

AGENDA

TOWN OF DOLORES COLORADO

BOARD OF TRUSTEES MEETING

July 26th, 2021, 6:30 P.M.

The meeting will be held live at the Dolores Town Hall 420 Central Ave.

If you wish to attend virtually, please visit the Town website Town Board Meetings tab for the ZOOM link at:

<https://townofdolores.colorado.gov>

1. CALL TO ORDER

2. PLEDGE OF ALLEGIANCE

3. ROLL CALL

4. ACTION/APPROVAL OF THE AGENDA

5. IDENTIFICATION OF ACTUAL OR PERCEIVED CONFLICTS OF INTEREST

6. CITIZENS TO ADDRESS THE BOARD: This is an opportunity for Citizens to address the Board at this time or during a public hearing. Each person will have 5 minutes. The Town Board encourages public comment by the following sources: Live at the Town Hall, virtually via ZOOM see the Towns website for the link, or by submitting your comments, via email, to the Town Clerk at tammy@townofdolores.com any time during the week and up to the time this item is called up on the agenda.

7. ACTION/APPROVAL OF THE CONSENT AGENDA:

7.1 Special Event Liquor License Permit: The event Boggy Draw Beatdown by the Dolores Rotary Club, for a beer license (beer garden) at Flanders Park, from 10:00 a.m. to 4:00 p.m. on August 7th, 2021.

7.2 Special Event Liquor License Permit: Southwest Colorado Cycling Association is holding an event at Kokopelli Bike and Board, 315 Central Avenue, Dolores Colorado, on August 7th, 2021 from 4:00 p.m. to 10:00 p.m.

7.3 Liquor License Renewal: Mi Tequilas LLC/Wendy Monzon for a Tavern License located at 104 S. Second, Dolores Co 81323.

8. REMOVED CONSENT AGENDA ITEMS:

9. SPECIAL LICENSES/PERMITS:

9.1 Special Event Liquor License Permit: Escalante Days by the Dolores Chamber of Commerce to be held at Flanders Park, on August 14, 2021, from 11:00 a.m. to 8:00 p.m.

10. STAFF REPORTS/PRESENTATIONS:

10.1 Managers Report: Manager Ken Charles

10.2 Town Attorney: Attorney Jon Kelly

11. BOARDS/COMMISSIONS:

11.1 Parks/Playground Advisory Board: will not be heard at this time.

11.2 Planning & Zoning Committee: will not be heard at this time.

12. OUTSIDE ORGANIZATIONS:

12.1 Chamber of Commerce: will not be heard at this time.

13. PUBLIC HEARINGS:

13 .1 Liquor License for a beer & wine license on premise, located at 101 S. 11th Street for Whistler's Walk LLC dba Whistlers Walk/Jason Parker.

A. Action/Approval is required at this time.

13.2 Conditional Use Permit for Canna & Co Ltd/High Country Releaf/Patrick Labruzzo, located at 102 Railroad Ave. for a retail marijuana establishment.

A. Action/Approval is required at this time.

14. ACTION/APPROVAL ORDINANCES/RESOLUTIONS NOT ON CONSENT AGENDA:

15. ADMINISTRATIVE BOARD BUSINESS:

16. Adjourn

17. WORKSHOP:

17.1 Strategic Planning Process.

APPLICATION FOR A SPECIAL EVENTS PERMIT

Department Use Only

7-1
BDBD
P1

IN ORDER TO QUALIFY FOR A SPECIAL EVENTS PERMIT, YOU MUST BE NONPROFIT AND ONE OF THE FOLLOWING (See back for details.)

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> SOCIAL | <input type="checkbox"/> ATHLETIC | <input type="checkbox"/> PHILANTHROPIC INSTITUTION |
| <input type="checkbox"/> FRATERNAL | <input type="checkbox"/> CHARTERED BRANCH, LODGE OR CHAPTER | <input type="checkbox"/> POLITICAL CANDIDATE |
| <input type="checkbox"/> PATRIOTIC | <input checked="" type="checkbox"/> OF A NATIONAL ORGANIZATION OR SOCIETY | <input type="checkbox"/> MUNICIPALITY OWNING ARTS FACILITIES |
| <input type="checkbox"/> POLITICAL | <input type="checkbox"/> RELIGIOUS INSTITUTION | |

LIAB TYPE OF SPECIAL EVENT APPLICANT IS APPLYING FOR:

- 2110 MALT, VINOUS AND SPIRITUOUS LIQUOR
 2170 FERMENTED MALT BEVERAGE (3.2 Beer)

DO NOT WRITE IN THIS SPACE
LIQUOR PERMIT NUMBER

1. NAME OF APPLICANT ORGANIZATION OR POLITICAL CANDIDATE

Dolores Rotary Club - **Boggy DRAW BEATDOWN**

State Sales Tax Number (Required)
75-3233188

2. MAILING ADDRESS OF ORGANIZATION OR POLITICAL CANDIDATE
(include street, city/town and ZIP)

PO Box 1082
Dolores, CO 81323

3. ADDRESS OF PLACE TO HAVE SPECIAL EVENT
(include street, city/town and ZIP)

Flanders Park
420 Central Ave, Dolores CO 81323

NAME	DATE OF BIRTH	HOME ADDRESS (Street, City, State, ZIP)	PHONE NUMBER
4. PRES./SECY OF ORG. or POLITICAL CANDIDATE Tom Seymour	8/8/51	24323 Road S.6, Dolores CO 81323	970-799-7708
5. EVENT MANAGER Susan Lisak	11/8/74	27933 Road P, Dolores CO 81323	(970)426-9902

6. HAS APPLICANT ORGANIZATION OR POLITICAL CANDIDATE BEEN ISSUED A SPECIAL EVENT PERMIT THIS CALENDAR YEAR?
 NO YES HOW MANY DAYS? _____

7. IS PREMISES NOW LICENSED UNDER STATE LIQUOR OR BEER CODE?
 NO YES TO WHOM? _____

8. DOES THE APPLICANT HAVE POSSESSION OR WRITTEN PERMISSION FOR THE USE OF THE PREMISES TO BE LICENSED? Yes No

LIST BELOW THE EXACT DATE(S) FOR WHICH APPLICATION IS BEING MADE FOR PERMIT

Date	Hours	From	To	Date	Hours	From	To	Date	Hours	From	To	Date	Hours	From	To
8/7/21		10a	4p												

OATH OF APPLICANT

I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.

SIGNATURE <i>Susan Lisak</i>	TITLE <i>Exec. Director</i>	DATE <i>7/21/21</i>
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REPORT AND APPROVAL OF LOCAL LICENSING AUTHORITY (CITY OR COUNTY)

The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the provisions of Title 12, Article 48, C.R.S., as amended.

THEREFORE, THIS APPLICATION IS APPROVED.

LOCAL LICENSING AUTHORITY (CITY OR COUNTY)

CITY COUNTY TELEPHONE NUMBER OF CITY/COUNTY CLERK

SIGNATURE

TITLE DATE

DO NOT WRITE IN THIS SPACE - FOR DEPARTMENT OF REVENUE USE ONLY

LIABILITY INFORMATION

License Account Number	Liability Date	State	TOTAL
			750 (999) \$

Boggy Draw
Down
Beats

2021 BIKE RACE - FLANDER'S PARK



Saturday, August 7th

- 6:00am: Volunteers show to setup registration
- 7:00am: Registration/packet pickup opens - Course Marshals leave for stations
- 8:00am: 60-milers start
- 9:00am: 33-milers start
- 9:05am: 18-milers start
- 9:10am: 13-milers start

Road closed North bound
9am - 9:20am

Awards will begin around noon.

Lineup will be based on whether there is a
1st/2nd/3rd place in any given category/age
group completed

7-1 BDBD
P2

74
BDBD
P3

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Dolores Rotary Club Foundation

is a

Nonprofit Corporation

formed or registered on 02/07/2007 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20071078673 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/21/2020 that have been posted, and by documents delivered to this office electronically through 08/25/2020 @ 09:38:15 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 08/25/2020 @ 09:38:15 in accordance with applicable law. This certificate is assigned Confirmation Number 12552336 .



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****
Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/12/2021

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 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 Arthur J. Gallagher Risk Management Services, Inc. 2850 Golf Road Rolling Meadows IL 60008		CONTACT NAME: Ali Sufita	
		PHONE (A/C, No, Ext): 1-833-3ROTARY	FAX (A/C, No): 630-285-4862
		E-MAIL ADDRESS: rotary@aig.com	
INSURED All Active US Rotary Clubs & Districts Dolores Rotary Club (#1159) ATTN: Risk Management Dept. 1560 Sherman Ave. Evanston, IL 60201-3698		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Lexington Insurance Company	NAIC # 19437
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 899307648** **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 SUBR (NSD) (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 <input checked="" type="checkbox"/> Liquor Liability Included GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	015375594	7/1/2021	7/1/2022	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMPROP AGG \$4,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>		015375594	7/1/2021	7/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 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"/> RETENTIONS		NOT APPLICABLE			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	Y/N N/A	NOT APPLICABLE			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)

The Certificate Holder is included as an additional insured where required by written contract or permit subject to the terms and conditions of the general liability policy, but only to the extent bodily injury or property damage is caused in whole or in part by the acts or omissions of the insured.

CERTIFICATE HOLDER

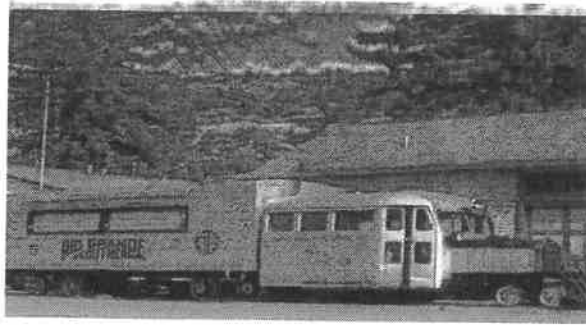
Dolores Public Lands Office 29211 Highway 184 Dolores, CO 81323 Montezuma County, CO 109 W. Main RM 302 Cortez, CO 81321	Town of Dolores, CO P.O. Box 630 Dolores, CO 81323 2021 Annual Boggy Draw Beat Down Mountain Bike Race to be held August 7, 2021
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CANCELLATION

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

BOGGY DRAW BEAT 7-1
DOWN BIKE RACE BDB
PS



Town of Dolores
420 Central Ave
P O Box 630
Dolores, CO. 81323
Phone 970-882-7720
Fax 970-882-7466

FLANDER'S PARK
APPLICATION/AGREEMENT

DATE OF APPLICATION: 7/18/21
General Information

1) Will you be applying for a Special Event permit? Yes No

If you are a non-profit and will be applying for a Special Events permit for alcohol there is a **minimum 60 day process**. Please inquire at the Dolores Town Hall 970-882-7720 (See page #4 for supplemental requirements.)

Describe area and provide a detailed drawing of location and layout for the event.

Flanders Park, includes Central Ave between 4th + 5th Street for race start + finish

Organization/ Group Name: Dolores Rotary Club

Contact Person's Name: Susan Lisak

Mailing Address: Po Box 1082, Dolores CO 81323

Phone Number: (970) 426-9902 E-mail: slisak@hotmail.com

Cell Number:

Alternate Contact Person: Tom Seymour E-mail: seymour_t@msn.com

Phone Number: (970) 799-7708 Cell Number

2) Date and Times of Use 8/7/21 from: 7am to: 3pm

3) Purpose of Use Bike Race / Awards / Beer Garden

Activities: Bike Race, Awards, Beer Garden for racers.

BOGGY DRAW BEAT 7-1
DOWN BIKE RACE BDBD
P6

4) Size of Group 200

5) Park use fees (Damage deposit of \$500 required for all park reservations of groups over 100)

Single day	\$50	\$ <u>50</u>
Multi-day	\$250	\$ _____
Damage Deposit:	\$100 small group	\$ _____
	\$500 large group	\$ <u>500</u>

PAYMENT in Separate Checks Please to Town of Dolores: Fee 50 Deposit 500

Conditions of Use: Permit Holder shall agree to the following conditions selected:

- Proof of insurance in accordance with Town of Dolores Ordinance #497
- Clean up the area used
- Provide portable toilets (see page 4)
- Provide trash removal services (see page 4)
- Provide law enforcement
- Provide security NONE
- Provide fencing
- ~~Access to second street gate~~
- Permission to enter grass area with a vehicle (sprinklers to be marked in advance. NO ONE will enter until marking is done. NOTE- Town Staff requires 1 week notice minimum) NONE

* Dogs are not allowed in playground.

