



PARK COUNTY APPLICATION FOR OUTDOOR EVENTS PERMIT
(Please Type or Print Legibly)

Mail Application to: Park County Planning Department;
P.O. Box 1598; Fairplay, CO 80440

Date Submitted: March 9, 2016

Date of Completeness Determination: _____

- Application fee of \$ 150.00 paid with
 Cash Check # #500 Other _____
- Proof of ownership of the property on which the event is taking place, in the form of a recorded Warranty Deed. This can be obtained at the Park County Clerk and Recorders office. N/A
- Tax receipt showing payment of current property taxes. This can be obtained at the Park County Treasurer's office. N/A
- An Agreement for Payment of Development Review Expenses may be required if the anticipated review costs will exceed the set fee. 1

EVENT DESCRIPTION

- Full Name of Event:
Guffey Heritage Day
- Additional Names of Event (AKA):
"Chicken Rodeo"
- Set Up Duration:
 - Start Date/Time: 7am 7/4/16 Completion Date/Time: 5pm 7/4/16
 - Maximum number of people on site: 20
- Event Duration:
 - Start Date/Time: 9am 7/4/16 Completion Date/Time: 5pm 7/4/16
 - Maximum number of people on site: 150-250 expected

Rec'd 3/14/16
\$150.00 Fee Check #500
Dana Peters

- Tear Down/Clean Up Duration:
 - Start Date/Time: 4pm 7/4/16 Completion Date/Time: 6pm 7/4/16
 - Maximum number of people on site: 20

- Years and Location Event Previously Held:

This is the 3rd yr for our event

- Tax Parcel(s) (Schedule Number(s)) where event will be held:

main street

- Complete legal description of the property for the proposed event (attach additional page as needed):

1/1

- Property Physical Address:

main st Guffey Co. 80820

- Nearest Town to Event Location:

- | | |
|---------------------------------|--------------------------------------------|
| <input type="checkbox"/> Alma | <input type="checkbox"/> Fairplay |
| <input type="checkbox"/> Bailey | <input checked="" type="checkbox"/> Guffey |
| <input type="checkbox"/> Como | <input type="checkbox"/> Lake George |

- Total Acreage of the property: —

- Applicant Name: Dana PETERS

- Applicant's Physical Address:

446 SIXTH STREET

- Email Address: strictly Guffey@gmail.com

- Event Contact: Dana PETERS

- Title: Event Coordinator

- Phone: ~~717~~ 517-420-8596

- Email: Above

• Property Owner Name: Town of Guffey CO.

○ Owner's Physical Address:

○ Email Address: _____

○ Owner Contact: _____

○ Title: _____

○ Phone: _____

○ Email: _____

• Event Description (be very specific, attach additional page(s) as necessary):

This is a community event with 20 (approx) vendors for our art fair, kids games, chicken roping + Penning and a children wing cook off. Also Music Contest (youth).

• Purpose of Event:

community event

• Expected Attendance:

151-500 501-1,000 1,001-2,000 2,001-3,000

▪ Associated Activities

Live Music @ area restaurants

Food Vendors / Number: _____

Alcohol Vendors / Number: _____

Merchandise Vendors / Number: 20

Camping

Athletic Events (specify): _____

Animals / Livestock (specify): childrens (10) for roping + Penning for kids

Fireworks

Open fires / campfires

- Carnival Rides (specify): _____
- Other (specify): Water will be available at the school and bottled water will be at check-in booths and for sale at 2 other booths. (free)

EMERGENCY SERVICES

1. Law Enforcement & Security

- Name of security service Vendor: _____
- Vendor Contact Name: _____
- Vendor Contact Phone: _____ Email: _____
- Copy of contract with vendor.
- See plan requirements.

Main St. will be closed from 5th to 7th. Set up the same as last year that was approved by PCSO.

2. Fire Protection

- Name of fire protection vendor: Coffey Fire Dept
- Vendor Contact Name: Aaron Mandel
- Vendor Contact Phone: _____ Email: _____
- Copy of contract with vendor.
- See plan requirements.

