

To: City of Salida

RE: Peak to Peak Pickleball Tournament September 10, 11 and 12, 2021

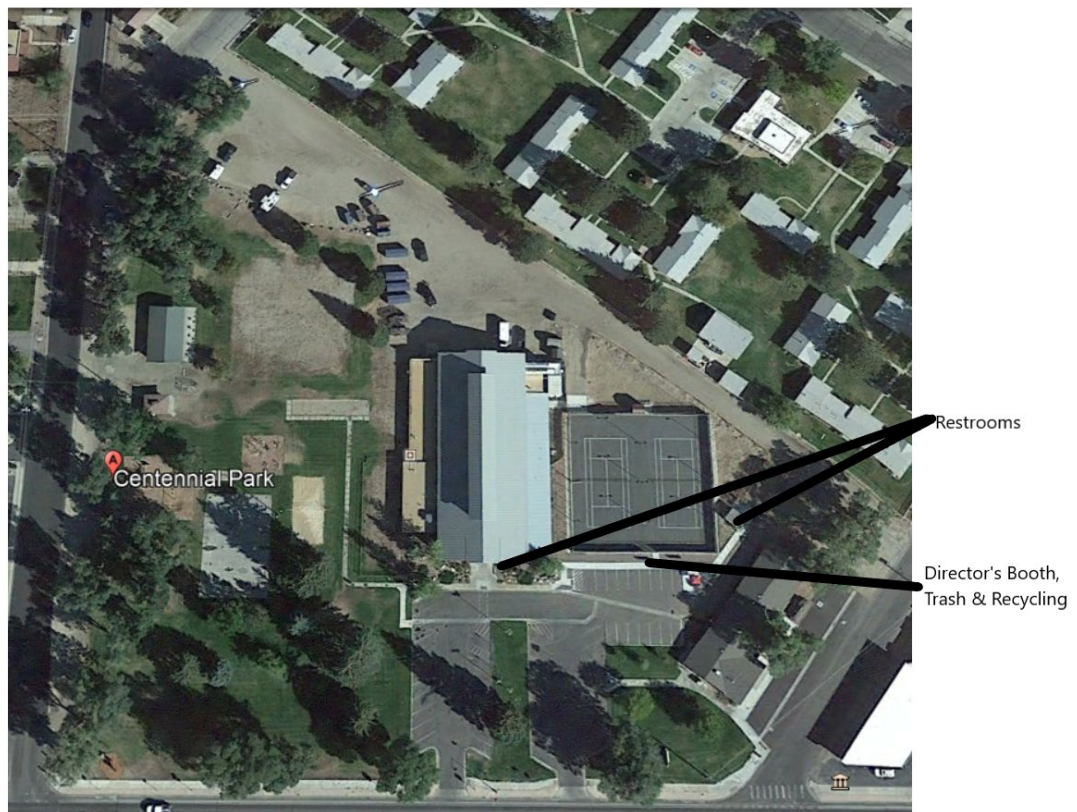
From: Rick Hum, VP Peak to Peak Pickleball Club

Date: July 9, 2021

We have been coordinating with Salida Recreation Department to hold a Pickleball Tournament on September 10, 11 and 12, 2021.

Each day we will set up the information and director's booth outside the Tennis/Pickleball courts in Centennial Park by 8 a.m. We will be concluding play each day before 6 p.m.

We have closed registration, since all 150 player slots are filled.



Salida Park Rental & Special Event Form

This application must be filled out in its entirety and is a request only. Applications can be accepted or rejected.

Contact Name *

Rick Hum

Contact Phone Number *

719-539-5058

Applicant/Entity Email *

rick.hum@gmail.com

Event/Activity Name *

Peak to Peak Classic "Rally in the Valley" Pickleball Tournament

What type of Event are you requesting? *

- ☐ Public Event: Free and open to the public eg. concerts/festivals (60-90 days notice)
- ☐ Admission Based Event: A paid ticket or reservation is required for entry (60-90 days notice)
- ☐ Races: A paid race event that can include walking, running, biking etc (60 days notice)
- ☐ Special Occasion: A private event by invitation only eg. celebration/birthday party (14 day notice)
- ☒ Tournament (30 days notice)
- ☐ Assembly/First Amendment Activity (Recommended 5 business day notice)

Provide a short description of your activity. Include any website or social media handles associated with the event. *