*Dogs are required to be on leash at all times.

*Town Ordinance #470

Familiarity with the Law

Applicant acknowledges that he / she have been provided with a copy of the Town of Dolores Municipal Code Chapter 12.06 "Use of Public Places" and that Applicant has read and become familiar with such law. Further, by signing this Agreement, Applicant agrees to be bound by the terms, provisions and requirements of the said Chapter 12.06 of the Town of Dolores Municipal Code.

Payment of Costs

The Applicant hereby agrees to pay the Town of Dolores upon request, or within 30 days hereafter, the actual costs incurred by the Town of Dolores in providing any additional municipal services that may be required as a result or which shall arise from the Applicant's use of the park. Such costs may include any regular or overtime salaries for town personnel, and the use of Town equipment and fuel for such equipment.

Insurance

The applicant shall pay for and provide public liability and spectator's insurance in the following amounts: at least \$150,000 per occurrence / \$600,000 per aggregate occurrence. The Town of Dolores must be included as a named insured on your insurance policy, and a loss payable clause must be received prior to the event. Such coverage must be in full force and effect throughout the entire time Applicant uses the park. If, for any reason, the required insurance is not in full force and effect on the dates and times specified in this Section 9, the Town's permission to use the park shall be deemed to have been revoked and the Applicant shall not be permitted to use the park. Evidence of the required insurance shall be filed with and approved by the Town Manager at least one week prior to the commencement of Applicant's use of the park.

Conduct of Applicant

FLANDERS' PARK CONTRACT

7-1
BOED
P7

Applicant shall see that all members, guests, participants, spectators and others shall act in a responsible manner at all times while using the park, and the special event(s) sponsored by the Applicant shall be held in such a manner so as to cause the least amount of disturbance to those persons residing near the park and to minimize the damage to public property.

Waste and Sanitation Facilities

Applicant shall insure that sufficient waste containers and port – a – pots be supplied should the number of attendees exceed normal handling capacities of those facilities on site or provided by the Town.

Damages

Applicant hereby assumes financial responsibility for all damages done to public property during the time Applicant uses the park, and Applicant agrees to pay for any damages done to public property during such usage.

Revocation of Permit

This Permit may be revoked at any time by the Town.

Authority

The undersigned person represents and warrants to the Town and he / she is fully authorized to execute this Agreement on behalf of the Applicant. By signing this application the Applicant acknowledges their commitment to abide by the laws of the Town of Dolores and the conditions of this Agreement.

Signature Susan Lisak Printed Name SUSAN LISAK
Date: _____

Ken Charles 7-21-21
Town Manager Approval Date

7-1
BDBD
P8

SUPPLEMENTAL FOR LIQUOR EVENTS

12.06.030 Use of public parks and recreation areas.

Town parks and recreation areas may be reserved and used for special events by groups, associations or similar organizations, by permit issued by the Town Manager upon compliance with the following terms and conditions:

(1) Written application for a permit shall be submitted to the Town Manager containing such information as the Town Manager deems necessary to evaluate the proposed special event.

(2) The applicant shall pay an application fee as may be established by the Board of Trustees and agrees to pay upon request the actual costs to the Town in providing any additional municipal services as may be required in connection with the special event. Additional services shall include any regular or overtime salaries of Town personnel, equipment usage, fuel, trash removal and sanitary provisions.

(3) The applicant agrees to pay for and provide proof of liability insurance in an amount and for such coverage as may be required by the Town Manager to protect the Town from any liability for any injuries or damages of any kind which may arise out of the holding of the special event. Insurance coverage shall be in amounts not less than those recovery limits set forth in the Colorado Government Immunity Act, Section 24-10-114, C.R.S., or any successor statute thereto.

(4) The special event shall be conducted in a manner that creates the least amount of disturbance to those persons residing near the park or recreation area and minimizes damage to public property. The applicant shall compensate the Town for all damage done to public property during the special event.

LAW ENFORCEMENT REQUIREMENTS

Special Events Permit applicants will be reviewed by local law enforcement (Montezuma County Sheriff's Dept.) to determine if additional law enforcement is required. It is mandatory that additional law will be provided by Montezuma County Sheriff's Department at applicant's expense.

Port-A-Pot Needs Schedule

HOURS:

1-5 HOURS
6-10 HOURS

PORTABLE TOILETS:

2 ADDITIONAL TOILETS
3 ADDITIONAL TOILETS

WITH ALCOHOL:

4 ADDITIONAL TOILETS
6 ADDITIONAL TOILETS

MORE THAN ONE DAY: TO BE EVALUATED

IF ALCOHOL IS INCLUDED AT THE EVENT THE AMOUNT OF ADDITIONAL TOILETS IS DOUBLED.

TRASH SERVICE:

HOURS:

1-5 HOURS
6-10 HOURS

DUMSTER:

8 YARD CAPACITY
10 YARD CAPACITY



USACYCL-21

7.1 B0AD P9

B0AD DARRO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/18/2021

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.

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PRODUCER Fairly Consulting Group, LLC 1800 S. Washington, Suite 400 Amarillo, TX 79102	CONTACT NAME: Fairly Group Certificates	
	PHONE (A/C, No, Ext): (806) 376-4761	FAX (A/C, No): (806) 337-1859
E-MAIL ADDRESS: certs@fairlygroup.com		
INSURED USA Cycling, Inc. 210 USA Cycling Point, Suite 100 Colorado Springs, CO 80919	INSURER(S) AFFORDING COVERAGE	
	INSURER A: HDI Global Specialty SE	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

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


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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 type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per Event	X		HDGL19000409	12/31/2020	12/31/2021	EACH OCCURRENCE \$ 1,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000.00 MED EXP (Any one person) \$ Exclud PERSONAL & ADV INJURY \$ 1,000.00 GENERAL AGGREGATE \$ 3,000.00 PRODUCTS - COM/OP AGG \$ 2,000.00
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						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 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)
Job 2021-3563

RMGL 03 09 02 18 SCHEDULE OF NAMED INSUREDS: Event Organizers and/or Promoters are Named Insureds. It shall be a condition of coverage that all organizers/promoters for whom coverage is afforded under this policy execute a USAC Event Permit Application and coverage will be afforded only for the specific event and date(s) on the permit.

The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between a named insured and the certificate holder that requires such status. Please see attached endorsement CG 20 26 SEE ATTACHED ACORD 101

CERTIFICATE HOLDER Town of Dolores 420 Central Dolores, CO 81323	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 



ADDITIONAL REMARKS SCHEDULE

AGENCY Fairly Consulting Group, LLC		NAMED INSURED USA Cycling, Inc. 210 USA Cycling Point, Suite 100 Colorado Springs, CO 80919	
POLICY NUMBER SEE PAGE 1		EFFECTIVE DATE: SEE PAGE 1	
CARRIER SEE PAGE 1	NAIC CODE SEE P 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
(4/2013).

Event Number: 2021-3563
Event Name: Boggy Draw Beat Down - Dolores CO
Event Location: Dolores, CO
Event Date(s): 08/07/2021

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Any person or organization that you have agreed to include as an additional insured under an insured contract provided such contract was executed prior to the date of loss.

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

A. Section II – Who Is An Insured is amended to include as an additional 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 or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Course Marshals

Boggy Draw Beat Down - August 7, 2021

14th & Central
7:50am - 8:10am
1 Volunteer

1 Bill Ordemann (970)560-7677 (Mens Large)

2 Karen Ordemann (SMALL)

Boggy Trail & McNeal
8:30am - 11am
2 Volunteers

1 Bobby Scrimsher
bobschrimsher@icloud.com (XL)

2 Ani Robertson ani.
robertson29@gmail.com (Large)

Italian Canyon & Norwood
7:45am - 10am
1 Volunteer

1 Bob Wright (MEDIUM)

Overlook Trail /Graveyard
10:30am - 1pm
1 Volunteer

1 Jeff Pope & Family (LARGE + 2 SMALLS)

Aid Station
9:30am - 2pm

1 Ally Marzulla 970-317-0707 (SMALL)
afmarzulla@gmail.com

2 Craig Benally craigbenally@gmail.com
970-759-8862 T-shirt size Large

3 Quorra Benally (age 9) Mason Benally (age 6) - Shirt size Child Small

4

V.2 & Norwood **W & Norwood**
7:45am - 8:30am 7:45am - 11am
2 Volunteers (1 at each till 8:30am, then 2 at W at 8:30am till 11am)

1 Robby Singer (2XL) / Martha Singer (Small)

2 Mark Tucker (970)394-4576 Mens Large

Boggy Parking Lot
8am - 11am
2 Volunteers

1 Dan Heeney (XL)

2 Co Heeney (SMALL)

E McNeal & Boggy Road
8:30am - 10:30am
2 Volunteers

1 Dennis Quesenberry,
wyorep@gmail.com Mens Large

2

W McNeal & Boggy Road
8:30am - 9:30am
2 Volunteers

1 Dani Gregory (SMALL)

2

Boggy Trail & Boggy Rd
9am - 11am
2 Volunteers

1 Keith Moore 2XL

2 Wendy Moore - no Tshirt

Norwood Rd & Bean Trl **Norwood Rd & House Creek**
9:30am - 10:00am 10:00am - 11:15am
2 Volunteers

1 Mike Curran (MEDIUM)

2 Adam Barnhurst (2XL)

Course Marshals

Boggy Draw Beat Down - August 7, 2021

Norwood & Tava Yaakwi 10:30am - 12pm 2 Volunteers	
1	Dani Gregory
2	

Norwood @ Bean 10am - 11:30am 2 Volunteers	
1	Matt Walker (LARGE)
2	Keith Richter (XL)

Course Sweepers 1pm - 3pm 2 Volunteers	
1	Paul Adams, L
2	Kirk Swope XL

Central Ave Intersections 7:45am - 10:30am 6 Volunteers (moving from each side to west side)		Central Ave Intersections 10:30am - 1:30pm	
5th	Ann Swope Womens Medium	B	Ann Swope Womens Medium
6th	Eli Brown - Large	1st	Eli Brown - Large
7th		2nd	Bob Wright
8th		3rd	Dennis Quesenberry
9th		4th	Bill Ordemann
11th	Jeff Pope		

Search & Rescue 8am - 3pm 4-6 Volunteers	
TBD ALL NAMES	

Bear Tracks Trl & Boggy 9am - 11:30am 1 Volunteers	
1	

Boggy Draw Rd, Lower Boggy Trail 8:30am - 10:30am 2 Volunteers	
1	Dr. Allan Burnside (MEDIUM)
2	Linda Burnside (SMALL)

Application for a Special Events Permit

Departmental Use Only

7-2
 SWCCA
 PI

In order to qualify for a Special Events Permit, You Must Be a Qualifying Organization Per 44-5-102 C.R.S. and One of the Following (See back for details.)

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> Social | <input checked="" type="checkbox"/> Athletic | <input type="checkbox"/> Philanthropic Institution |
| <input type="checkbox"/> Fraternal | <input type="checkbox"/> Chartered Branch, Lodge or Chapter | <input type="checkbox"/> Political Candidate |
| <input type="checkbox"/> Patriotic | <input type="checkbox"/> National Organization or Society | <input type="checkbox"/> Municipality Owned Arts Facilities |
| <input type="checkbox"/> Political | <input type="checkbox"/> Religious Institution | |

LIAB	Type of Special Event Applicant is Applying for:	DO NOT WRITE IN THIS SPACE
2110	<input type="checkbox"/> Mall, Vinous And Spirituous Liquor \$25.00 Per Day	Liquor Permit Number
2170	<input checked="" type="checkbox"/> Fermented Malt Beverage \$10.00 Per Day	

1. Name of Applicant Organization or Political Candidate: Southwest Colorado Cycling Association State Sales Tax Number (Required): 20041081296

2. Mailing Address of Organization or Political Candidate (include street, city/town and ZIP):
Po Box 1302
Cortez, CO 81321

3. Address of Place to Have Special Event (include street, city/town and ZIP):
315 Central Ave
Dolores, CO 81328

4. Authorized Representative of Qualifying Organization or Political Candidate: Erin Kuhlman VP of SWCCA Date of Birth: 2/1/1993 Phone Number: 719-505-4927

Authorized Representative's Mailing Address (if different than address provided in Question 2):
714 E 3rd St Cortez CO 81321

5. Event Manager: Erin Kuhlman Date of Birth: " " " "

Event Manager Home Address (Street, City, State, ZIP): " " " " Email Address of Event Manager: erin.kuhlman@gmail.com

6. Has Applicant Organization or Political Candidate been issued a Special Event Permit this Calendar Year?
 No Yes How many days? _____

7. Is the premises for which your event is to be held currently licensed under the Colorado Liquor or Beer codes?
 No Yes License Number _____

8. Does the Applicant Have Possession or Written Permission for the Use of The Premises to be Licensed? Yes No

List Below the Exact Date(s) for Which Application is Being Made for Permit

Date	Hours	From	To	Date	Hours	From	To	Date	Hours	From	To	Date	Hours	From	To
<u>Aug 7th</u>		<u>4:00 PM</u>	<u>10:00 PM</u>												

Oath of Applicant
 I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.