3. Medical Services

- Name of Medical Service Vendor: Coffey Fire Dept
- Vendor Contact Name: Aaron Mandel
- Vendor Contact Phone: _____ Email: _____
- Copy of contract with vendor.
- Supervising Physician Medical Director Name: _____
- Medical Director Contact Phone: _____ Email: _____

Ambulance & Personnel will be on site.

- Attach letter from Physician Medical Director confirming responsibility for all persons providing event medical care

▪ On-site Medical Service providers:

- Physician #: _____
- Nurse #: _____
- Physician Assistant #: _____
- Paramedic #: _____
- EMT #: _____

- Number of on-site ambulances: 1

SANITATION & WATER

- Name of Sewage Disposal and Toilet Facilities Vendor: Mr Potts Lake George
Vendor Contact Name: _____
- Vendor Contact Phone: _____ Email: _____
- Name of Waste Collection & Removal Vendor: Volunteers
Vendor Contact Name: _____
- Vendor Contact Phone: _____ Email: _____
- Copies of vendor contracts. 5 port-o-potties, 3 restrooms in restaurants.
- See plan requirements. Porter Johns Gas event placed on Main St and @ The Freshwater Saloon
Meets State Requirements

I have read and understand the above conditions, requirements, and considerations. My organization and I agree to abide by them. Further, I will insure that no resident in the area of this event will be denied access to his or her residence or place of business as a result of this event. I recognize that failure to comply with conditions, requirements, and considerations set herein shall result in this permit being revoked, and all applicable fees forfeited. Applicant agrees to indemnify the County, its officials, agents, and employees and other participating governmental entities from any and all liability, damage, loss, cost or expenses, including attorneys' fees, incurred as a result of claims brought against them by any person or entity, and arising either in whole or in part as a result of this special event.

The undersigned applicant and landowner hereby verify and affirm that the information contained in this application is complete and accurate. The undersigned applicant and landowner understand and acknowledge that the submission of inaccurate and incorrect information may result in the denial or rejection of the application and/or result in the invalidation of any approvals issued by Park County, Colorado.

We, the undersigned, acknowledge that the Outdoor Event operator and property owner shall be jointly and severally responsible for meeting the provisions of these standards and regulations, assuring that attendance does not exceed the maximum approved, for operational maintenance, for the clean, safe and sanitary condition of the grounds, sanitary facilities and other service equipment; fully implementing the fire, safety and medical plans; cooperating with law enforcement, medical personnel and fire safety staff; complying with all federal, state and local laws; and fully implementing the noise reduction, crowd control and traffic safety plans.

We understand that, in addition to any fines or penalties assessed under any other law or regulation, event organizers and landowners will be liable for all violations of the noise ordinance, State regulation, and/or noise limits applicable to the Outdoor Event, in the following amounts:

- \$500 for the first offense, and
- \$10,000 for the second offense and each subsequent offense.

We further understand that the permit may be revoked by an administrative decision finding that:

- The Outdoor Event has failed to comply with any condition of the Outdoor Event Permit and the applicant has not remedied the failure immediately following notification by

the County; or

b) The Outdoor Event has failed to comply with any federal, state, or local law and the applicant has not remedied the failure immediately following notification by the County.

Chief Officer, Sponsoring Organization: [Signature] 3/8/14
Signature Date

Primary Contact/Organizer: [Signature] 3/8/14
Signature Date

Landowner: _____
Signature Date

COUNTY USE ONLY BELOW THIS LINE

Conditions

Your permit is approved with the following conditions:

- Payment – Payment to the Park County Sheriff's Office for law enforcement staffing and other involved governmental entities must be received at least fourteen (14) days prior to the date of the event.
- Staff (Paid or volunteer) – Organizer will adequately staff required positions. Staff will be instructed to assist in staging a safe and orderly event. Staff must be easily identifiable through use of bib, shirt, vest or cap.
- Venues/Routes – Venue location/Routes for events will not be changed unless specific approval is given by the Director of Department Services or Designee, the Sheriff or Designee, or the Incident Commander or Designee may approve changes during the event.
- Times – Permits are issued with a set starting and ending time. These times cannot be changed without permission from the Planning Department, the Sheriff or the Incident Commander on the day of the event. Resumption of normal traffic in these areas will occur at the end time specified on the permit.
- Plans & Narratives (Safety & Security, Health & Sanitation, Grounds, Access/Traffic Control, etc.) – Organizer will follow all elements of the approved plans.
- Other permits – Organizers are responsible for ensuring all applicable permits are in place prior to the event.
- Road closures – The following road closures have been allowed for this event. Organizer must place signs according to approved plans.

