

Notes:

Applicant does not have a resume for the fund-raiser



**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: ~~6-13-18~~ 6-14-18 per time stamp above

Date of Completeness Determination: \_\_\_\_\_

- Application fee of \$ See letter to applicant paid with \_\_\_\_\_  
 Cash     Check # \_\_\_\_\_     Other \_\_\_\_\_

NA • 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.

NA • Tax receipt showing payment of current property taxes. This can be obtained at the Park County Treasurer's office.

NA • An Agreement for Payment of Development Review Expenses may be required if the anticipated review costs will exceed the set fee.

**EVENT DESCRIPTION**

- Full Name of Event:  
PCACC Car Show
- Additional Names of Event (AKA):  
\_\_\_\_\_
- Set Up Duration: 7AM
  - Start Date/Time: 8-11-18 Completion Date/Time: 4PM 8-11-18
  - Maximum number of people on site: 9
- Event Duration:
  - Start Date/Time: 8-11-18 9AM Completion Date/Time: 8-11-18 4PM
  - Maximum number of people on site: 9

- Tear Down/Clean Up Duration: 3PM
  - Start Date/Time: 8-11-18 Completion Date/Time: 8-11-18 - 4pm
  - Maximum number of people on site: 9

- Years and Location Event Previously Held:
  - 2012, 2013, 2014, 2015, 2016, 2017
  - Downtown Bailey Main Street

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

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

- Property Physical Address:
  - Main Street Bailey, Co.

- Nearest Town to Event Location:
 

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

- Total Acreage of the property:

- Applicant Name: Platte Canyon Chamber
  - Applicant's Physical Address:
    - P.O. Box 477, Bailey, Co. 80421

- Email Address: sea3vette@gmail.com

- Event Contact: Ann McQueen

- Title: Event Coordinator

- Phone: 303-838-1401 - 303-514-6801 - cell

- Email:

• Property Owner Name: Park County

○ Owner's Physical Address:

\_\_\_\_\_

○ Email Address: \_\_\_\_\_

○ Owner Contact: \_\_\_\_\_

○ Title: \_\_\_\_\_

○ Phone: \_\_\_\_\_

○ Email: \_\_\_\_\_

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

PCACC Car Show, August 11, 2018  
Display of 75 Cars on Main Street  
in Downtown Bailey

• Purpose of Event:

Display Cars by Private Owners

• Expected Attendance:

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

• Associated Activities

Live Music DJ with Trailer

Food Vendors / Number: 0

Alcohol Vendors / Number: 0

Merchandise Vendors / Number: 0

Camping

Athletic Events (specify): \_\_\_\_\_

Animals / Livestock (specify): \_\_\_\_\_

Fireworks

Open fires / campfires

- Carnival Rides (specify): \_\_\_\_\_
- Other (specify): \_\_\_\_\_

**EMERGENCY SERVICES**

**1. Law Enforcement & Security**

- Name of security service Vendor: Park County Sheriff's Office
- Vendor Contact Name: \_\_\_\_\_
- Vendor Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- Copy of contract with vendor.
- See plan requirements.

**2. Fire Protection**

- Name of fire protection vendor: Platte Canyon Fire Protection District
- Vendor Contact Name: Chief Mark Wesselbine or Hail Judge
- Vendor Contact Phone: 303-838-6853 Email: gjjudge@wispertel.net
- Copy of contract with vendor.
- See plan requirements.

**3. Medical Services**

- Name of Medical Service Vendor: Platte Canyon Fire Protection District ALL SAME AS ABOVE
- Vendor Contact Name: \_\_\_\_\_
- Vendor Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- Copy of contract with vendor.
- Supervising Physician Medical Director Name: Dr. Peter Vellman, St. Anthony's
- Medical Director Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- 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: \_\_\_\_\_

**SANITATION & WATER**

- Name of Sewage Disposal and Toilet Facilities Vendor: Shirley Septic Pumping &
- Vendor Contact Name: Ann McQueen
- Vendor Contact Phone: 303-838-1401 Email: sea3vette@gmail.com
- Name of Waste Collection & Removal Vendor: Shirley Septic
- Vendor Contact Name: \_\_\_\_\_
- Vendor Contact Phone: 303-838-6033 Email: \_\_\_\_\_
- Copies of vendor contracts. 1 Porta Potty, Located next
- See plan requirements. to cut-throat cafe Dumpster

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:

1. \$500 for the first offense, and
2. \$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:

- a) 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.

Platte Canyon Chamber  
Chief Officer, Sponsoring Organization: Ann McQueen 8-11-18  
Signature Date

Primary Contact/Organizer: \_\_\_\_\_  
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



# Platte Canyon Fire Protection District

P.O. Box 222  
Bailey, CO 80421  
303-838-5853

**DATE:** JUNE 6, 2018  
**TO:** ANN McQUEEN  
BAILEY, CO 80421  
**FROM:** MARK WESSELDINE  
FIRE CHIEF  
**SUBJECT:** CAR SHOW – AUGUST 11, 2018  
MAIN STREET – BAILEY, CO

This letter is to inform you that the Platte Canyon Fire Protection District has no objections to the car show being held on August 11, 2018 on the main street in Bailey, CO from 6:00 a.m. to 4:00 p.m.

It is my understanding that the cars will be parked along the sides of the main street and access to that area will be available for emergency vehicles if needed. Egress and Ingress areas will not be blocked.

Platte Canyon Fire's personnel will respond if an emergency arises.

If you have any questions, please contact me at 303-838-5853.

Thank you.

A handwritten signature in cursive script that reads "Mark Wesseldine".

MW/gj