. Event Start Time *

9:00 AM

10. Event End Date *

9/10/2023



11. Event End Time *

12. Estimated Number of People in Attendance *

2000

13. Please provide a short description of the event *

A fiber arts festival which educates and markets raw and finished products made from local fibers, yarns, felt and fabric as well as the equipment needed to produce this artwork. Features local and state-wide fiber artists and fiber producers

14. Will food or merchandise be available from any vendor? *

☒ Yes

☐ No

☐ Maybe

15. If yes, then 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 Application:

https://www.cityofsalida.com/sites/default/files/fileattachments/parks_and_recreation/page/10061/4_multiple_vendor_event_permit_application.pdf

Chaffee County Public Health form:

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

yes

16. Will alcohol be sold or distributed at your event? *

- ☒ Yes
- ☐ No
- ☐ Maybe

17. 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 nonprofit organizations. EVENTS REQUIRING ALCOHOL LICENSES MUST SUBMIT THEIR APPLICATION AT LEAST 90 DAYS IN ADVANCE OF THE EVENT.
https://www.cityofsalida.com/sites/default/files/fileattachments/parks_and_recreation/page/10061/5_special_events_liquor_license_application.pdf

Enter your answer

18. Will there be amplified sound at your event *

- ☒ Yes
- ☐ No
- ☐ Maybe

19. If yes, complete the Amplified Sound Permit Application available at the following link:

https://www.cityofsalida.com/sites/default/files/fileattachments/parks_and_recreation/page/10061/noise_permit_application_-_salida_02-15-2022_2.pdf

yes

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

☐ Yes

☒ No

☐ Maybe

21. 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. Click on the following link to access the petition form:

https://www.cityofsalida.com/sites/default/files/fileattachments/parks_and_recreation/page/10061/6_street_closure_petition.pdf

If yes, please describe the closure request.

no street closures needed

22. Will you require any security or law enforcement services specific to your event? *

☒ Yes

☐ No

☐ Maybe

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

security to patrol the vendor area at night

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

yes

25. Where will people park for your event? *

parking is in public lots

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

we are contracting with Diversion Designers for added recycling and trash removal

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

☐ Yes

☒ No

28. Is the Emergency Action Plan included in your application packet? *

☒ Yes

☐ No

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

☒ Yes

☐ No

30. 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 of Salida 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 of Salida staff has to clean up after the event, a fee will be billed to the organizer.

31. Digital Signature: *

Jane E Levene

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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. If that is not possible, they can be submitted in-person to 448 E 1st 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:

SALIDA FIBER FESTIVAL / JANE LEVENE

Applicant Business/Organization:

Salida Fiber Festival

Applicant Phone:

303-870-3056

Applicant Email:

jlevene@comcast.net

Applicant Address:

9625 State Hwy 291
Salida CO 81201

Sound Supervisor¹:

Central Colorado Sound - Kerry

Sound Supervisor Phone:

719-221-3231

II. Event Information.

Description of Event:

Two day fiber festival hosting
multiple small vendors - PA is used to
announce vendors demonstrations and general
information on 1 Saturday / Sunday 9/10, 9/11

Estimated Attendance:

2300

Date(s):

9/9 & 11 / 2023 9/9 & 9/10 2023

Hours of Event:

10-6 (9/9) 10am-5pm (9/10)

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

OVERVIEW OF LOCAL NOISE REGULATIONS & PERMITTING

Chapter 10, Article IX of the Salida Municipal Code (the "Code") establishes regulations and standards for noise within the City of Salida (the "City") to reduce and eliminate unnecessary and excessive noise which would otherwise be detrimental to residents and the community in the enjoyment of life, property, and the conduct of business. Of note, Section 10-9-30(c) of the Code provides that it is "unlawful for any person to emit or cause to be emitted any noise which leaves the premises on which it originates, inclusive of a public premises, crosses a property line and enters onto any other premises in excess" of the specified levels.