Additional Conditions

Park County

Sheriff's Office: _____ Denial _____ Approval _____ With Attached Stipulations
Comments:

Sheriff or Designee _____ Date _____

Road & Bridge: _____ Denial _____ Approval _____ With Attached Stipulations
Comments:

Director or Designee _____ Date _____

County Administration: _____ Denial _____ Approval _____ With Attached Stipulations
Comments:

Chief Administration Officer or Designee _____ Date _____

Emergency Services

Fire District: _____ Denial _____ Approval _____ With Attached Stipulations
Comments:

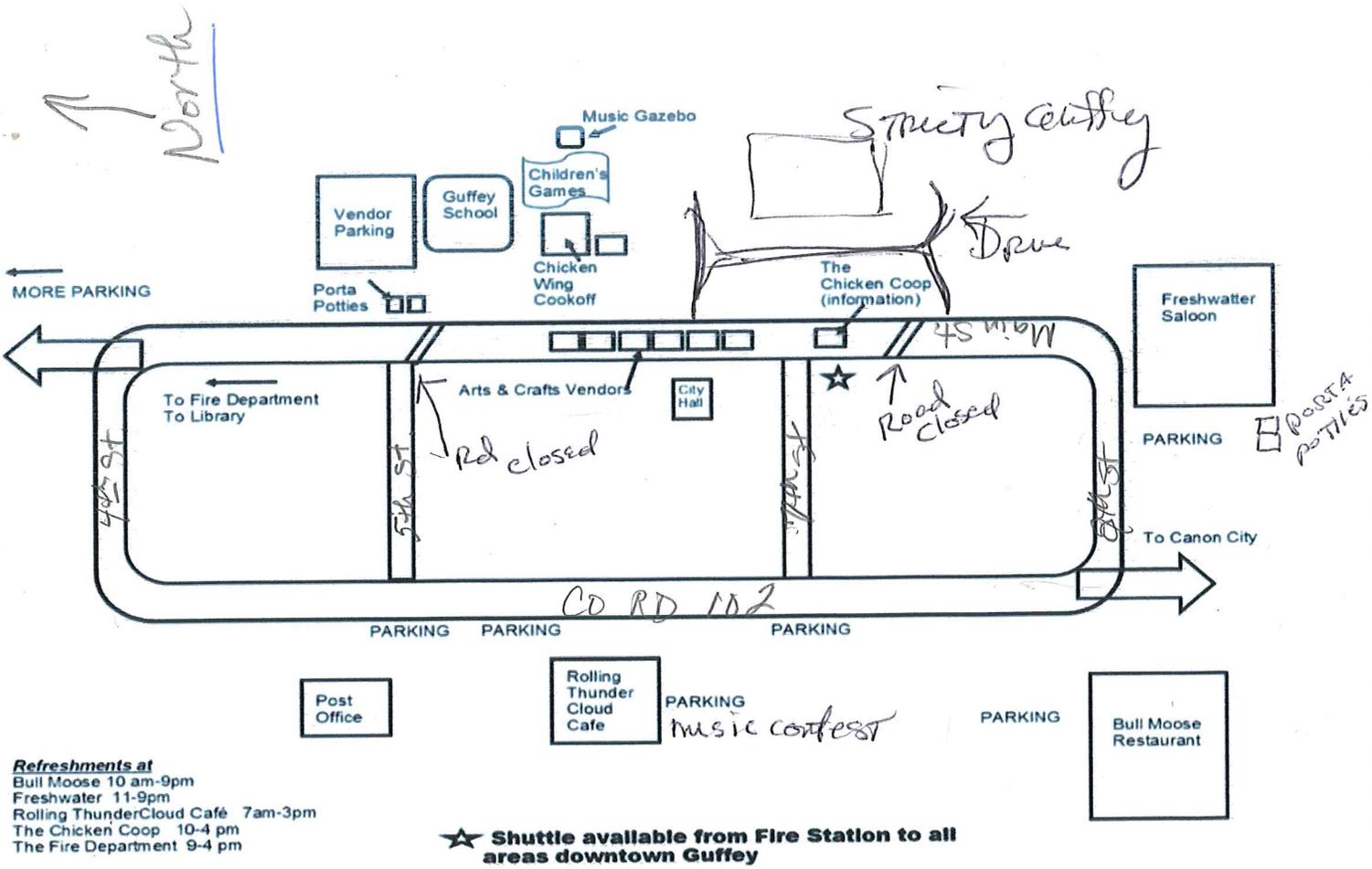
Chief or Designee _____ Date _____

Ambulance District: _____ Denial _____ Approval _____ With Attached Stipulations
Comments:

Chief or Designee _____ Date _____

State Patrol: _____ Denial _____ Approval _____ With Attached Stipulations
Comments:

Captain or Designee _____ Date _____



Refreshments at
 Bull Moose 10 am-9pm
 Freshwater 11-9pm
 Rolling ThunderCloud Café 7am-3pm
 The Chicken Coop 10-4 pm
 The Fire Department 9-4 pm

★ Shuttle available from Fire Station to all areas downtown Guffey

July 4, 2014

Program of Events

Guffey Heritage Day

& Chicken Rodeo

- 10-4 pm Arts & Crafts Vendors
- 10-12 pm Music at the ~~Gazebo~~ Rolling ThunderCloud Cafe
- 10-3 pm Children's Games-Donations welcome
- 12-3 pm Line Dancing at City Hall
- 12-3pm Chicken Wing Cook Off-*Proceeds go to the Guffey School*
- 1-4 pm Music -The Bull Moose
- 4-7 pm Music -The Freshwater
- 9-4 pm Ice Cream Social - Fire Station
- 10-3pm Guffey Library Book sale

A huge thank you to our event sponsors!!

- Wild Wings of Woodland Park
- Walmart
- Big O Tires
- Family Feeds
- Frontier Feeds
- True Value Trailer Sales
- Black Mountain Drilling
- American Liquor
- City Auto Plaza
- The Bull Moose Restaurant
- The Freshwater Saloon