Signature: [Signature] Title: VP of SWCCA Date: 7/21/21

Report and Approval of Local Licensing Authority (City or County)
 The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the provisions of Title 44, Article 5, C.R.S., as amended.
THEREFORE, THIS APPLICATION IS APPROVED.

Local Licensing Authority (City or County): _____ Telephone Number of City/County Clerk: _____
 City County

Signature: _____ Title: _____ Date: _____

DO NOT WRITE IN THIS SPACE - FOR DEPARTMENT OF REVENUE USE ONLY

Liability Information			
License Account Number	Liability Date	State	Total
		<u>-750 (999)</u>	\$

7-2
SWCAA
P2

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Southwest Colorado Cycling Association, Inc.

is a

Nonprofit Corporation

formed or registered on 03/04/2004 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20041081296 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/19/2021 that have been posted, and by documents delivered to this office electronically through 07/20/2021 @ 20:30:11 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 07/20/2021 @ 20:30:11 in accordance with applicable law. This certificate is assigned Confirmation Number 13312964 .

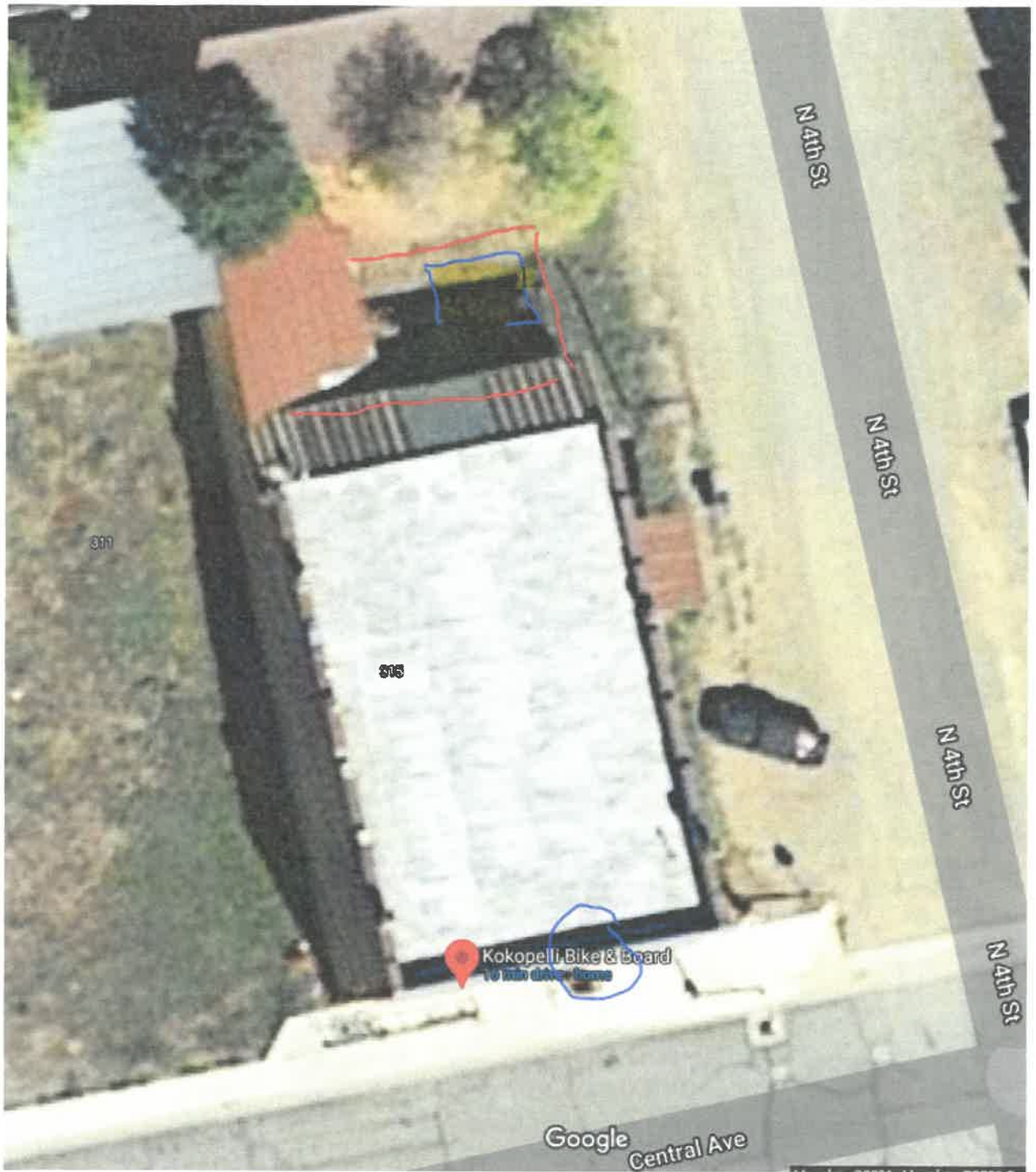


Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



7-2 SWCCA
PY

Pete Eschallier

315 Central Ave
Dolores, CO 81323
(970-565-4408
pete@kokopellibike.com

17th July 2021

Town of Dolores

420 Central Avenue
PO Box 630
Dolores, CO 81323

To Whom this May Concern,

I, Pete Eschallier, approve the Block Party Event on Saturday, August 7th, 2021 from 4 pm to 10pm hosted by Southwest Colorado Cycling Association(SWCCA) . This event will serve as a grand opening for our new store on Central Ave. and create awareness for local trail maintenance in Montezuma County.

Our plan for the event is to sell beer or cider from keg donations from local brewers in Montezuma County. All proceeds will benefit the non-profit SWCCA. I, Pete Eschallier, will pour the drinks for the evening and oversee operations at my store.

We will serve the beverages outside under the SWCCA pop up tent in fenced patio space behind the store. We anticipate a band to play on the raised wood deck in the back as well. Individuals will not be able to leave the property through the back patio with alcohol since it is fenced. There will be employees or SWCCA volunteers at the front door entrance ensuring individuals do not leave the building with their beverages either.

If you have further questions about our involvement in this event, please feel free to reach out.

Sincerely,



Pete Eschallier, Owner of Kokopelli Bike and Board

7-3 MT

P3

DR 8400 (07/24/19)
COLORADO DEPARTMENT OF REVENUE
Liquor Enforcement Division
Submit to Local Licensing Authority

MI TEQUILA LLC
PO BOX 491
Dolores CO 81323

Fees Due		
Renewal Fee		Waived due to 20B-001
Storage Permit	\$100 X _____	\$
Sidewalk Service Area	\$75.00	\$
Additional Optional Premise Hotel & Restaurant	\$100 X _____	Waived due to 20B-001
Related Facility - Campus Liquor Complex	\$160.00 per facility	Waived due to 20B-001
Amount Due/Paid		\$

Make check payable to: Colorado Department of Revenue. The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department may collect the payment amount directly from your banking account electronically.

Retail Liquor or Fermented Malt Beverage License Renewal Application

Please verify & update all information below

Return to city or county licensing authority by due date

Licensee Name MI TEQUILA LLC		Doing Business As Name (DBA) MI TEQUILA LLC		
Liquor License # 03-13356	License Type Tavern (city)	Sales Tax License # 44555367	Expiration Date 08/09/2021	Due Date 06/25/2021
Business Address 104 SOUTH 2ND STREET Dolores CO 81323		County Montezuma	Phone Number 8058646233	
Mailing Address PO BOX 491 Dolores CO 81323		Email		
Operating Manager Wendy Moncon	Date of Birth 8-10-93	Home Address 104 s 2nd Street Dolores CO 81321	Phone Number 970-570-5974	
1. Do you have legal possession of the premises at the street address above? Yes No Are the premises owned or rented? Owned Rented* *If rented, expiration date of lease 2-22				
2. Are you renewing a storage permit, additional optional premises, sidewalk service area, or related facility? If yes, please see the table in upper right hand corner and include all fees due. Yes No				
3a. Since the date of filing of the last application, has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or any other person with a 10% or greater financial interest in the applicant, been found in final order of a tax agency to be delinquent in the payment of any state or local taxes, penalties, or interest related to a business? Yes No				
3b. Since the date of filing of the last application, has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or any other person with a 10% or greater financial interest in the applicant failed to pay any fees or surcharges imposed pursuant to section 44-3-503, C.R.S.? - Yes No				
4. Since the date of filing of the last application, has there been any change in financial interest (new notes, loans, owners, etc.) or organizational structure (addition or deletion of officers, directors, managing members or general partners)? If yes, explain in detail and attach a listing of all liquor businesses in which these new lenders, owners (other than licensed financial institutions), officers, directors, managing members, or general partners are materially interested. Yes No				
5. Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been convicted of a crime? If yes, attach a detailed explanation. Yes No				
6. Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been denied an alcohol beverage license, had an alcohol beverage license suspended or revoked, or had interest in any entity that had an alcohol beverage license denied, suspended or revoked? If yes, attach a detailed explanation. Yes No				
7. Does the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) have a direct or indirect interest in any other Colorado liquor license, including loans to or from any licensee or interest in a loan to any licensee? If yes, attach a detailed explanation. Yes No				

100.00

Tax Check Authorization, Waiver, and Request to Release Information

I, Wendy Monzon am signing this Tax Check Authorization, Waiver and Request to Release Information (hereinafter "Waiver") on behalf of Mi Tequila LLC (the "Applicant/Licensee") to permit the Colorado Department of Revenue and any other state or local taxing authority to release information and documentation that may otherwise be confidential, as provided below. If I am signing this Waiver for someone other than myself, including on behalf of a business entity, I certify that I have the authority to execute this Waiver on behalf of the Applicant/Licensee.

The Executive Director of the Colorado Department of Revenue is the State Licensing Authority, and oversees the Colorado Liquor Enforcement Division as his or her agents, clerks, and employees. The information and documentation obtained pursuant to this Waiver may be used in connection with the Applicant/Licensee's liquor license application and ongoing licensure by the state and local licensing authorities. The Colorado Liquor Code, section 44-3-101, et seq. ("Liquor Code"), and the Colorado Liquor Rules, 1 CCR 203-2 ("Liquor Rules"), require compliance with certain tax obligations, and set forth the investigative, disciplinary and licensure actions the state and local licensing authorities may take for violations of the Liquor Code and Liquor Rules, including failure to meet tax reporting and payment obligations.

The Waiver is made pursuant to section 39-21-113(4), C.R.S., and any other law, regulation, resolution or ordinance concerning the confidentiality of tax information, or any document, report or return filed in connection with state or local taxes. This Waiver shall be valid until the expiration or revocation of a license, or until both the state and local licensing authorities take final action to approve or deny any application(s) for the renewal of the license, whichever is later. Applicant/Licensee agrees to execute a new waiver for each subsequent licensing period in connection with the renewal of any license, if requested.

By signing below, Applicant/Licensee requests that the Colorado Department of Revenue and any other state or local taxing authority or agency in the possession of tax documents or information, release information and documentation to the Colorado Liquor Enforcement Division, and its duly authorized employees, to act as the Applicant's/Licensee's duly authorized representative under section 39-21-113(4), C.R.S., solely to allow the state and local licensing authorities, and their duly authorized employees, to investigate compliance with the Liquor Code and Liquor Rules. Applicant/Licensee authorizes the state and local licensing authorities, their duly authorized employees, and their legal representatives, to use the information and documentation obtained using this Waiver in any administrative or judicial action regarding the application or license.

