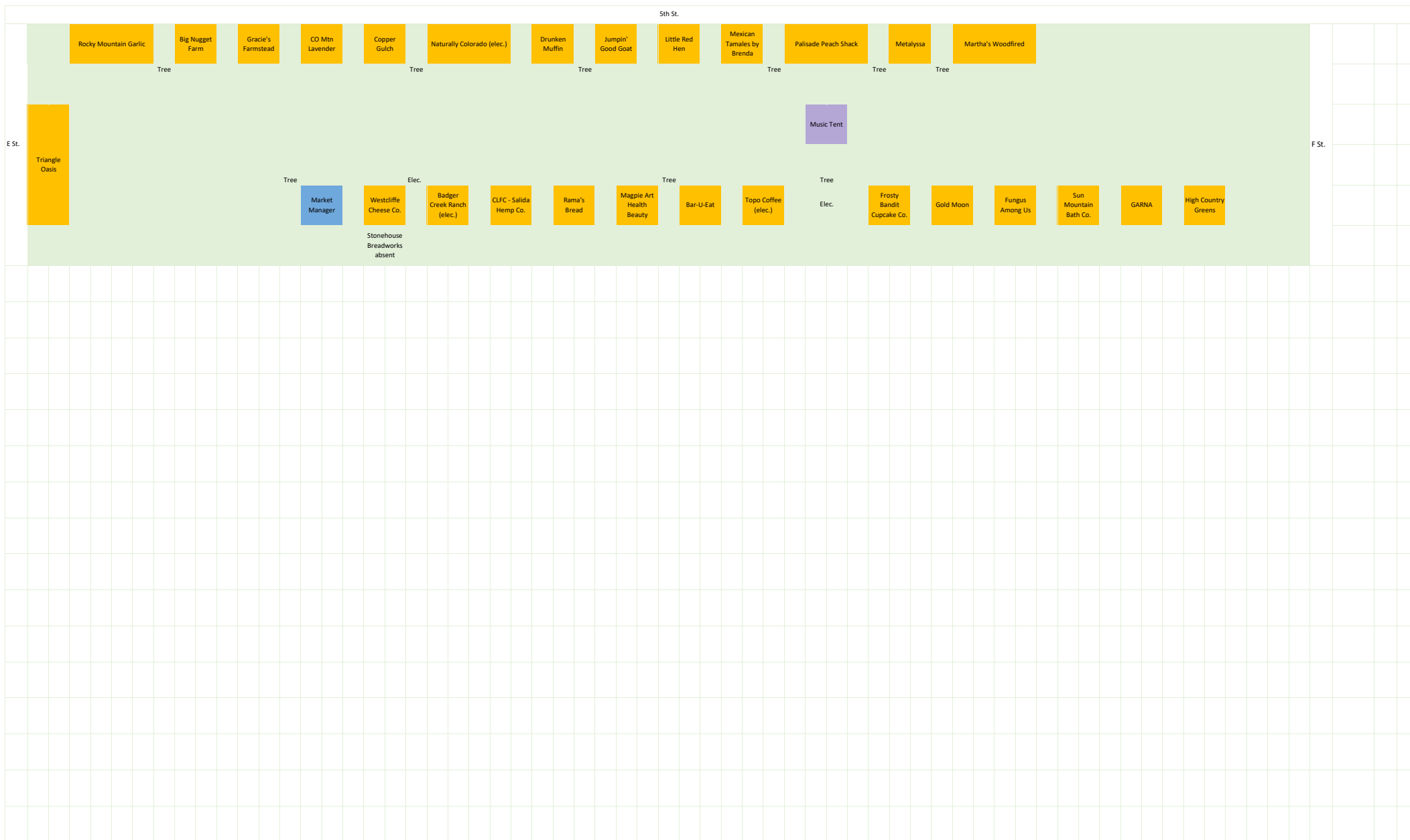


## Foodshed Alliance

PO Box 1155, Salida, CO 81201 | 719-398-0301 | [www.FoodshedAlliance.com](http://www.FoodshedAlliance.com)

Foodshed Alliance operates farmers markets in Salida and Buena Vista. The Summer 2022 farmers market season in Salida will run on Saturdays, 8am-12pm, from June 4th through October 15th, at Alpine Park. Foodshed Alliance farmers markets play an important role in strengthening relationships between local producers and consumers; elevating our agricultural, prepared food, and crafter small businesses; and empowering our community to support a thriving, sustainable local food economy. Foodshed Alliance farmers markets also support food access in the community by participating in SNAP and being the only food retail outlet in Chaffee County participating in Double Up Food Bucks, a matching program that provides free, Colorado-grown fruits and vegetables to anyone that spends SNAP dollars at the market.