Pursuant to Sections 10-9-40(14) and 10-9-80 of the Code, however, the City may specifically exempt a particular noise from this prohibition through the issuance of a noise permit. Such a permit may include limitations and conditions to minimize the adverse impacts of the proposed noise may have on the community or surrounding neighborhood. Such limitations and conditions include, but are not limited to, the following: the hours of operation, maximum decibels, the type of sound amplification equipment, and the type of sound that may be amplified. No permit shall be issued for noise after 10:00 PM, with allowances to go until midnight on the Fridays and Saturdays of Memorial Day weekend, 4th of July weekend, and Labor Day weekend, and on the Thursday, Friday, and Saturday during the FIBArk Festival.

The issuance of a noise permit is at the sole discretion of the City Administrator or City Council, and the issuance of such permit does not confer any rights upon the permittee other than those expressly authorized by the permit. Violation of any of the conditions or limitations set forth in the noise permit may result in immediate revocation of the permit. Revocation of the noise permit does not preclude the City from seeking any remedies otherwise available under federal, state, or local law.

Applications for a noise permit must be submitted on the attached "Application for a Noise Permit" form and submitted at least five (5) working days prior to the date for which the permit is sought.



III. Noise Information.

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

announcements only

Type of Sound Amplification Equipment:

2 speakers & microphone

IV. Agreement.

As the applicant for this noise permit, I, Jane Levene, 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:

Jane Levene

(Typed or Digital signature accepted)

Date:

5/20/2023

For use by the City Clerk only:

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

Signature: _____

Date: _____



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: _____



City of Salida

Multiple Vendor Event Permit Application

Date of Application: 6-5-2023

Event Name: Salida Fiber Festival

Event Location(s): Riverside Park

Date(s) & Time(s) of Event: September 9, 10 2023 10am-6pm, 10am-5pm

Individual or Organization Sponsor(s): Salida Fiber Festival

Address: P.O. Box 442 Salida CO 81201

Phone: (730) 303-870-3056 Email: Salida Fiber Festival@gmail.com

Contact Person: Jane Levene

Phone: 303-870-3056 Email: jlevene@comcast.net

Participating Vendors *NOTE: It is required that you provide a copy of the current state license for each vendor.*

Jefferson Farm Products

If additional space is needed, please attach a list of additional participating vendors.

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



STATE COLORADO
COUNTY CHAFFEE

Must collect
taxes for:

**SALES TAX
LICENSE**

USE ACCOUNT NUMBER for all references	LIABILITY INFORMATION				ISSUE DATE			LICENSE VALID TO DECEMBER 31 2023
	county	city	industry	type	month	day	year	
42055126-0000	31-0206-009	L	040122		Jun	24	22	

THIS LICENSE MUST BE POSTED AT THE FOLLOWING LOCATION
IN A CONSPICUOUS PLACE: 8815 COUNTY ROAD 150 SALIDA CO 81201-9526

THIS LICENSE IS NOT
TRANSFERABLE



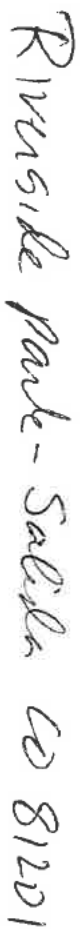
JEFFERSON FARMS PRODUCTS P.O. Box 1202
8950 W. JEFFERSON AVE
DENVER CO 80235-1702

8815 CR 150
Salida CO

81201

Mark Fick
Executive Director
Department of Revenue

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



4pm

9/8/23-9/9/23

$$9 \mid 10/23$$

barricade for soft closure

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

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

→ option #2 use one LANE for TRAVEL in
BOTH DIRECTIONS - REQUIRED 2
ATTENDANTS w/ stop signs & SAFETY VESB