Name (Individual/Business)		Social Security Number/Tax Identification Number	
		84-4896888	
Address			
104 S. 2ND ST			
City		State	Zip
DOLORES		CO.	81323
Home Phone Number		Business/Work Phone Number	
970-570-5974			
Printed name of person signing on behalf of the Applicant/Licensee			
WENDY MONZON			
Applicant/Licensee's Signature (Signature authorizing the disclosure of confidential tax information)			Date signed
Wendy Monzon e.			7-21-21

Privacy Act Statement

Providing your Social Security Number is voluntary and no right, benefit or privilege provided by law will be denied as a result of refusal to disclose it. § 7 of Privacy Act, 5 USCS § 552a (note).

7-3-MT
P3

Affirmation & Consent

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct and complete to the best of my knowledge.

Type or Print Name of Applicant/Authorized Agent of Business Wendy Monzon Castellanos	Title owner
Signature Wendy Monzon Castellanos	Date 7-21-21

Report & Approval of City or County Licensing Authority

The foregoing application has been examined and the premises, business conducted and character of the applicant are satisfactory, and we do hereby report that such license, if granted, will comply with the provisions of Title 44, Articles 4 and 3, C.R.S., and Liquor Rules.

Therefore this application is approved.

Local Licensing Authority For	Date
Signature	Title
	Attest

APPLICATION FOR A SPECIAL EVENTS PERMIT

Department Use Only

9.1
ESD
PI

IN ORDER TO QUALIFY FOR A SPECIAL EVENTS PERMIT, YOU **MUST BE NONPROFIT**
AND ONE OF THE FOLLOWING (See back for details.)

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> SOCIAL | <input type="checkbox"/> ATHLETIC | <input type="checkbox"/> PHILANTHROPIC INSTITUTION |
| <input type="checkbox"/> FRATERNAL | <input type="checkbox"/> CHARTERED BRANCH, LODGE OR CHAPTER | <input type="checkbox"/> POLITICAL CANDIDATE |
| <input type="checkbox"/> PATRIOTIC | <input checked="" type="checkbox"/> OF A NATIONAL ORGANIZATION OR SOCIETY | <input type="checkbox"/> MUNICIPALITY OWNING ARTS FACILITIES |
| <input type="checkbox"/> POLITICAL | <input type="checkbox"/> RELIGIOUS INSTITUTION | |

LIAB TYPE OF SPECIAL EVENT APPLICANT IS APPLYING FOR:

2110 MALT, VINOUS AND SPIRITUOUS LIQUOR

2170 FERMENTED MALT BEVERAGE (3.2 Beer)

DO NOT WRITE IN THIS SPACE

LIQUOR PERMIT NUMBER

1. NAME OF APPLICANT ORGANIZATION OR POLITICAL CANDIDATE
 Dolores Chamber of Commerce - **Escalante Days**

State Sales Tax Number (Required)
 84-1146629

2. MAILING ADDRESS OF ORGANIZATION OR POLITICAL CANDIDATE
 (include street, city/town and ZIP)

PO Box 602
 Dolores, CO 81323

3. ADDRESS OF PLACE TO HAVE SPECIAL EVENT
 (include street, city/town and ZIP)

Flanders Park
 420 Central Ave, Dolores CO 81323

NAME	DATE OF BIRTH	HOME ADDRESS (Street, City, State, ZIP)	PHONE NUMBER
4. PRES./SEC'Y OF ORG. or POLITICAL CANDIDATE Deanna Truelsen	7/8/44	206 Central Avenue, Dolores CO 81323	(970)394-9158
5. EVENT MANAGER Susan Lisak	11/8/74	27933 Road P, Dolores CO 81323	(970)426-9902

6. HAS APPLICANT ORGANIZATION OR POLITICAL CANDIDATE BEEN ISSUED A SPECIAL EVENT PERMIT THIS CALENDAR YEAR?

NO YES HOW MANY DAYS? 3

7. IS PREMISES NOW LICENSED UNDER STATE LIQUOR OR BEER CODE?

NO YES TO WHOM? _____

8. DOES THE APPLICANT HAVE POSSESSION OR WRITTEN PERMISSION FOR THE USE OF THE PREMISES TO BE LICENSED? Yes No

LIST BELOW THE EXACT DATE(S) FOR WHICH APPLICATION IS BEING MADE FOR PERMIT

Date	Hours	From	To	Date	Hours	From	To	Date	Hours	From	To	Date	Hours	From	To
8/14/21															
		11a				8	12p								

OATH OF APPLICANT

I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.

SIGNATURE <i>Susan Lisak</i>	TITLE <i>Executive Director</i>	DATE <i>7/18/21</i>
---------------------------------	------------------------------------	------------------------

REPORT AND APPROVAL OF LOCAL LICENSING AUTHORITY (CITY OR COUNTY)

The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the provisions of Title 12, Article 48, C.R.S., as amended.

THEREFORE, THIS APPLICATION IS APPROVED.

LOCAL LICENSING AUTHORITY (CITY OR COUNTY) CITY COUNTY

TELEPHONE NUMBER OF CITY/COUNTY CLERK _____

SIGNATURE	TITLE	DATE
-----------	-------	------

DO NOT WRITE IN THIS SPACE - FOR DEPARTMENT OF REVENUE USE ONLY

LIABILITY INFORMATION

License Account Number	Liability Date	State	TOTAL
		-750 (999)	\$.

9-1
ESD
P2

APPLICATION INFORMATION AND CHECKLIST

THE FOLLOWING SUPPORTING DOCUMENTS MUST BE ATTACHED TO THIS APPLICATION FOR A PERMIT TO BE ISSUED:

- Appropriate fee.
- Diagram of the area to be licensed (not larger than 8 1/2" X 11" reflecting bars, walls, partitions, ingress, egress and dimensions.
Note: If the event is to be held outside, please submit evidence of intended control, i.e., fencing, ropes, barriers, etc.
- Copy of deed, lease, or written permission of owner for use of the premises.
- Certificate of good corporate standing (NONPROFIT) issued by Secretary of State within last two years; **or**
- If not incorporated, a NONPROFIT charter; **or**
- If a political Candidate, attach copies of reports and statements that were filed with the Secretary of State.

- APPLICATION MUST FIRST BE SUBMITTED TO THE LOCAL LICENSING AUTHORITY (CITY OR COUNTY) AT LEAST FORTY-FIVE (45) DAYS PRIOR TO THE EVENT.**
- THE PREMISES TO BE LICENSED MUST BE POSTED AT LEAST TEN (10) DAYS BEFORE A HEARING CAN BE HELD. (12-48-106 C.R.S.)**

(12-48-102 C.R.S.)

A Special Event Permit issued under this article may be issued to an organization, whether or not presently licensed under Articles 46 and 47 of this title, which has been incorporated under the laws of this state for the purpose of a social, fraternal, patriotic, political or athletic nature, and not for pecuniary gain or which is a regularly chartered branch, lodge or chapter of a national organization or society organized for such purposes and being non profit in nature, or which is a regularly established religious or philanthropic institution, and to any political candidate who has filed the necessary reports and statements with the Secretary of State pursuant to Article 45 of Title 1, C.R.S. A Special Event permit may be issued to any municipality owning arts facilities at which productions or performances of an artistic or cultural nature are presented for use at such facilities.

If an event is cancelled, the application fees and the day(s) are forfeited.

9.1
ESD
P3

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Dolores Chamber of Commerce

is a

Nonprofit Corporation

formed or registered on 07/02/1986 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871679667 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/21/2020 that have been posted, and by documents delivered to this office electronically through 08/25/2020 @ 09:38:15 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 08/25/2020 @ 09:38:15 in accordance with applicable law. This certificate is assigned Confirmation Number 12552336 .



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****
Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

2021 ESCALANTE DAYS - FLANDER'S PARK



Saturday, August 14th

- 6:00am: Setup
- 8:00am: 5K Fun Run thru Dolores Track Team
- 9:00am: Vendors Open
- 10:00am: Parade
- 11:00am: Chainsaw Competition / Bar opens
- 1:00pm: Arm Wrestling Contest
- 5:00pm: Street Dance Party

Softball Tournament

- Fri 5pm: Tournament Begins at Joe Rowell
- Sat 7:00am: Tournament continues
- Sat 9:00pm: Home Run Derby at Joe Rowell
- Sun 7:00am: Tournament continues

9-1
ESD
P4



Town of Dolores
420 Central Ave
P O Box 630
Dolores, CO. 81323
Phone 970-882-7720
Fax 970-882-7466

FLANDER'S PARK
APPLICATION/AGREEMENT

DATE OF APPLICATION: 7/18/21
General Information

1) Will you be applying for a Special Event permit? Yes No

If you are a non-profit and will be applying for a Special Events permit for alcohol there is a **minimum 60 day process**. Please inquire at the Dolores Town Hall 970-882-7720 (See page #4 for supplemental requirements.)

Describe area and provide a detailed drawing of location and layout for the event.

Flanders Park + Central Ave between
4th + 5th Street.

Organization/ Group Name: Dolores Chamber of Commerce
Contact Person's Name: SUSAN LISAK
Mailing Address: 201 Railroad Ave
Phone Number: _____ E-mail: doloreschamber@gmail.com
Cell Number: (970) 426-9902
Alternate Contact Person: Dianna Truelsen E-mail: dd.truelsen@gmail.com
Phone Number: (970) 394-9158 Cell Number _____

2) Date and Times of Use 8/14/21 from: 9am to: 8:30 pm

3) Purpose of Use Escalante Days Events

Activities: Parade, Chainsaw Competition, Arm Wrestling
Contest, Kids games, Beer Garden, 5K fun Run,
dance party, vendors

FLANDERS' PARK CONTRACT

9-1
ESD
PB

4) Size of Group 500 +

5) Park use fees (Damage deposit of \$500 required for all park reservations of groups over 100)

Single day	\$50	\$ <u>50</u>
Multi-day	\$250	\$ _____
Damage Deposit:	\$100 small group	\$ _____
	\$500 large group	\$ <u>500</u>

PAYMENT in Separate Checks Please to Town of Dolores: Fee 50 Deposit 500

Conditions of Use: Permit Holder shall agree to the following conditions selected:

- Proof of insurance in accordance with Town of Dolores Ordinance #497
- Clean up the area used
- Provide portable toilets (see page 4)
- Provide trash removal services (see page 4)
- Provide law enforcement
- Provide security
- Provide fencing
- Access to second street gate

Permission to enter grass area with a vehicle (sprinklers to be marked in advance. NO ONE will enter until marking is done. NOTE- Town Staff requires 1 week notice minimum) Bar Truck on Grass

- * Dogs are not allowed in playground.
- *Dogs are required to be on leash at all times. *Town Ordinance #470

Familiarity with the Law

Applicant acknowledges that he / she have been provided with a copy of the Town of Dolores Municipal Code Chapter 12.06 "Use of Public Places" and that Applicant has read and become familiar with such law. Further, by signing this Agreement, Applicant agrees to be bound by the terms, provisions and requirements of the said Chapter 12.06 of the Town of Dolores Municipal Code.

Payment of Costs

The Applicant hereby agrees to pay the Town of Dolores upon request, or within 30 days hereafter, the actual costs incurred by the Town of Dolores in providing any additional municipal services that may be required as a result of which shall arise from the Applicant's use of the park. Such costs may include any regular or overtime salaries for town personnel, and the use of Town equipment and fuel for such equipment.

Insurance

The applicant shall pay for and provide public liability and spectator's insurance in the following amounts: at least \$150,000 per occurrence / \$600,000 per aggregate occurrence. The Town of Dolores must be included as a named insured on your insurance policy, and a loss payable clause must be received prior to the event. Such coverage must be in full force and effect throughout the entire time Applicant uses the park. If, for any reason, the required insurance is not in full force and effect on the dates and times specified in this Section 9, the Town's permission to use the park shall be deemed to have been revoked and the Applicant shall not be permitted to use the park. Evidence of the required insurance shall be filed with and approved by the Town Manager at least one week prior to the commencement of Applicant's use of the park.

Conduct of Applicant

FLANDERS' PARK CONTRACT

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Applicant shall see that all members, guests, participants, spectators and others shall act in a responsible manner at all times while using the park, and the special event(s) sponsored by the Applicant shall be held in such a manner so as to cause the least amount of disturbance to those persons residing near the park and to minimize the damage to public property.

Waste and Sanitation Facilities

Applicant shall insure that sufficient waste containers and port – a – pots be supplied should the number of attendees exceed normal handling capacities of those facilities on site or provided by the Town.

Damages

Applicant hereby assumes financial responsibility for all damages done to public property during the time Applicant uses the park, and Applicant agrees to pay for any damages done to public property during such usage.