3 day pickleball tournament. <https://www.peaktopeakpickleball.com/Tournaments>

Desired Location of Event/Activity *

- ☐ Riverside Park
- ☐ Alpine Park
- ☐ Centennial Park
- ☐ Chisholm Park
- ☐ Chisholm Park Clubhouse
- ☐ Thonoff Park
- ☐ F street (For parades, walks/runs/bike races)
- ☐ Skatepark
- ☐ Marvin Park (For Baseball, Softball, Kickball tournaments or other uses)
- ☒ Centennial Courts (For Tennis or Pickleball Tournaments)
- ☐ "S" Mountain
- ☐ Another Street in Salida
- ☐ Monarch Spur Trail
- ☐ Other Trails on City Property
- ☐ Whitewater park
- ☐ Boatramp
- ☐ Other:

Estimated number of attendees? *

80

Start date desired *

MM DD YYYY

09 / 10 / 2021

Start Time Desired (please include load in time) *

Time

08 : 00 AM ▼

End date desired *

MM DD YYYY

09 / 12 / 2021

End Time Desired (please include load out time) *

Time

06 : 00 PM ▼

Will ANY of these features apply to your event? Check all that apply. *

- ☒ Have more than 50 attendees?
- ☒ Sell food or merchandise?
- ☐ Sell or dispense alcohol? (only allowed for non profit org)
- ☒ Use amplified sound?
- ☐ Need to close a street or right of way?
- ☐ Require law enforcement, security or fire professionals?
- ☐ Require fencing
- ☒ Require municipapl water or Electical hookups
- ☐ None of the above

If you checked any box other than "None of the above" You will need to submit additional documentation-visit the link below for more info.

<https://docs.google.com/document/d/1B7TntB0R6jSn001BEbe6d5YrdJonjgICBqSApBmne3I/edit>

This form was created inside of City of Salida.

Google Forms

Special Event Application

1. **Will any food or merchandise be sold? Yes ☒ No ☐**
If yes, FOOD AND SALES TAX LICENSES MUST BE OBTAINED. 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.
 2. **Will alcoholic beverages be sold and/or dispensed at your event? Yes ☐ No ☒**
If yes, please fill out the Application for Special Events Liquor License 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.
 3. **Will there be amplified sound at your event? Yes ☒ No ☐**
 4. **Are street closures proposed for your event? Yes ☐ No ☒**
If yes, where and when? _____
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.
 5. **Will you require any law enforcement services specific for your event? Yes ☐ No ☒**
If yes, for what purpose (security, traffic, parking or public control, Salida Trail System crossings, etc.)?

Dates and times officers needed? _____
- Please attach the event's Security Plan.**
- The City of Salida requires reimbursement for the cost of providing police and safety measures above the standard for the time and date of any event.**
6. **Where do you plan for people to park for your event? Parking spaces around the tennis/pickleball courts, at the previous recycling center site and on surrounding streets.**
 7. Please attach the quote/estimate for your **trash service**. Provided by volunteers.
 8. **Do you plan on using any portion of the Salida Trail System (STS)? Yes ☐ No ☒**
If yes, describe when, how and where: _____



9. Is your **Emergency Action Plan, including First Aid Stations**, Communication and public safety agencies complete? Yes ☒ No ☐
Please attach the plan documents to this application with the details.
10. Have you attached **event insurance**? Yes ☒ No ☐
Events to which the PUBLIC is invited require insurance. Please refer to #11 under Provisions for Park Rentals and Park Rules. Proof of insurance will be required with this application and must list the City as an additional insured party.
11. Please attach a **timeline**, with dates and times, for your event
12. Please list any other needs or requirements that have not been covered.
13. Please attach
- Map of your event with portalette, entry/exits and additional trash cans called out
 - Proof of insurance
 - Quote/estimate for Trash service
 - Emergency Action Plan
 - Event Timeline
 - Sound, Liquor, Street closure, etc permits and applications

Event organizer Signature *Rick Hum* Date 07-09-2021



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/6/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to 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 NFP 8900 KEYSTONE XING STE 1200 PO BOX 44992 (PAYMENTS ONLY) INDIANAPOLIS, IN 46240-2136 317-808-7272		CONTACT NAME: PHONE (A/C, No, Ext): 317-808-7272 FAX (A/C, No): 3175246409 E-MAIL ADDRESS:		
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: Peak to Peak Pickleball Club PO BOX 5224 BUENA VISTA, CO 81211-5224		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: United States Fire Insurance		21113
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
INSURER F:				