E STREET



PARALLEL PARKING

ONE LANE OPEN

SACKETT

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

PARK

HEAD-IN PARK
Food Trucks



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: Jane Levane

Phone: 303 870 3056 Email: jlevane@comcast.net

Signature: Jane E Levane

Emergency Alternate 1: Jane Templeton Penny Smith-Kerker

Phone: 512-914-4488 Email: psmithkerker@gmail.com

Signature: P.J. Smith-Kerker

Emergency Alternate 2: Peggy Reininger

Phone: 602-300-4209 Email: reininp@msn.com

Signature: Peggy Reininger

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 Emergency Manager or an alternate will communicate the designated evacuation space to participants at the beginning of the event.
2. This will be communicated 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 participants to: Corner of Frank Sackett

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: Corner of F and Sackett and await EMTs

Violent Incident

1. Call 911
2. Attempt to avoid the situation – move participants away.
3. Try to deny contact and evacuate to: corner of F & Sackett
lock/block doors, turn off lights, silence phones.
4. If necessary, defend – distract, attack, subdue.

Severe Weather

1. Move participants away from threat if possible.
2. Evacuate to: Send them home
3. Call 911.

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

1. Call 911.
2. State who, what, where, when, why, and how the situation occurred.
3. If bomb threat, turn off all electronics.



Salida Fiber Festival
PO Box 44
Salida, CO 81201

Specialty Insurance Products

Insurance Policy Number: NAEP109936

Tel. (800) 364-2433

Email support@rvnuccio.com

Online rvnuccio.com

Office 10148 Riverside Drive
Toluca Lake, CA 91602

2003

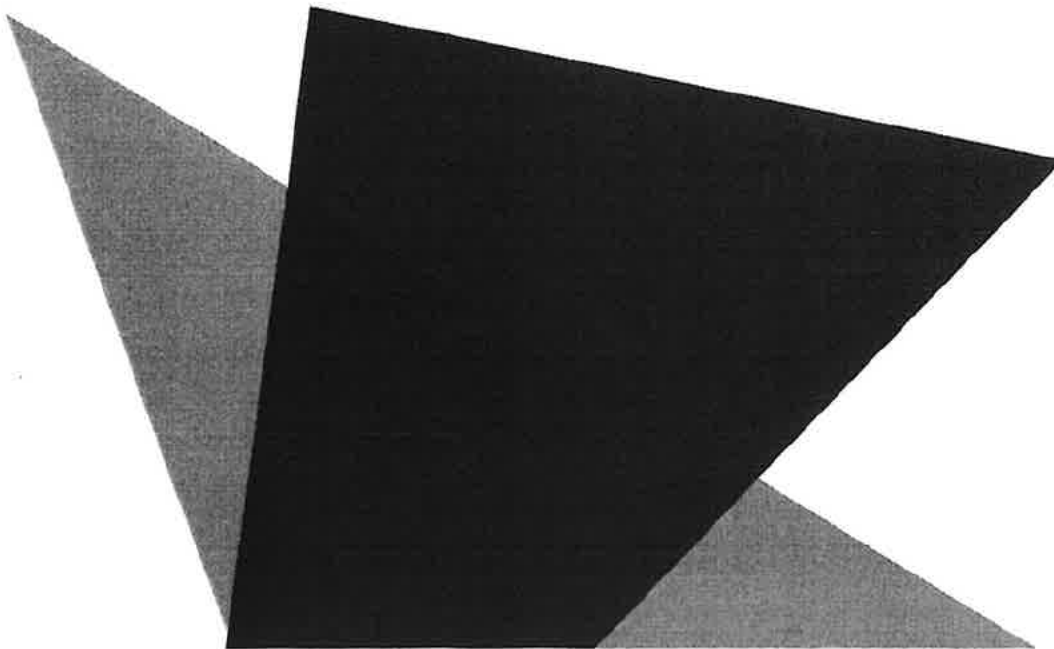
5992.65

Your Insurance Policy

What's included:

- ✓ Your Certificate(s) of Insurance
- ✓ A copy of your Application
- ✓ Your Memorandum
- ✓ Your Coverages
- ✓ Your Quote Letter

Thank you for choosing R.V. Nuccio & Associates Insurance Brokers, Inc. — We look forward to helping with your specialty insurance needs.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/8/2023

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).