Revocation of Permit

This Permit may be revoked at any time by the Town.

Authority

The undersigned person represents and warrants to the Town and he / she is fully authorized to execute this Agreement on behalf of the Applicant. By signing this application the Applicant acknowledges their commitment to abide by the laws of the Town of Dolores and the conditions of this Agreement.

Signature Susan Lisch Printed Name SUSAN LISCH
Date: 8/18/21

Ken Charles 7-21-21
Town Manager Approval Date

SUPPLEMENTAL FOR LIQUOR EVENTS

12.06.030 Use of public parks and recreation areas.

Town parks and recreation areas may be reserved and used for special events by groups, associations or similar organizations, by permit issued by the Town Manager upon compliance with the following terms and conditions:

(1) Written application for a permit shall be submitted to the Town Manager containing such information as the Town Manager deems necessary to evaluate the proposed special event.

(2) The applicant shall pay an application fee as may be established by the Board of Trustees and agrees to pay upon request the actual costs to the Town in providing any additional municipal services as may be required in connection with the special event. Additional services shall include any regular or overtime salaries of Town personnel, equipment usage, fuel, trash removal and sanitary provisions.

(3) The applicant agrees to pay for and provide proof of liability insurance in an amount and for such coverage as may be required by the Town Manager to protect the Town from any liability for any injuries or damages of any kind which may arise out of the holding of the special event. Insurance coverage shall be in amounts not less than those recovery limits set forth in the Colorado Government Immunity Act, Section 24-10-114, C.R.S., or any successor statute thereto.

(4) The special event shall be conducted in a manner that creates the least amount of disturbance to those persons residing near the park or recreation area and minimizes damage to public property. The applicant shall compensate the Town for all damage done to public property during the special event.

LAW ENFORCEMENT REQUIREMENTS

Special Events Permit applicants will be reviewed by local law enforcement (Montezuma County Sheriff's Dept.) to determine if additional law enforcement is required. It is mandatory that additional law will be provided by Montezuma County Sheriff's Department at applicant's expense.

*PAID BY EVENT
4 ADDITIONAL*

Port-A-Pot Needs Schedule

HOURS:

1-5 HOURS
6-10 HOURS

PORTABLE TOILETS:

2 ADDITIONAL TOILETS
3 ADDITIONAL TOILETS

WITH ALCOHOL:

4 ADDITIONAL TOILETS
6 ADDITIONAL TOILETS

MORE THAN ONE DAY: TO BE EVALUATED

IF ALCOHOL IS INCLUDED AT THE EVENT THE AMOUNT OF ADDITIONAL TOILETS IS DOUBLED.

TRASH SERVICE:

HOURS:

1-5 HOURS
6-10 HOURS

DUMSTER:

8 YARD CAPACITY
10 YARD CAPACITY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/06/2021

9-1-ESD

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 State Farm KATRINA WEISS STATE FARM 215 E MAIN ST CORTEZ CO 81321	CONTACT NAME: KATRINA WEISS PHONE (A/C No., Ext): 970-565-3032 E-MAIL ADDRESS: KATRINA@INSURE4CORNERS.COM FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Fire and Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED DOLORES CHAMBER OF COMMERCE PO BOX 602 DOLORES CO 81323	

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<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:	Y	96-EB-F570-3	07/27/2020	07/27/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
	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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)
COVERAGE EXTENDS TO ANY EVENTS HOSTED/ATTENDED BY THE DOLORES CHAMBER OF COMMERCE

CERTIFICATE HOLDER

CANCELLATION

TOWN OF DELORES 420 CENTRAL AVE DOLORES CO 81323	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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ESCALANTE DAYS



SATURDAY
AUGUST 14

P 10

THE SCHEDULE

FRIDAY, AUGUST 13TH

- 5:30pm: Kid's **Bike Parade**, begins at 3rd & Central
- 5:35pm: Kids **Bike Rodeo** on 5th Street Parking Lot, near Central
- 6:30pm: Kids **bike giveaways**
- 6:45pm: Kids **Ice Cream Eating Contest**

SATURDAY, AUGUST 14TH

- 6am: K-9 Search & Rescue **Pancake breakfast**, 47 Central Ave
- 7am: **Softball Tournament** @ Joe Rowell Park
- 8am: Escalante Days **5K Run** @ Flanders Park
- 8am: **Marketplace opens** - Vendors, Food and Fundraisers
- 10am: Escalante Days **Parade**
- 10:15am: **Four Corner's Community Band** Performance
- 11am - 8pm: Beer & Wine Garden Opens
- 11am: Bill F Ragland **Chain Saw Competition**
- 11am - 2pm: Dolores River Anglers **Casting and Fishing Demos** @ Riverside Park
- 12:30pm: **Watermelon Eating Contest**
- 1pm: **Arm Wrestling Competition**
- 2pm: **Penny Hunt**
- 2:30pm: **Water Balloon Toss**
- 3:30pm: **Egg Toss**
- 3:30pm: Kiwanis Club's **Duck Race** takes off at Riverside Park
- 4pm: **Hula Hoop Contest**
- 5pm - 8pm: **Street Dance Party**
- 9pm: **Home Run Derby** @ Joe Rowell Park

SUNDAY, AUGUST 15TH

- 7am: Softball Tournament @ Joe Rowell Park

VISITDOLORRES.COM

2021 ESCALANTE DAYS - FLANDER'S PARK



Saturday, August 14th

- 6:00am: Setup
- 8:00am: 5K Fun Run thru Dolores Track Team
- 9:00am: Vendors Open
- 10:00am: Parade
- 11:00am: Chainsaw Competition / Bar opens
- 1:00pm: Arm Wrestling Contest
- 5:00pm: Street Dance Party

Softball Tournament

- Fri 5pm: Tournament Begins at Joe Rowell
- Sat 7:00am: Tournament continues
- Sat 9:00pm: Home Run Derby at Joe Rowell
- Sun 7:00am: Tournament continues

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P 11



CERTIFICATE OF LIABILITY INSURANCE

9-1-ESD
 DATE (MM/DD/YYYY) 07/13/2021

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.

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PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 2850 Golf Road Rolling Meadows IL 60008	CONTACT NAME: Ali Sulita PHONE (A/C, No, Ext): 1-833-3ROTARY E-MAIL ADDRESS: rotary@ajg.com	FAX (A/C, No): 630-285-4082
	INSURER(S) AFFORDING COVERAGE	
INSURED All Active US Rotary Clubs & Districts Dolores Rotary Club #1159 ATTN: Risk Management Dept. 1560 Sherman Ave. Evanston, IL 60201-3698	INSURER A: Lexington Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 899307648** **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 <input checked="" type="checkbox"/> Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	015375594	7/1/2021	7/1/2022	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			015375594	7/1/2021	7/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 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 RETENTION \$			NOT APPLICABLE			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		Y/N N/A	NOT APPLICABLE			PER STATUTE OTH-ER 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)

The Certificate Holder is included as an additional insured where required by written contract or permit subject to the terms and conditions of the general liability policy, but only to the extent bodily injury or property damage is caused in whole or in part by the acts or omissions of the insured.

CERTIFICATE HOLDER Dolores School District P.O. Box 727 Dolores, CO 81323 2021 Escalante Days Bike Rodeo to be held on August 13, 2021 by the Dolores Rotary Club (#1159).	CANCELLATION Town of Dolores, CO P.O. Box 630 Dolores, CO 81323 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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P1

Dolores Colorado

To: MAYOR AND TRUSTEES
From: Ken Charles, Dolores Town Manager
DT: July 22, 2021
RE: Meeting Information Update

Monday/s Town Board Meeting

On the agenda for our regular meeting Monday night, is a shortened agenda so that we can spend as much time as possible on the Strategic Plan. The Trustees begin with considering several items on the consent agenda followed by a public hearing and then action for the Whistlers Walk Restaurant liquor license. After that is a public hearing and action on the Conditional Use permit being requested by the High Country Releaf for a retail medical marihuana store. Once adjourned, the town will hold a workshop to develop the strategic plan. Patrick Rondinelli will be facilitating.

Stage 1 Fire Restrictions in Place Montezuma County (Continued)

The San Juan Forest lifted tier Stage 1 fire strictions Thursday July 22. All fire fighting crews that have been located nearby and the air fleet will be re-located toother parts of the country. The BLM has not lifted restrictions and neither has Montezuma County.

General Updates

- CDOT's 145 paving project is planned for competition by July 23.
- The sheriff working with public works has posted two not trespassing signs along Riverside 6th-9th.
- The town hired a new temporary seasonal public works crew member this month to fill the vacant position. This position is primarily parks maintenance and runs into October.
- There have been two meetings regarding the Community Intervention Program since our last meeting. The group is moving toward fine tuning the procedures and budget. The BOCC will be meeting in August to listen to the proposal. The county is key as they will need to house the program.
- New stop signs for Hillside and 8th or 9th and 6th and Riverside and a No Outlet sign for Second Street have been ordered.

Public Works

- The failed flow control valve that failed at the Water Treatment Plant has been repaired and the well is again producing 90,000 gallons/day. Water demand is down due to the recent rains.



Salter Y EA

The USFS released the approved Final Environmental Assessment, the Finding of No Significant Impact, and the Draft Decision Notice were released. Please find those documents here, under the *Analysis* tab on the project webpage: <https://www.fs.usda.gov/project/?project=57671>

The Objection Period for the project is open for 45 days from yesterday, June 23, when the notice was published. See the Objection Period Letter on the project website for additional details.

The town is reviewing the EA and will make its replies/objections by the due date. It appears that the town may have objections in the Safety, Noise and Impacts to Residents category. The town's new Model Traffic Code requires trucks over a certain size to have mufflers.

225. Mufflers - prevention of noise.

(1) Every motor vehicle subject to registration and operated on a highway shall at all times be equipped with an adequate muffler in constant operation and properly maintained to prevent any excessive or unusual noise, and no such muffler or exhaust system shall be equipped with a cut-off, bypass, or similar device. No person shall modify the exhaust system of a motor vehicle in a manner which will amplify or increase the noise emitted by the motor of such vehicle above that emitted by the muffler originally installed on the vehicle, and such original muffler shall comply with all of the requirements of this section.

(1.5) Any commercial vehicle, as defined in section 235 (1) (a), subject to registration and operated on a highway, that is equipped with an engine compression brake device is required to have a muffler.

(2) A muffler is a device consisting of a series of chamber or baffle plates or other mechanical design for the purpose of receiving exhaust gas from an internal combustion engine and effective in reducing noise.

(3) Any person who violates subsection (1) of this section commits a class B traffic infraction. Any person who violates subsection (1.5) of this section shall, upon conviction, be punished by a fine of five hundred dollars. Fifty percent of any fine for a violation of subsection (1.5) of this section occurring within the corporate limits of a city or town, or within the unincorporated area of a county, shall be transmitted to the treasurer or chief financial officer of said city, town, or county, and the remaining fifty percent shall be transmitted to the state treasurer, credited to the highway users tax fund, and allocated and expended as specified in section 205 (5.5)(a), C.R.S.

(4) This section shall not apply to electric motor vehicles.

Upcoming Events

- Farmers Market every Wednesday in Flanders Park
- Food Truck Fridays every Friday adjacent to the Kokopelli building
- August 7-Boggy Draw Beat Down bike race-Flanders Park
- August 13-15 Escalante Days Parks in Flanders Park
- August 14-15 Escalante Days Softball Tournament in JRP
- October 2 Harvest Fest in JRP

Draft
SYEA
10.1
P3

TO Dolores Mayor and Trustees
DT: July 26, 2020
From: Jen Stark & Ken Charles
RE: DRAFT Objection to San Juan Forest Service EA

This will serve as the formal objection from the Town of Dolores with the Salter Y EA and the amount of total projected heavy commercial traffic use of the FS Rd 526 to CR 31 with final exit from the Salter Y area through the town of Dolores via 11th street.

At the outset the Dolores Town Board of Trustees appreciates the additional efforts of the Forest Service in increasing communication regarding trail availability particularly in the Boggy Draw area. As stated by the Town previously, Boggy and the whole Glade area is a large economic partner to the Town of Dolores and any impacts or information that can be developed is valued and greatly appreciated. The Town would also like to recognize the thoughtful efforts made regarding no hauling during recreational compartments that are economically important to the town of Dolores. The additional development of larger and more concise information centers and partners to ensure public awareness and continued access to recreational areas on Boggy Draw is also greatly appreciated.