COVERAGES**CERTIFICATE NUMBER:** USP331464**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		SRPGAPML-101-0720	02/08/2021 12:01 AM	02/08/2022 12:01 AM	GENERAL AGGREGATE \$2,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						PRODUCTS - COM/OP AGG \$2,000,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						PERSONAL & ADV INJURY \$1,000,000.00
							EACH OCCURRENCE \$1,000,000.00
							FIRE DAMAGE (Any one fire) \$300,000.00
							MED EXP (Any one person) \$5,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Es accidents) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTO						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						
	<input type="checkbox"/> CLAIMS-MADE						
	DED RETENTION \$						
							EACH OCCURRENCE \$0.00
							GENERAL AGGREGATE \$0.00
							EACH OCCURRENCE \$
							GENERAL AGGREGATE \$

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

Pickleball Club

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDERPeak to Peak Pickleball Club
PO BOX 5224
BUENA VISTA, CO 81211-5224**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

NFP



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)
7/6/2021

AGENCY NFP		CARRIER United States Fire Insurance Company		NAIC CODE 21113
POLICY NUMBER SRPGAPML-101-0720/USP331464		EFFECTIVE DATE 02/08/2021 12:01 AM	NAMED INSURED(S) Peak to Peak Pickleball Club	

ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)

INTEREST		NAME AND ADDRESS		RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER		
<input checked="" type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE	Salida Hot Springs Aquatic Center 410 W Rainbow Dr. Salida, CO 81201							LOCATION:		BUILDING:
<input type="checkbox"/> BEACH OF WARRANTY	<input type="checkbox"/> MORTGAGEE								VEHICLE:		BOAT:
<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER								AIRPORT:		AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT								ITEM CLASS:		ITEM:
<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE								ITEM DESCRIPTION		
<input type="checkbox"/> LIENHOLDER		REFERENCE / LOAN #:		INTEREST END DATE:		PHONE (A/C, No, Ex):		FAX (A/C, No):			
		LIEN AMOUNT:		E-MAIL ADDRESS:							
REASON FOR INTEREST:											

The above are added as additional insured but only with respect to liability arising out of operations of the named insured during the policy period.

ACORD 45 (2009/04)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/6/2021

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		PHONE (A/C, No, Ext): 317-808-7272	FAX (A/C, No): 3175246409
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: United States Fire Insurance	21113
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:

Peak to Peak Pickleball Club
PO BOX 5224
BUENA VISTA, CO 81211-5224

COVERAGES **CERTIFICATE NUMBER:** USP331464 **REVISION NUMBER:**

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INSR LTR		TYPE OF INSURANCE		ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
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	X	COMMERCIAL GENERAL LIABILITY							PRODUCTS - COM/OP AGG	\$2,000,000.00
		CLAIMS-MADE	X OCCUR						PERSONAL & ADV INJURY	\$1,000,000.00
									EACH OCCURRENCE	\$1,000,000.00
									FIRE DAMAGE (Any one fire)	\$300,000.00
									MED EXP (Any one person)	\$5,000.00
GEN'L AGGREGATE LIMIT APPLIES PER:										
X	POLICY		PRO-JECT		LOC					
AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT (En accident)	\$
	ANY AUTO								BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS		SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTO		NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB		OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$
	DED		RETENTION \$							
									EACH OCCURRENCE	\$0.00
									GENERAL AGGREGATE	\$0.00
									EACH OCCURRENCE	\$
									GENERAL AGGREGATE	\$

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

Pickleball Club

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER	CANCELLATION
Salida Hot Springs Aquatic Center 410 W Rainbow Dr. 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 NFP

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

Policy Number: SRPGAPML-101-0720/USP331464
Insured: Peak to Peak Pickleball Club

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Salida Hot Springs Aquatic Center 410 W Rainbow Dr. Salida, CO 81201
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(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions of the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

To the extent that any of the additional insureds named herein are liable for occurrences arising out of the named insured's negligent acts or omissions, the insurance afforded to the additional insureds under this endorsement is primary insurance over any other valid or collectible insurance which the additional insureds may have with respect to loss under any of the listed policies. Other insurance of any additional insured applicable to loss is non-contributory and excess over the coverage provided by this endorsement, and the amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SCHEDULED ACTIVITIES EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Description Of Activities:

Any activity specifically described in the Named Insured Member Certificate of Coverage (FM 101.0.0029) as an activity that is not covered under the Commercial General Liability policy.