- The Rolling ThunderCloud Cafe

PARK COUNTY PLANNING DEPARTMENT
P.O. BOX 1598
FAIRPLAY, CO 80440
719.836.4254
pcpd@parkco.us



POST-EVENT SCORE CARD

Event: _____

Event Date(s): _____

Estimated Attendance (application): _____ Estimated Actual Attendance: _____

<u>Criteria</u>	<u>Score (1-5)</u>
Application accuracy	
Operations	
Environmental	
Ground water, surface water, and wetland protection	
Site impact mitigation and repair	
Dust and erosion control	
Water	
Water supply source and quantity	
Water storage and dispensing	
Restrooms & Sinks	
Portable toilet quantity	
Handwashing facility quantity	
Trash & Recycling	
Container source and quantity	
Site maintenance during event	
Post-event clean-up (timing and quality)	
Prevention of off-site trash	
Wildlife/rodent proof receptacles	
Safety & Security	
Quantity of law enforcement officers	
Quality and quantity of security personnel	
Coordination with local agencies	
Fire protection	
Signage	
Quantity, quality and effectiveness	
Transportation	
Access & Parking	
Route delineation	
Emergency response access and delineation	
Parking delineation – disabled, worker, public	
Parking space quantity	
Shuttle/bus provisions	

Traffic Flow & Control	
Traffic impact mitigation	
Traffic control	
Signage	
Staging areas – equipment, emergency response, etc.	
Medical	
Local agency coordination	
Personnel – quantity and quality	
Personnel identification	
Medical stations – quantity and quality	
Medical transport – quantity	
Communications	
Medical incident prevention and response	
Accessibility	
Paths of travel/accessible routes	
Parking	
Restrooms/sinks	
Communications	
Food, Alcohol, Marijuana	
Necessary licenses obtained	
Food service compliance with regulations	
Risk prevention	
Total Score	

Scorer (print): _____

Scorer signature: _____

Date: _____

Comments: