

Salida Fantasy Faire

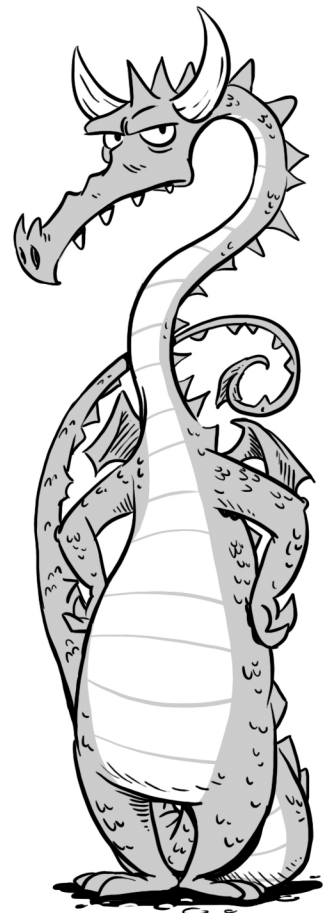


To whom it may concern.

Naters Art has partnered with the Salida Regional Library to bring an all new festival to Salida this October. Fantasy Faire! An eccentric community centered folklore and fantasy festival, Like a Renaissance Festival but with a focus on fairies, dragons and magic! The faire will be comprised of an artisan market, central stage with unique performances, and rustic outdoor games to raise funds for the Montessori School and Horizons Academy. We're encouraging the community to come dressed in their best fairy tail and fantasy costumes!

Fantasy Faire will be held in Alpine Park on October 22nd from 10am to 6pm!

Thanks!
- Naters





2. State who, what, where, when, why, and how the situation occurred.
3. If there is a bomb threat, turn off all electronics.

CITY COUNCIL MEMO

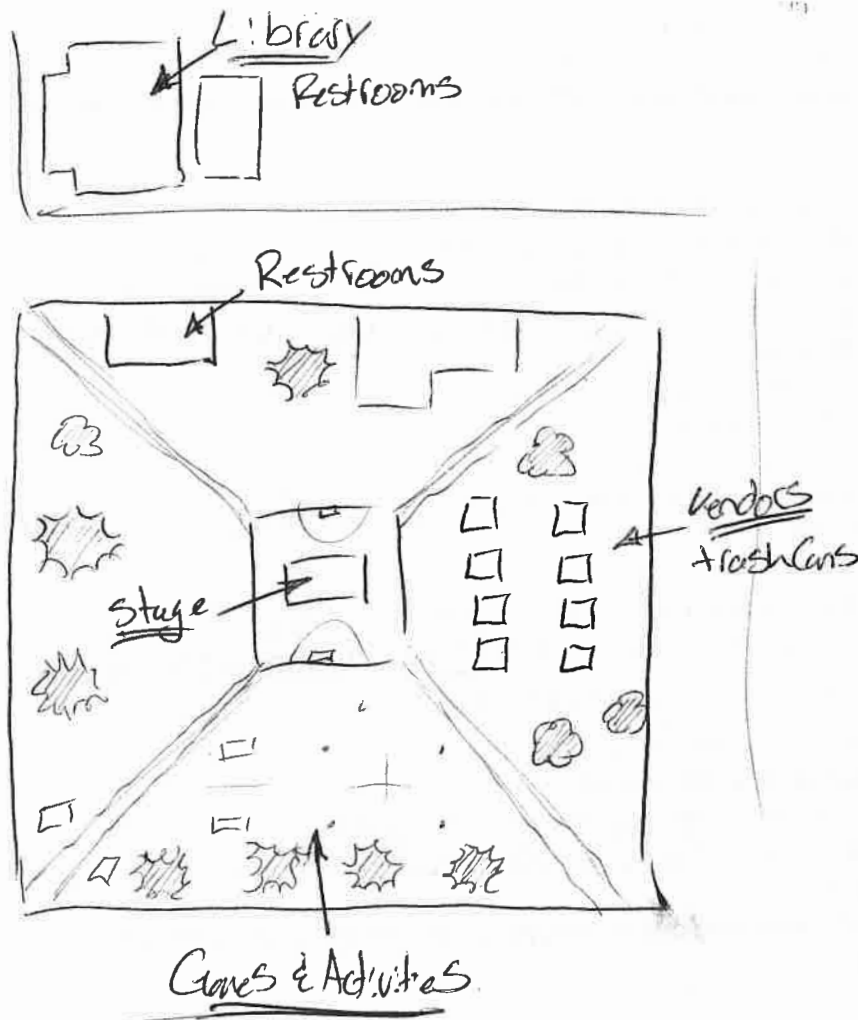
Special event	Presented by Replace with organizers name	Date Replace with accurate date of meeting
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Event Overview: *Santitas themed Vendors, Performances, Activities*

Event intent: *Art & Culture*

Event timeline: *10-22-22 10AM-6PM*

Event map:





City of Salida

Multiple Vendor Event Permit Application

Date of Application 9-27-22

Event Name: Saida Fantasy Faire

1. Event location(s): Alpine Park

2. Date(s) & times(s) of event: 10-22-22 10a-6pm

3. Individual or organization sponsor(s): Salida Regional Library

Address: 405 E St, Salida, CO 81201

Phone: (719) 539-4826 E-mail: _____

4. Contact Person: Nate Calderone

Phone: 719-221-3085 E-mail: naters.ink@gmail.com

5. List Participating Vendors:

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

Ellie Fortune

Blue Earth Design

Dirt Druid Pottery

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

Required Fees and Checklist:

_____ \$20 per participating vendor: Number of Vendors 5 X \$20 = 100

☒ Proof of Insurance

Signed:

Date: 9-27-22



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.