This objection from the town is primarily around the Dolores Districts lack of effort or commitment to aid in the redistribution of commercial hauling traffic utilizing the 11th street route in the total project hauling expectations.

The Town would like to restate that we will continue to strongly urge the Dolores District office to discover and pursue the development and use of alternative routes to the FS road 526, CR 31 which transitions to 11th street in town. Town officials were informed by the Dolores District office that approximately 75% of the total commercial hauling traffic would be using this route. This is a high volume of traffic over a long period of time and 11th street is adjacent to critical population areas such as Central Avenue and the elementary drop off and pickup up location of the local school.

Without any additional cooperation from the Dolores District office in diversification of commercial hauling traffic to alternative routes, currently town officials will be seeking to mitigate this traffic volume by restricting 11th street commercial traffic from 10p.m. to 6:00a.m. every evening, reducing speed limits to 20 miles per hour and requiring every hauling vehicle to use mufflers to reduce noise pollution. Following is a section from the Town of Dolores Model Traffic Code. The town requests that the following language be inserted into the bid documents or guidance materials for harvest contractors.

225. Mufflers - prevention of noise.

(1) Every motor vehicle subject to registration and operated on a highway shall at all times be equipped with an adequate muffler in constant operation and properly maintained to prevent any excessive or unusual noise, and no such muffler or exhaust system shall be equipped

with a cut-off, bypass, or similar device. No person shall modify the exhaust system of a motor vehicle in a manner which will amplify or increase the noise emitted by the motor of such vehicle above that emitted by the muffler originally installed on the vehicle, and such original muffler shall comply with all the requirements of this section.

(1.5) Any commercial vehicle, as defined in section 235 (1) (a), subject to registration and operated on a highway, that is equipped with an engine compression brake device is required to have a muffler.

(2) A muffler is a device consisting of a series of chamber or baffle plates or other mechanical design for the purpose of receiving exhaust gas from an internal combustion engine and effective in reducing noise.

(3) Any person who violates subsection (1) of this section commits a class B traffic infraction. Any person who violates subsection (1.5) of this section shall, upon conviction, be punished by a fine of five hundred dollars. Fifty percent of any fine for a violation of subsection

(1.5) of this section occurring within the corporate limits of a city or town, or within the unincorporated area of a county, shall be transmitted to the treasurer or chief financial officer of said city, town, or county, and the remaining fifty percent shall be transmitted to the state treasurer, credited to the highway users tax fund, and allocated and expended as specified in section 205 (5.5)(a), C.R.S.

The town is aware that the District Office can develop other routes and or stipulate in industry contracts that these regulations be followed. Any effort on the Dolores Districts part to reduce the percentage of the total project commercial hauling traffic to under 50% on this route would enable the Town to also monitor and seek to modify regulations on the use of 11th street to access Highway 145. The Town considers the Dolores District office a valuable neighbor and looks forward to continuing dialogue and efforts in meeting this requested mitigation to aid the Town in maintaining public health and safety throughout the lifetime of this project.

To: Dolores Town Board Trustees

From: Jennifer Stark/ Ken Charles

RE: Objection Comments: Salter Y EA

Trustees

As a reminder there were three items of focus the Town submitted regarding the Salter Y EA.

https://www.fs.usda.gov/nfs/11558/www/nepa/113183_FSPLT3_5642991.pdf

1. Impacts to Wildlife: These are the sorts of examples offered in the Alternative 2 to mitigate impacts to wildlife which the Town stated were economic drivers for local businesses regarding hunting.

Pg 28 of Final Salter Y EA:

CONDITIONS FOR RECOVERY OF THE DESIRED STRUCTURE OVER TIME (REYNOLDS ET AL. 1972).

3. Elk Production Habitat - Operations in Colorado Parks and Wildlife mapped elk production habitat will not occur from May 15 to June 30 without line officer approval. The only operation that will be approved is travel through mapped production areas to units outside of the production areas. This will only be approved after consultation with Colorado Parks and Wildlife about the amount of proposed use and access routes. This design feature only applies to the Turkey Knoll treatment block (Figure 15, appendix A).
 4. Critical Elk Winter Range - Operations in Colorado Parks and Wildlife mapped critical elk winter range will not occur from December 1 to April 30 without line officer approval. The only operation that the line officer will approve is travel through mapped winter range areas to units outside of the critical winter range. This will only be approved after consultation with Colorado Parks and Wildlife about the amount of proposed use and access routes. This design feature only applies to a portion of the Boggy treatment block (figure 14, appendix A).
 6. Consult with wildlife biologist prior to layout of projects that include oak and brush treatment in order to identify areas to be treated (assure benefit wildlife and maintain clumps of dense understory oak for turkey nesting habitat). Restrict oak and brush thinning treatments from April 1st to July 31st to reduce or eliminate impacts to ground nesting species during the general breeding season (birds, mammals, etc.).
2. No hauling during large economically advantageous activities in Dolores, these include (Pg. 12 of Final EA)

- e. No harvest activities or hauling will be allowed in recreation compartments 1 thru 4 during the annual Boggy Draw Beatdown mountain bike race day. From 12:00 A.M. the day of the event to 12:01 A.M. the following day (one day). (Occurs early August). No hauling will be allowed on Escalante Days (August), the Dolores River Festival (June), Ride of the Ancients Gravel Grinder (June) and the Dolores Harvest Festival and Car Show (October).

3. Affects to Boggy Draw and other trail systems...some examples of modification are below (also pg. 12 of Final EA):

- 5. For public safety purposes, clear and prominent signage, including maps and cutting units status, will be posted at the Boggy Draw trail head and at key trail points alerting the public to the presence of log trucks, trail closures and the status of cutting units where operations impact any system trails within the Boggy Draw and Turkey Knoll treatment blocks. In the event transportation routes cross system trails, caution signs alerting trail users of timber traffic or activity will be installed. If monitoring indicates speed is an issue, a clause requiring a 15 MPH speed limit within a quarter mile of trailheads or parking lots could be included in contract language to address the issue. Information signs will include the Forest Service number to report any unsafe activity or trail conditions.
- 8. Opportunities to limit trail closure and provide access to multiple trails from the Boggy Draw trailhead will be developed during the project implementation checklist process.

4. Mitigation of excessive commercial hauling and operations for public health and safety. This is the one area that no real effort was made on the Dolores District Office staff's part. The general tone was that commercial traffic was up to the Town to regulate if there were concerns with traffic on 11th street coming from FS 526 to CR 31 into 11th street. No effort was made to develop alternative routes or to designate a percentage below 75% of the overall project traffic utilizing the 11th street entry and exit. To that end we will provide objection to any effort to reduce this high percentage of project commercial traffic and will state that the town is prepared to pass and enforce commercial traffic for public health and safety.

Colorado Liquor Retail License Application

13.1 WW
PI

New License
 New-Concurrent
 Transfer of Ownership
 State Property Only
 Master file

- All answers must be printed in black ink or typewritten
- Applicant must check the appropriate box(es)
- Applicant should obtain a copy of the Colorado Liquor and Beer Code: www.colorado.gov/enforcement/liquor

1. Applicant is applying as a/an
 Individual
 Limited Liability Company
 Association or Other
 Corporation
 Partnership (includes Limited Liability and Husband and Wife Partnerships)

2. Applicant If an LLC, name of LLC; if partnership, at least 2 partner's names; if corporation, name of corporation FEIN Number
 Whistler's Walk LLC. 85-3425866

2a. Trade Name of Establishment (DBA) State Sales Tax Number Business Telephone
 Whistler's Walk 94577985-001 970-676-035

3. Address of Premises (specify exact location of premises, include suite/unit numbers)
 101 S. 11th St.

City County State ZIP Code
 Dolores Montezuma CO 81323

4. Mailing Address (Number and Street) City or Town State ZIP Code
 101 S. 11th St. Dolores CO 81323

5. Email Address
 rson@whistlerswalk.com

6. If the premises currently has a liquor or beer license, you must answer the following questions

Present Trade Name of Establishment (DBA)	Present State License Number	Present Class of License	Present Expiration Date

Section A Nonrefundable Application Fees* Section B (Cont.) Liquor License Fees*

<input checked="" type="checkbox"/> Application Fee for New License.....\$1,550.00 <input type="checkbox"/> Application Fee for New License w/Concurrent Review\$1,650.00 <input type="checkbox"/> Application Fee for Transfer\$1,550.00	<input type="checkbox"/> Liquor-Licensed Drugstore (County)\$312.50 <input type="checkbox"/> Lodging & Entertainment - L&E (City)\$500.00 <input type="checkbox"/> Lodging & Entertainment - L&E (County)\$500.00 <input type="checkbox"/> Manager Registration - H & R\$75.00 <input type="checkbox"/> Manager Registration - Tavern\$75.00 <input type="checkbox"/> Manager Registration - Lodging & Entertainment.....\$75.00 <input type="checkbox"/> Manager Registration - Campus Liquor Complex\$75.00 <input type="checkbox"/> Optional Premises License (City).....\$500.00 <input type="checkbox"/> Optional Premises License (County)\$500.00 <input type="checkbox"/> Racetrack License (City).....\$500.00 <input type="checkbox"/> Racetrack License (County).....\$500.00 <input type="checkbox"/> Resort Complex License (City).....\$500.00 <input type="checkbox"/> Resort Complex License (County).....\$500.00 <input type="checkbox"/> Related Facility - Campus Liquor Complex (City).....\$160.00 <input type="checkbox"/> Related Facility - Campus Liquor Complex (County)\$160.00 <input type="checkbox"/> Related Facility - Campus Liquor Complex (State).....\$160.00 <input type="checkbox"/> Retail Gaming Tavern License (City)\$500.00 <input type="checkbox"/> Retail Gaming Tavern License (County)\$500.00 <input type="checkbox"/> Retail Liquor Store License-Additional (City).....\$227.50 <input type="checkbox"/> Retail Liquor Store License-Additional (County).....\$312.50 <input type="checkbox"/> Retail Liquor Store (City).....\$227.50 <input type="checkbox"/> Retail Liquor Store (County).....\$312.50 <input type="checkbox"/> Tavern License (City).....\$500.00 <input type="checkbox"/> Tavern License (County).....\$500.00 <input type="checkbox"/> Vintners Restaurant License (City)\$750.00 <input type="checkbox"/> Vintners Restaurant License (County).....\$750.00
<p>Section B Liquor License Fees*</p> <input type="checkbox"/> Add Optional Premises to H & R.....\$100.00 X Total _____ <input type="checkbox"/> Add Related Facility to Resort Complex \$75.00 X Total _____ <input type="checkbox"/> Add Sidewalk Service Area.....\$75.00 <input type="checkbox"/> Arts License (City).....\$308.75 <input type="checkbox"/> Arts License (County)\$308.75 <input checked="" type="checkbox"/> Beer and Wine License (City).....\$351.25 <input type="checkbox"/> Beer and Wine License (County)\$436.25 <input type="checkbox"/> Brew Pub License (City)\$750.00 <input type="checkbox"/> Brew Pub License (County).....\$750.00 <input type="checkbox"/> Campus Liquor Complex (City).....\$500.00 <input type="checkbox"/> Campus Liquor Complex (County)\$500.00 <input type="checkbox"/> Campus Liquor Complex (State).....\$500.00 <input type="checkbox"/> Club License (City).....\$308.75 <input type="checkbox"/> Club License (County)\$308.75 <input type="checkbox"/> Distillery Pub License (City).....\$750.00 <input type="checkbox"/> Distillery Pub License (County)\$750.00 <input type="checkbox"/> Hotel and Restaurant License (City).....\$500.00 <input type="checkbox"/> Hotel and Restaurant License (County)\$500.00 <input type="checkbox"/> Hotel and Restaurant License w/one opt premises (City).....\$600.00 <input type="checkbox"/> Hotel and Restaurant License w/one opt premises (County).....\$600.00 <input type="checkbox"/> Liquor-Licensed Drugstore (City)\$227.50	

* Note that the Division will not accept cash

Questions? Visit: www.colorado.gov/enforcement/liquor for more information

Do not write in this space - For Department of Revenue use only

Liability Information			
License Account Number	Liability Date	License Issued Through (Expiration Date)	Total
			\$