In addition, scheduled activities exclusion endorsement applies: Inflatable Amusement Devices, Carnival Rides, Knockerball/Bubble Soccer, Bungee Devices, Fireworks, Mechanical Bucking Devices: including Multi Ride Attachments, Permanent & Mobile Rock Wall Structures, Security Services Other Than Contracted Law Enforcement Officers, Trampolines, and Zip Lines.

With Respect to Certificate Number(s) USP288590

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

The following exclusion is added to the policy:

2. Exclusions

This insurance does not apply to:

SCHEDULED ACTIVITIES

"Bodily Injury", "Property Damage" or "Personal and Advertising Injury" resulting from or arising out of any activities listed in the above Schedule of this endorsement that are or were arranged and/or conducted by, or on behalf of, the "Named Insured Member".

All other terms and conditions remain unchanged



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. Rick Hum	303-748-5661	539-5058	<i>[Signature]</i>
2. Clint Lawrence	817-422-2134		<i>[Signature]</i>
3. Stephanie McDonald	281-685-3557		<i>[Signature]</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

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

Fire

1. Call 911
2. Assist injured or disabled personnel.
3. Evacuate the building. Activate emergency shutoffs if available.
4. Attempt to use a fire extinguisher only if you have been trained.
5. Evacuate participant to

Medical Emergency

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

Heart of the Rockies Regiaonal Medical Center

Violent incident

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

Aquatic Center - indoors

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.



City of Salida Multiple Vendor Event Permit Application

Date of Application 07/14/2021

Event Name: Peak to Peak Classic "Rally in the Valley" Pickleball Tournament

1. Event location(s): Centennial Park Tennis/Pickleball courts
2. Date(s) & times(s) of event: 8 a.m. to 6 p.m. each day 09/10/21 to 09/12/2021

3. Individual or organization sponsor(s): Rick Hum, VP Peak to Peak Pickleball Club
Address: 13405 CR 261 C, Nathrop
Phone: 303-748-5661 E-mail: Rick.Hum@gmail.com

4. Contact Person: Rick Hum
Phone: 303-748-5661 E-mail: Rick.Hum@gmail.com

5. List Participating Vendors:
**REQUIREMENT: PROVIDE A COPY OF THE CURRENT STATE LICENSE
FOR EACH VENDOR**

Tacos El Tapatio

The Divide: A Gourmet Food Trailer

Blue Truck Ice Cream

She Shorts

Pik Ninja

002 Pickleball Apparel

Jacoso Olsen Message Therapist

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

6. Provide Proof of Insurance (The City Administrator, at his or her discretion, may require the City be named as an additional insured.)

Copy of Insurance Attached (Yes or No) Yes

Required Fees and Checklist:



\$75 Application Fee

\$20 per participating vendor: Number of Vendors 7 X \$20 = \$140



Current Colorado Sales Tax License for each participating vendor



Proof of Insurance

Signed:

Rick Hum

Event Sponsor: Peak to Peak Pickleball Club

City of Salida: _____

Date: 07/14/2021

Date: _____



COLORADO
Department of Public
Health & Environment

Chaffee County Public Health Environmental Health Program
448 E 1st St Salida CO 81201

2021 License to Operate: Retail Food

License must be posted at the following location in a conspicuous place:

License #: RFE8592

Owner: JJM LLC

DBA: The Divide
5380 County Road 108B
Salida CO 81201

This certifies that licensee shown hereon is
authorized and licensed to engage in business in
accordance with the provisions of the laws and
regulations of the Colorado Department of Public
Health & Environment. Any alterations to this
license will automatically make it null and void.

License Valid until: 12/31/2021

License Type: Mobile Unit (full service food)

Issued By: Chaffee County Public Health Environmental Health Program

DR 0140 (02/18/11)
DEPARTMENT OF REVENUE
DENVER CO 80261-0013

Must collect
taxes for:

**SALES TAX
LICENSE**

THIS LICENSE MUST BE POSTED AT THE FOLLOWING LOCATION
IN A CONSPICUOUS PLACE: BLUE TRUCK ICE CREAM
12139 COUNTY ROAD 140 SALIDA CO 81201-9482

STATE COUNTY
COLORADO CHAFFEE

USE ACCOUNT NUMBER for all references	LIABILITY INFORMATION					ISSUE DATE			LICENSE VALID TO DECEMBER 31
	county	city	exclusion	type	allowing date	month	day	year	
30769847-0000	31	0206	009	L	100118	Dec	03	19	2021

**THIS LICENSE IS NOT
TRANSFERABLE**



BLUE TRUCK ICE CREAM
ATTN: CYNTHIA S MARTINEZ
12139 COUNTY ROAD 140
SALIDA CO 81201-9482

Executive Director
Department of Revenue

Model By: Chatfield County Public Health Department/Health Insurance

(b) I won't automatically jump into someone's shoes to see what he or she is doing. I'll try to understand why they're doing it.