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 44 Salida, CO 81201	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Fireman's Fund Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	NAIC # 21873	

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"/> PROJECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		UST022072220 NAEP109936	9/8/2023	9/11/2023	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/N	N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability			UST022072220	9/8/2023	9/11/2023	1,000,000
A	Contractual Liability			UST022072220	9/8/2023	9/11/2023	Included

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

Additional Insured: Riverside Park

CERTIFICATE HOLDER

Riverside Park
146 E. Sackett St
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

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Certificate Number: NAEP109936

Policy Number: UST022072220

Effective Dates: 9/8/2023 12:01am to 9/11/2023 12:01am

Additional Insured - Person, Organization or other Entity
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)
6/8/2023

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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
INSURED Salida Fiber Festival PO Box 44 Salida, CO 81201	E-MAIL ADDRESS: support@rvnuccio.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Fireman's Fund Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC # 21873		

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"/>		UST022072220 NAEP109936	9/8/2023	9/11/2023	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 - COM/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 <input type="checkbox"/> 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/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 \$
A	Liquor Liability			UST022072220	9/8/2023	9/11/2023	1,000,000
A	Contractual Liability			UST022072220	9/8/2023	9/11/2023	Included

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 HOLDER

Town of Salida Colorado
448 E. First St #
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

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Certificate Number: NAEP109936

Policy Number: UST022072220

Effective Dates: 9/8/2023 12:01am to 9/11/2023 12:01am

Additional Insured - Person, Organization or other Entity

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/8/2023

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).

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 44 Salida, CO 81201	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Fireman's Fund Insurance Company		21873
	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.		

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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 Robert V. Nuccio

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Applicant Information

Tell us about the Applicant

I'm the

I am a

Company Name

Street

City

State

Zip Code

Applicant Phone Number

E-mail Address

Website Address

Will alcohol be served or be available for consumption at the event?

Will the applicant receive any proceeds from the sale of alcohol?

Does the event or the insured's business operations include selling, distributing, manufacturing, growing, serving, or furnishing any pharmaceutical, drug, or mind altering substance including but not limited to marijuana, CBD, cannabis, psychotropic/psychedelic substances, or drug(s) of any kind or related products?

Will the event be held on premises owned, managed, or operated by the applicant?

Event Holder/Organizer/Host

Other organization type

Salida Fiber Festival

PO Box 44

Salida

CO

81201

201 912 2622

Jlevene@comcast.net

Yes

Yes

No

No

Event Information

Tell us about your event

Event Type

Name of Your Event(ex: Pleasantville 3rd Annual Fall Festival)

Description of Event Activities

Festival (No Overnight Camping)

Salida Fiber Festival

Vendors selling fiber related merchandise. Demonstrations, fashion show, silent auction, food trucks, and beer garden.

Will there be any Concessionaires, Exhibitors or Vendors attending or participating in the Event?

Will the applicant require that all Concessionaires, Exhibitors and Vendors name the applicant as an Additional Insured on a \$1,000,000 Commercial General Liability insurance policy?

Does your event include any political or activist events, protests, rallies or marches?

Yes

Yes

No

When is your event?

Start Date

Start Time

Stop Date

Stop Time

Total Days Open

09/08/2023

10:00am

09/10/2023

5:00pm

2

Tell us about your event attendees?

Maximum Daily Attendance

(Number of people attending)

Audience Age Group From

Audience Age Group To

2000

1

99

Tell us about your Event Security?

Is a donation expected or a charge required to attend the event?

Is a celebrity or other high profile person attending this event?

Will there be security at this event?

Does the security provider have liability insurance?

Has the security provider named the applicant as an Additional Insured?

The security will be provided or contracted by:

No

No

Yes

No

No

The Applicant