Application Documents Checklist and Worksheet

13.1 WW

P2

Instructions: This checklist should be utilized to assist applicants with filing all required documents for licensure. All documents must be properly signed and correspond with the name of the applicant exactly. All documents must be typed or legibly printed. Upon final State approval the license will be mailed to the local licensing authority. Application fees are nonrefundable. **Questions? Visit:** www.colorado.gov/enforcement/liquor for more information

Items submitted, please check all appropriate boxes completed or documents submitted

I.	Applicant information <input checked="" type="checkbox"/> A. Applicant/Licensee identified <input checked="" type="checkbox"/> B. State sales tax license number listed or applied for at time of application <input checked="" type="checkbox"/> C. License type or other transaction identified <input type="checkbox"/> D. Return originals to local authority (additional items may be required by the local licensing authority) <input checked="" type="checkbox"/> E. All sections of the application need to be completed <input checked="" type="checkbox"/> F. Master file applicants must include the Application for Master File form DR 8415 and applicable fees to this Retail License Application
II.	Diagram of the premises <input checked="" type="checkbox"/> A. No larger than 8 1/2" X 11" <input checked="" type="checkbox"/> B. Dimensions included (does not have to be to scale). Exterior areas should show type of control (fences, walls, entry/exit points, etc.) <input type="checkbox"/> C. Separate diagram for each floor (if multiple levels) <input checked="" type="checkbox"/> D. Kitchen - identified if Hotel and Restaurant <input checked="" type="checkbox"/> E. Bold/Outlined Licensed Premises
III.	Proof of property possession (One Year Needed) <input type="checkbox"/> A. Deed in name of the applicant (or) (matching question #2) date stamped / filed with County Clerk <input type="checkbox"/> B. Lease in the name of the applicant (or) (matching question #2) <input type="checkbox"/> C. Lease assignment in the name of the applicant with proper consent from the landlord and acceptance by the applicant <input type="checkbox"/> D. Other agreement if not deed or lease. (matching question #2)
IV.	Background information (DR 8404-I) and financial documents <input checked="" type="checkbox"/> A. Complete DR 8404-I for each principal (individuals with more than 10% ownership, officers, directors, partners, members) <input checked="" type="checkbox"/> B. Fingerprints taken and submitted to the appropriate Local Licensing Authority through an approved state vendor. Do not complete fingerprint cards prior to submitting your application. The Vendors are as follows: IdentoGO – https://uenroll.identogo.com/ Phone: 844-539-5539 (toll-free) IdentoGO FAQs: https://www.colorado.gov/pacific/cbi/identification-faqs Colorado Fingerprinting – http://www.coloradofingerprinting.com Appointment Scheduling Website: http://www.coloradofingerprinting.com/cabs/ Phone: 720-292-2722 Toll Free: 833-224-2227 <input type="checkbox"/> C. Purchase agreement, stock transfer agreement, and/or authorization to transfer license <input checked="" type="checkbox"/> D. List of all notes and loans (Copies to also be attached)
V.	Sole proprietor/husband and wife partnership (if applicable) <input type="checkbox"/> A. Form DR 4679 <input type="checkbox"/> B. Copy of State issued Driver's License or Colorado Identification Card for each applicant
VI.	Corporate applicant information (if applicable) <input type="checkbox"/> A. Certificate of Incorporation <input type="checkbox"/> B. Certificate of Good Standing <input type="checkbox"/> C. Certificate of Authorization if foreign corporation (out of state applicants only)
VII.	Partnership applicant information (if applicable) <input type="checkbox"/> A. Partnership Agreement (general or limited). <input type="checkbox"/> B. Certificate of Good Standing
VIII.	Limited Liability Company applicant information (if applicable) <input type="checkbox"/> A. Copy of articles of organization <input type="checkbox"/> B. Certificate of Good Standing <input type="checkbox"/> C. Copy of Operating Agreement (if applicable) <input type="checkbox"/> D. Certificate of Authority if foreign LLC (out of state applicants only)
IX.	Manager registration for Hotel and Restaurant, Tavern, Lodging & Entertainment, and Campus Liquor Complex licenses when included with this application <input type="checkbox"/> A. \$75.00 fee <input type="checkbox"/> B. Individual History Record (DR 8404-I) <input type="checkbox"/> C. If owner is managing, no fee required

13.1 WW
P3

Name	Type of License	Account Number		
7. Is the applicant (including any of the partners if a partnership; members or managers if a limited liability company; or officers, stockholders or directors if a corporation) or managers under the age of twenty-one years?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
8. Has the applicant (including any of the partners if a partnership; members or managers if a limited liability company; or officers, stockholders or directors if a corporation) or managers ever (in Colorado or any other state):				
a. Been denied an alcohol beverage license?		<input type="checkbox"/> <input checked="" type="checkbox"/>		
b. Had an alcohol beverage license suspended or revoked?		<input type="checkbox"/> <input checked="" type="checkbox"/>		
c. Had interest in another entity that had an alcohol beverage license suspended or revoked?		<input type="checkbox"/> <input checked="" type="checkbox"/>		
If you answered yes to 8a, b or c, explain in detail on a separate sheet.				
9. Has a liquor license application (same license class), that was located within 500 feet of the proposed premises, been denied within the preceding two years? If "yes", explain in detail.		<input type="checkbox"/> <input checked="" type="checkbox"/>		
10. Are the premises to be licensed within 500 feet, of any public or private school that meets compulsory education requirements of Colorado law, or the principal campus of any college, university or seminary?		<input type="checkbox"/> <input checked="" type="checkbox"/>		
Waiver by local ordinance? <input type="checkbox"/> <input type="checkbox"/>				
Other: _____				
11. Is your Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 1500 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of greater than (>) 10,000? NOTE: The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.		<input type="checkbox"/> <input type="checkbox"/>		
12. Is your Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 3000 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of less than (<) 10,000? NOTE: The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.		<input type="checkbox"/> <input type="checkbox"/>		
13 a. For additional Retail Liquor Store only. Was your Retail Liquor Store License issued on or before January 1, 2016?		<input type="checkbox"/> <input type="checkbox"/>		
13 b. Are you a Colorado resident?		<input checked="" type="checkbox"/> <input type="checkbox"/>		
14. Has a liquor or beer license ever been issued to the applicant (including any of the partners, if a partnership; members or manager if a Limited Liability Company; or officers, stockholders or directors if a corporation)? If yes, identify the name of the business and list any <u>current</u> financial interest in said business including any loans to or from a licensee.		<input type="checkbox"/> <input type="checkbox"/>		
15. Does the applicant, as listed on line 2 of this application, have legal possession of the premises by ownership, lease or other arrangement?		<input type="checkbox"/> <input type="checkbox"/>		
<input checked="" type="checkbox"/> Ownership <input type="checkbox"/> Lease <input type="checkbox"/> Other (Explain in Detail) _____				
a. If leased, list name of landlord and tenant, and date of expiration, <u>exactly</u> as they appear on the lease:				
Landlord	Tenant	Expires		
b. Is a percentage of alcohol sales included as compensation to the landlord? If yes, complete question 16.		<input type="checkbox"/> <input checked="" type="checkbox"/>		
c. Attach a diagram that designates the area to be licensed in black bold outline (including dimensions) which shows the bars, brewery, walls, partitions, entrances, exits and what each room shall be utilized for in this business. This diagram should be no larger than 8 1/2" X 11".				
16. Who, besides the owners listed in this application (including persons, firms, partnerships, corporations, limited liability companies) will loan or give money, inventory, furniture or equipment to or for use in this business; or who will receive money from this business? Attach a separate sheet if necessary.				
Last Name	First Name	Date of Birth	FEIN or SSN	Interest/Percentage
Last Name	First Name	Date of Birth	FEIN or SSN	Interest/Percentage
Attach copies of all notes and security instruments and any written agreement or details of any oral agreement, by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment, and any agreement relating to the business which is contingent or conditional in any way by volume, profit, sales, giving of advice or consultation.				
17. Optional Premises or Hotel and Restaurant Licenses with Optional Premises:				
Has a local ordinance or resolution authorizing optional premises been adopted?		<input type="checkbox"/> <input checked="" type="checkbox"/>		
Number of additional Optional Premise areas requested. (See license fee chart)				
18. For the addition of a Sidewalk Service Area per Regulation 47-302(A)(4), include a diagram of the service area and documentation received from the local governing body authorizing use of the sidewalk. Documentation may include but is not limited to a statement of use, permit, easement, or other legal permissions.				
19. Liquor Licensed Drugstore (LLDS) applicants, answer the following:				
a. Is there a pharmacy, licensed by the Colorado Board of Pharmacy, located within the applicant's LLDS premise?		<input type="checkbox"/> <input type="checkbox"/>		
If "yes" a copy of license must be attached.				

DR 8404 (01/22/20)

Name	Type of License	Account Number		
20. Club Liquor License applicants answer the following: Attach a copy of applicable documentation				
a. Is the applicant organization operated solely for a national, social, fraternal, patriotic, political or athletic purpose and not for pecuniary gain?		Yes <input type="checkbox"/> No <input type="checkbox"/>		
b. Is the applicant organization a regularly chartered branch, lodge or chapter of a national organization which is operated solely for the object of a patriotic or fraternal organization or society, but not for pecuniary gain?		Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. How long has the club been incorporated?				
d. Has applicant occupied an establishment for three years (three years required) that was operated solely for the reasons stated above?		Yes <input type="checkbox"/> No <input type="checkbox"/>		
21. Brew-Pub, Distillery Pub or Vintner's Restaurant applicants answer the following:				
a. Has the applicant received or applied for a Federal Permit? (Copy of permit or application must be attached)		Yes <input type="checkbox"/> No <input type="checkbox"/>		
22. Campus Liquor Complex applicants answer the following:				
a. Is the applicant an institution of higher education?		Yes <input type="checkbox"/> No <input type="checkbox"/>		
b. Is the applicant a person who contracts with the institution of higher education to provide food services? If "yes" please provide a copy of the contract with the institution of higher education to provide food services.		Yes <input type="checkbox"/> No <input type="checkbox"/>		
23. For all on-premises applicants.				
a. Hotel and Restaurant, Lodging and Entertainment, Tavern License and Campus Liquor Complex, the Registered Manager must also submit an Individual History Record - DR 8404-I and fingerprint submitted to approved State Vendor through the Vendor's website. See application checklist, Section IV, for details.				
b. For all Liquor Licensed Drugstores (LLDS) the Permitted Manager must also submit a Manager Permit Application - DR 8000 and fingerprints.				
Last Name of Manager		First Name of Manager		
24. Does this manager act as the manager of, or have a financial interest in, any other liquor licensed establishment in the State of Colorado? If yes, provide name, type of license and account number.				
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
25. Related Facility - Campus Liquor Complex applicants answer the following:				
a. Is the related facility located within the boundaries of the Campus Liquor Complex? If yes, please provide a map of the geographical location within the Campus Liquor Complex. If no, this license type is not available for issues outside the geographical location of the Campus Liquor Complex.		Yes <input type="checkbox"/> No <input type="checkbox"/>		
b. Designated Manager for Related Facility- Campus Liquor Complex				
Last Name of Manager		First Name of Manager		
26. Tax Information.				
a. Has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or any other person with a 10% or greater financial interest in the applicant, been found in final order of a tax agency to be delinquent in the payment of any state or local taxes, penalties, or interest related to a business?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
b. Has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or any other person with a 10% or greater financial interest in the applicant failed to pay any fees or surcharges imposed pursuant to section 44-3-503, C.R.S.?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
27. If applicant is a corporation, partnership, association or limited liability company, applicant must list all Officers, Directors, General Partners, and Managing Members. In addition, applicant must list any stockholders, partners, or members with ownership of 10% or more in the applicant. All persons listed below must also attach form DR 8404-I (Individual History Record), and make an appointment with an approved State Vendor through their website. See application checklist, Section IV, for details.				
Name	Home Address, City & State	DOB	Position	%Owned
Jason Parker	601 N. Ash St, Cortez, CO.	11-24-1974	Owner/Manager	76%
Name	Home Address, City & State	DOB	Position	%Owned
Samuel Healy	31175 Hwy 184 Dolores, CO.	8-13-59	member	19%
Name	Home Address, City & State	DOB	Position	%Owned
Name	Home Address, City & State	DOB	Position	%Owned
Name	Home Address, City & State	DOB	Position	%Owned
** If applicant is owned 100% by a parent company, please list the designated principal officer on above.				
** Corporations - the President, Vice-President, Secretary and Treasurer must be accounted for above (Include ownership percentage if applicable)				
** If total ownership percentage disclosed here does not total 100%, applicant must check this box:				
<input checked="" type="checkbox"/> Applicant affirms that no individual other than these disclosed herein owns 10% or more of the applicant and does not have financial interest in a prohibited liquor license pursuant to Article 3 or 5, C.R.S.				