1994年12月25日
1995年1月10日
1995年1月25日

五、

CONCLUSIONS

COUNTY

DISCUSSION

Citi

大德堂

Abstract: *See page 100*

SALES TAX
LICENSE

THIS LICENSE MUST BE POSTED AT THE FOLLOWING LOCATION
IN A CONSPICUOUS PLACE: 14 E. 2ND ST. SUITE 200 CHICAGO, IL 60601

PPT

TACOS EL TAPETO LLC
131 C ST
SAN JACINTO, CA 92581-2831

THIS LICENSE IS NOT
TRANSFERABLE

Klaus-Dieter Dörner
 Universität zu Köln

11:45

LTE

29

Adding the resale license

mbisportal.sos.state.mn.us

Minnesota Business Name

PikNinja Sports

Business Type

Assumed Name

MN Statute

333

File Number

[1221470800036](#)

Home Jurisdiction

Minnesota

Filing Date

3/4/2021

Status

Active / In Good Standing

Renewal Due Date

12/31/2022

Principal Place of Business Address

1337 Wilderness Run Drive
Eagan, MN 55123
USA

Nameholder Nameholder Address

MobGeeks LLC	1337 Wilderness Run Drive, Eagan, MN 55123
-----------------	---



(02/16/11)
MENT OF REVENUE
: CO 80261-0013

STATE
COLORADO

COUNTY
JEFFERSON

RTD/CD

Must collect
taxes for:
**ALES TAX
LICENSE**

USE ACCOUNT NUMBER for all references	LIABILITY INFORMATION					ISSUE DATE			LICENSE VALID TO DECEMBER 31
	county	city	industry	type	liability date	month	day	year	
34556293-0000	11	0206	048	C	090818	Dec	06	19	2021

CENSE MUST BE POSTED AT THE FOLLOWING LOCATION
INSPICUOUS PLACE: 531 S SIMMS ST LAKEWOOD CO 80228-2909

**THIS LICENSE IS NOT
TRANSFERABLE**



SHESHORTS CO.
531 S SIMMS ST
LAKEWOOD CO 80228-2909

Executive Director
Department of Revenue

▲ Detach Here ▲
IMPORTANT INFORMATION

Letter Id: L01

Now that you have your license, here's what you need to know:

Use the letter ID above and go to Colorado.gov/RevenueOnline to set up your online access, manage your account, file electronic returns and submit payments. Paper returns will NOT be mailed to you.
Both your sales tax returns AND payments are due by the 20th day of the month following the month of sale.

License No. 488

License Fee: \$30.00



CO

State of Colorado

Town of Buena Vista

Business License

Ark Valley Healing Hands

This is to certify that the above named company is granted a license to conduct business
in the Town of Buena Vista, Colorado.

This License is issued subject to the Laws of the State of Colorado and the Ordinances of the Town of Buena Vista,
Colorado and especially under the provisions of Chapter 6, Article II, of the Buena Vista Municipal Code.

Authorization Date: January 21, 2021

By: _____

Deputy Town Clerk

THIS LICENSE IS NON-TRANSFERABLE AND IS TO BE POSTED IN A CONSPICUOUS PLACE

This License Expires December 31, 2021



CITY OF SALIDA
AMPLIFIED SOUND PERMIT

Permit #: _____

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

Peak to Peak Pickleball Club

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: Rick Hum, VP Peak to Peak Pickleball Club

Address: 13405 CR 261 C, Nathrop

Telephone: 303-748-5661

Individual supervising sound (if different from Permittee): _____

Activity/event: Peak to Peak Classic "Rally in the Valley" Pickleball Tournament

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

Location: Centennial Park Tennis/Pickleball Courts

Date(s): 09/10/2021 to 09/12/2021

Hours of operation: 8 a.m. to 6 p.m.

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: Rick Hum

Date: 07/09/2021

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