## City of Salida

### Multiple Vendor Event Permit Application

Date of Application 03/18/2022

Event Name: Salida Farmers Market

1. Event location(s): Alpine Park

2. Date(s) & times(s) of event: Saturdays, 8am-12pm, June 4th-October 15th

3. Individual or organization sponsor(s): Foodshed Alliance

Address: PO Box 1155, Salida, CO 81201

Phone: 719-398-0301 E-mail: admin@foodshedalliance.com

4. Contact Person: Market Manager

Phone: 719-398-0301 E-mail: info@foodshedalliance.com

5. List Participating Vendors:

**REQUIREMENT: PROVIDE A COPY OF THE CURRENT STATE LICENSE FOR EACH VENDOR**

We collect/require Sales Tax Licenses from each vendor when they apply to the market and

will send a list of vendors and their Sales Tax ID to pay the \$20/vendor at the end of the

season.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

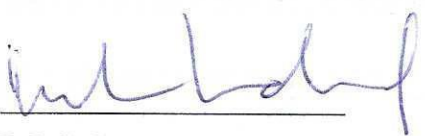
6. Provide Proof of Insurance (The City Administrator, at his or her discretion, may require the City be named as an additional insured.)

Copy of Insurance Attached (Yes or No) Yes

Required Fees and Checklist:

- ☒ \$75 Application Fee
- \$20 per participating vendor: Number of Vendors        X \$20 =
- ☐ Current Colorado Sales Tax License for each participating vendor
- ☒ Proof of Insurance

Signed:

Event Sponsor:  City of Salida: \_\_\_\_\_

Date: 3/18/2022 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. Market Manager,	719-398-0301	info@foodshedalliance.com	
2. Board President/Vendor, Max Keller	719-221-9072	sayheytoimax@gmail.com	
3. Board Member/Vendor,			
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 Those usual to the Insured's operation. Blanket additi

#### 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

#### 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

### 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](mailto: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: Market Manager

Applicant Business/Organization: Foodshed Alliance

Applicant Phone: 719-398-0301

Applicant Email: info@foodshedalliance.com

Applicant Address: PO Box 1155, Salida, CO 81201

Sound Supervisor<sup>1</sup>: Market Manager

Sound Supervisor Phone: 719-398-0301

#### II. Event Information.

Description of Event: Farmers Market

Estimated Attendance: \_\_\_\_\_

Date(s): Saturdays, June 4th-October 15th

Hours of Event: 8am-12pm

Location of Event: Alpine Park

<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.





## 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, 4<sup>th</sup> 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.**



**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, 4<sup>th</sup> 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: \_\_\_\_\_





### III. Noise Information.

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

Live music

Type of Sound Amplification Equipment:

The music tent at the farmers market as access to electricity in Alpine Park and musicians bring their own amplification equipment (cords, amplifier, etc.)

### IV. Agreement.

As the applicant for this noise permit, I, Market Manager, 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:

Date:

[Signature]  
3/21/22

### For use by the City Clerk only:

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

Signature:

Date:

\_\_\_\_\_  
\_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/23/2021

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).

<b>PRODUCER</b> Pro Insur, Inc dba Campbell Risk Management 9595 Whitley Drive, Suite 204 Indianapolis, IN 46240 Larry Spilker Ext 203	<b>CONTACT NAME:</b> Larry Spilker ext 203 <b>PHONE (A/C. No. Ext):</b> 317-848-9075 <b>E-MAIL ADDRESS:</b> lspilker@campbellrisk.com <b>FAX (A/C. No):</b> 317-848-9093														
<b>INSURED</b> Foodshed Alliance PO Box 1155 Salida Colorado 81201	<table border="1"><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: HANOVER INSURANCE GROUP</td><td>22292</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: HANOVER INSURANCE GROUP	22292	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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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 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AAM5138 LHW D481967 - 03	03/01/2022	03/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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
<input type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/>	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						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	<input type="checkbox"/>	<input type="checkbox"/>				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)

Those usual to the Insured's operation. Blanket additional Insured applies per coverage form 421-2915 06 1  
5. Certificate holder, if any, is hereby an additional insured.

## CERTIFICATE HOLDER

City of Salida  
The Toubert Building  
448 E. 1 Street STE 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

*John C. Campbell*

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