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: _____

Applicant Business/Organization: Salida Fantasy Faire

Applicant Phone: 719-221-3085

Applicant Email: salidafantasvfest@gmail.com

Applicant Address: 101 Fst Salida Co. 81201

Sound Supervisor¹: _____

Sound Supervisor Phone: Blue Earth Design

II. Event Information.

Description of Event: Salida Fantasy Faire is a folklore and fantasy festival for the whole
Like a Renaissance Festival but with a focus on fairies, dragons and magic!
Hosted by the Salida Regional Library, this fair will be comprised of an artisan market

Estimated Attendance: 100

Date(s): 10-22-22

Hours of Event: 6am-10pm

Location of Event: Alpine Park
Dirt Druid Pottery

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



III. Noise Information.

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

Live music, recorded music

Type of Sound Amplification Equipment:

Small AMP, speaker

IV. Agreement.

As the applicant for this noise permit, I, Nate Calderone, 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: Nate Calderone (Typed or Digital signature accepted)

Date: _____

9-27-22

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: _____

Chaffee County Public Health &
Environmental Health
448 E. 1st St. STE 137
Salida, CO 81201
719-207-1498

Event Coordinator Form

Coordinators of community events in Chaffee County with retail food vendors must complete this form and submit to Chaffee County Public Health, packet MUST include: this form, all vendor applications, associated event fees.

At least ONE month prior to the event

The event coordinator fee for this application is \$50.00

(No fee required for non-profit or charitable organizations MUST provide a copy of the 501C-3 documentation)

Vendor Application fees are \$50.00 per vendor performing retail food services.

Event Information

Event name: Salida Fantasy Faire

Event date(s): 10-22-22

Location of event: Alpine Park

Hours of event: 10am-6pm

Expected peak day(s) if event is longer than one day: _____

Event coordinator name: Nathanael Calderone

Coordinator's phone number: 719-221-3085

Coordinator's mailing address: 101 Fst Salida Co. 81201

Coordinator's email: naters.ink@gmail.com

Contact person during the event (if different from above): _____

Contact phone number for day(s) of event: _____

Services Provided On-Site to Retail Food Vendors (check all that apply)

Water Supply

- ☒ There is access to potable water taps on site
- ☐ Vendors must bring their own water supplies
- ☒ Public drinking water accessibility

Waste Water

- ☐ There will be liquid waste collection tanks/receptacles on site
- ☒ Vendors must arrange for their own wastewater disposal

Electricity

- ☐ There will be no electricity supplied on site
- ☒ There is access to electricity on site
- ☐ Generators will be provided for vendor use
- ☐ Vendors are allowed to use generators on site

Trash/Refuse

- ☒ Trash receptacles throughout the event for the public
 - ☐ Dumpsters on site for vendor and public trash removal
- How often is trash removed? as needed

Toilet Facilities

- ☒ Portable toilets How Many? 4
 - ☐ Other (include showers and other plumbed devices): _____
How many? _____
- How often will these be serviced? _____

Handwashing Facilities

- ☒ Hand sinks in permanently plumbed restrooms How many? 4
 - ☐ Mobile handwashing stations
- How often will these be serviced? _____

Other services

- ☐ Refrigerated truck
- ☐ Commissary kitchen
- ☐ Ice
- ☐ Three-compartment sink set up for each vendor
- ☐ Other: BlueEarthDesign
DirtDruidPottery

Temporary Event Site Map

Provide a labeled map of the entire Temporary Event area and include the following:

- ☒ Toilet facilities (portable and fixed)
- ☒ Handwashing facilities
- ☒ Trash containers
- ☒ Electrical hook-up points and generator locations
- ☒ Potable water taps for vendors
- ☒ Public drinking water stations
- ☒ Location of wastewater collection tanks or sanitary sewer
- ☐ Location of all food preparation and service areas on the event grounds
- ☒ Retail food vendors
- ☒ Roadways, sidewalks, and walkways
- ☐ Refrigerated truck (if applicable)
- ☐ Commissary kitchen (if applicable)
- ☐ Petting Zoo (if applicable)

For DEPARTMENT use only

Approved ____ YES ____ NO Event Coordinator Fee: _____

of Vendors _____ Vendor Fee Totals: _____

EH signature: _____

List of vendors that will be supplying food for event: (include name, email, and phone number).
(Application will be incomplete if this is not submitted.)

[illegible]

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. Nate Calderone	221 30445		Nate Calderone
2. Laura Wancura Atwood	970-396-1319		Laura Atwood
3. MARK MONROE	719 221 9893		Mark Monroe
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

Salida Regional Library

Medical Emergency

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

Salida Regional Library

Violent incident

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

Salida Regional Library

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

Salida Regional Library

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

- Call 911.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/01/2022

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 Iron Insurance Partners 201 E Iron Avenue P.O. Box 1213 Salina KS 67402-1213	CONTACT NAME: Danielle Wilson PHONE (A/C, No, Ext): (800) 563-1871 E-MAIL ADDRESS: dwilson@ironrisk.com FAX (A/C, No): (785) 825-5098
INSURED Southern Chaffee County Regional Library District Salida Regional Library 405 E St Salida CO 81201-2633	INSURER(S) AFFORDING COVERAGE INSURER A: State Auto Mutual INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 25135

COVERAGES**CERTIFICATE NUMBER:** 22.23 GL**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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PBP2681254	01/01/2022	01/01/2023	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	
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**

City of Salida 448 E First St., Suite 112 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
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	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 (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE 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 <input type="checkbox"/> N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

City of Salida
448 E First St., Suite 112
Salida CO 81201

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AUTHORIZED REPRESENTATIVE

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