DR 8404 (01/22/20)

Name WHISLERS WALK	Type of License BEER & WINE	Account Number	
Oath Of Applicant			
I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Colorado Liquor or Beer Code which affect my license.			
Authorized Signature 	Printed Name and Title Jason Parker Owner/manager	Date 6-29-2021	
Report and Approval of Local Licensing Authority (City/County)			
Date application filed with local authority 7-1-2021	Date of local authority hearing (for new license applicants; cannot be less than 30 days from date of application)		
The Local Licensing Authority Hereby Affirms that each person required to file DR 8404-I (Individual History Record) or a DR 8000 (Manager Permit) has been:			
<input checked="" type="checkbox"/> Fingerprinted <input checked="" type="checkbox"/> Subject to background investigation, including NCIC/CCIC check for outstanding warrants			
That the local authority has conducted, or intends to conduct, an inspection of the proposed premises to ensure that the applicant is in compliance with and aware of, liquor code provisions affecting their class of license			
(Check One)			
<input type="checkbox"/> Date of inspection or anticipated date _____ <input type="checkbox"/> Will conduct inspection upon approval of state licensing authority			
<input type="checkbox"/> Is the Liquor Licensed Drugstore (LLDS) or Retail Liquor Store (RLS) within 1,500 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of > 10,0000?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<input type="checkbox"/> Is the Liquor Licensed Drugstore(LLDS) or Retail Liquor Store (RLS) within 3,000 feet of another retail liquor license for off-premises sales in a jurisdiction with a population of < 10,0000?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
NOTE: The distance shall be determined by a radius measurement that begins at the principal doorway of the LLDS/RLS premises for which the application is being made and ends at the principal doorway of the Licensed LLDS/RLS.			
<input type="checkbox"/> Does the Liquor-Licensed Drugstore (LLDS) have at least twenty percent (20%) of the applicant's gross annual income derived from the sale of food, during the prior twelve (12) month period?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
The foregoing application has been examined; and the premises, business to be conducted, and character of the applicant are satisfactory. We do report that such license, if granted, will meet the reasonable requirements of the neighborhood and the desires of the adult inhabitants, and will comply with the provisions of Title 44, Article 4 or 3, C.R.S., and Liquor Rules. Therefore, this application is approved.			
Local Licensing Authority for	Telephone Number	<input type="checkbox"/> Town, City <input type="checkbox"/> County	
Signature	Print	Title	Date
Signature	Print	Title	Date

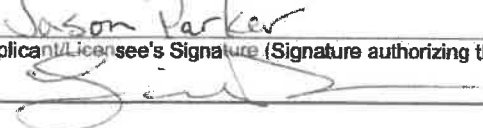
Tax Check Authorization, Waiver, and Request to Release Information

I, Jason Parker am signing this Tax Check Authorization, Waiver and Request to Release Information (hereinafter "Waiver") on behalf of Whistler's Walk LLC (the "Applicant/Licensee") to permit the Colorado Department of Revenue and any other state or local taxing authority to release information and documentation that may otherwise be confidential, as provided below. If I am signing this Waiver for someone other than myself, including on behalf of a business entity, I certify that I have the authority to execute this Waiver on behalf of the Applicant/Licensee.

The Executive Director of the Colorado Department of Revenue is the State Licensing Authority, and oversees the Colorado Liquor Enforcement Division as his or her agents, clerks, and employees. The information and documentation obtained pursuant to this Waiver may be used in connection with the Applicant/Licensee's liquor license application and ongoing licensure by the state and local licensing authorities. The Colorado Liquor Code, section 44-3-101, et seq. ("Liquor Code"), and the Colorado Liquor Rules, 1 CCR 203-2 ("Liquor Rules"), require compliance with certain tax obligations, and set forth the investigative, disciplinary and licensure actions the state and local licensing authorities may take for violations of the Liquor Code and Liquor Rules, including failure to meet tax reporting and payment obligations.

The Waiver is made pursuant to section 39-21-113(4), C.R.S., and any other law, regulation, resolution or ordinance concerning the confidentiality of tax information, or any document, report or return filed in connection with state or local taxes. This Waiver shall be valid until the expiration or revocation of a license, or until both the state and local licensing authorities take final action to approve or deny any application(s) for the renewal of the license, whichever is later. Applicant/Licensee agrees to execute a new waiver for each subsequent licensing period in connection with the renewal of any license, if requested.

By signing below, Applicant/Licensee requests that the Colorado Department of Revenue and any other state or local taxing authority or agency in the possession of tax documents or information, release information and documentation to the Colorado Liquor Enforcement Division, and is duly authorized employees, to act as the Applicant's/Licensee's duly authorized representative under section 39-21-113(4), C.R.S., solely to allow the state and local licensing authorities, and their duly authorized employees, to investigate compliance with the Liquor Code and Liquor Rules. Applicant/Licensee authorizes the state and local licensing authorities, their duly authorized employees, and their legal representatives, to use the information and documentation obtained using this Waiver in any administrative or judicial action regarding the application or license.

Name (Individual/Business) <u>Whistler's Walk LLC</u>		Social Security Number/Tax Identification Number <u>95-3425866</u>	
Address <u>101 S. 11th St</u>			
City <u>Dolores</u>		State <u>CO</u>	Zip <u>81323</u>
Home Phone Number		Business/Work Phone Number <u>970-676-0555</u>	
Printed name of person signing on behalf of the Applicant/Licensee <u>Jason Parker</u>			
Applicant/Licensee's Signature (Signature authorizing the disclosure of confidential tax information) 			Date signed <u>6-28-2021</u>

Privacy Act Statement

Providing your Social Security Number is voluntary and no right, benefit or privilege provided by law will be denied as a result of refusal to disclose it. § 7 of Privacy Act, 5 USCS § 552a (note).

INDIVIDUAL HISTORY RECORD

To be completed by the following persons, as applicable: sole proprietors; general partners regardless of percentage ownership, and limited partners owning 10% or more of the partnership; all principal officers of a corporation, all directors of a corporation, and any stockholder of a corporation owning 10% or more of the outstanding stock; managing members or officers of a limited liability company, and members owning 10% or more of the company; and any intended registered manager of Hotel and Restaurant or Tavern class of retail license.

NOTICE: This individual history record requires information that is necessary for the licensing investigation or inquiry. All questions must be answered in their entirety or the license application may be delayed or denied. If a question is not applicable, please indicate so by "N/A". Any deliberate misrepresentation or material omission may jeopardize the license application.

1. Name of Business

Whistler's Walk LLC.

2. Your Full Name (last, first, middle)

Jason Allen Parker

3. List any other names you have used.

4. Mailing address (if different from residence)

601 N. Ash St. Cortez, CO. 81321

5. List current residence address. Include any previous addresses within the last five years (attach separate sheet if necessary).

STREET AND NUMBER	CITY, STATE, ZIP	FROM	TO
Current 601 N. Ash St.	Cortez, CO. 81321	10-2020	Current
Previous 5657 Riverside Dr	Sugar Hill, GA. 30514	10-2019	10-2020

6. List all employment within the last five years. Include any self employment. (Attach separate sheet if necessary)

NAME OF EMPLOYER OR BUSINESS	ADDRESS (STREET, NUMBER, CITY, STATE, ZIP)	POSITION HELD	FROM	TO
Sterling Hospital	447 O Chamblee Rd. Atlanta, GA 30338	General Manager	10-2019	03-2020
BJ's Brew house	7755 Centex Ave. Huntington Beach CA. 92647	Chef	12-2014	03-2019

7. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry.

NAME OF RELATIVE	RELATIONSHIP TO YOU	POSITION HELD	NAME OF LICENSEE

8. Have you ever applied for, held, or had an interest in a Colorado Liquor or Beer License, or loaned money, furniture, fixtures, equipment or inventory to any licensee? If yes, answer in detail.

Yes No

9. Have you ever received a violation notice, suspension, or revocation for a liquor law violation, or have you applied for or been denied a liquor or beer license anywhere in the United States? If yes, explain in detail.

Yes No

10. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? (If yes, explain in detail.)

Yes No

11. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? (if yes, explain in detail.)

Yes No

12. Have you ever had any professional license suspended, revoked, or denied? (If yes, explain in detail.)

Yes No

PERSONAL AND FINANCIAL INFORMATION

Unless otherwise provided by law, the personal information required in question #13 will be treated as confidential. The personal information required in question #13 is solely for identification purposes.

13a. Date of Birth 11-24-1974		b. Social Security Number SSN 437-67-3438		c. Place of Birth Conway, AR.		d. U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
e. If Naturalized, State where				f. When		g. Name of District Court	
h. Naturalization Certificate Number		i. Date of Certification		j. If an Alien, Give Alien's Registration Card Number		k. Permanent Residence Card Number	
l. Height 6'1"	m. Weight 160	n. Hair Color Br	o. Eye Color Gr	p. Sex M	q. Race C	r. Do you have a current Driver's License? If so, give number and state <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

14. Financial Information.

a. Total purchase price \$ 255,000 (if buying an existing business) or investment being made by the applying entity, corporation, partnership, limited liability company, other \$

b. List the total amount of your investment in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases or fees paid \$

c. Provide details of the investment described in 14.b. You must account for all of the sources of this investment. Attach a separate sheet if needed.

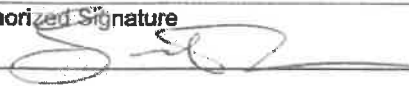
Type: Cash, Services or Equipment	Source	Amount
Cash	Family	24,000

d. Loan Information (attach copies of all notes or loans)

Name of Lender	Address	Term	Security	Amount
First National Bank Cortez	2254 E. Main St Cortez, CO	25 yr		70,000
Region 9	135 Burnett Dr. #1 Parango, CO 81301	10 yr		100,000

Oath of Applicant

I declare under penalty of perjury that this application and all attachments are true, correct, and complete to the best of my knowledge.

Authorized Signature 	Title owner/manager	Date 6-28-2021
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13.1 WW
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SPECIAL WARRANTY DEED

THIS DEED, Made this 30th Day of October, 2020

Between **CASEY N. MCCLELLAN**

of the County of Montezuma and State of Colorado, grantor

and **WHISTLER'S WALK LLC, A COLORADO LIMITED LIABILITY COMPANY**

whose legal address is

of the County of _____ and State of _____, grantee

WITNESSETH, That the grantor for and in consideration of the sum of
-----**TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION**-----
the receipt and sufficiency of which is hereby acknowledged, has granted, bargained, sold and conveyed, and by these presents does grant, bargain, sell, convey and confirm, unto the grantee, its successors and assigns forever, all the real property together with improvements, if any, situate, lying and being in the County of Montezuma and State of Colorado described as follows:

SEE ATTACHED EXHIBIT "A"

As known by street and number as: 101 S 11th St
Dolores, CO 81323

TOGETHER with all and singular the hereditaments and appurtenances thereunto belonging, or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof, and all the estate, right, title, interest, claim and demand whatsoever of the grantor, either in law or equity, of, in and to the above bargained premises, with the hereditaments and appurtenances.

TO HAVE AND TO HOLD the said premises above bargained and described, with the appurtenances, unto the grantee, its successors and assigns forever. The grantor, for himself, his heirs, personal representatives, successors does covenant, and agree that the grantor shall and will **WARRANT AND FOREVER DEFEND** the above bargained premises in the quiet and peaceable possession of the grantee, its successors and assigns, against all and every person or persons lawfully claiming the whole or any part thereof, by, through or under the grantor, except: 2020 taxes due and payable in the year 2021. Subject to Statutory Exceptions as defined in CRS § 38-30-113(5).

The singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

IN WITNESS WHEREOF, the grantor has executed this deed on the date set forth above.



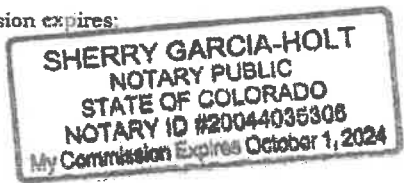
CASEY N. MCCLELLAN

STATE OF COLORADO
COUNTY OF MONTEZUMA


The foregoing instrument was acknowledged before me this 30TH Day of October, 2020

By: **CASEY N. MCCLELLAN**

My commission expires:

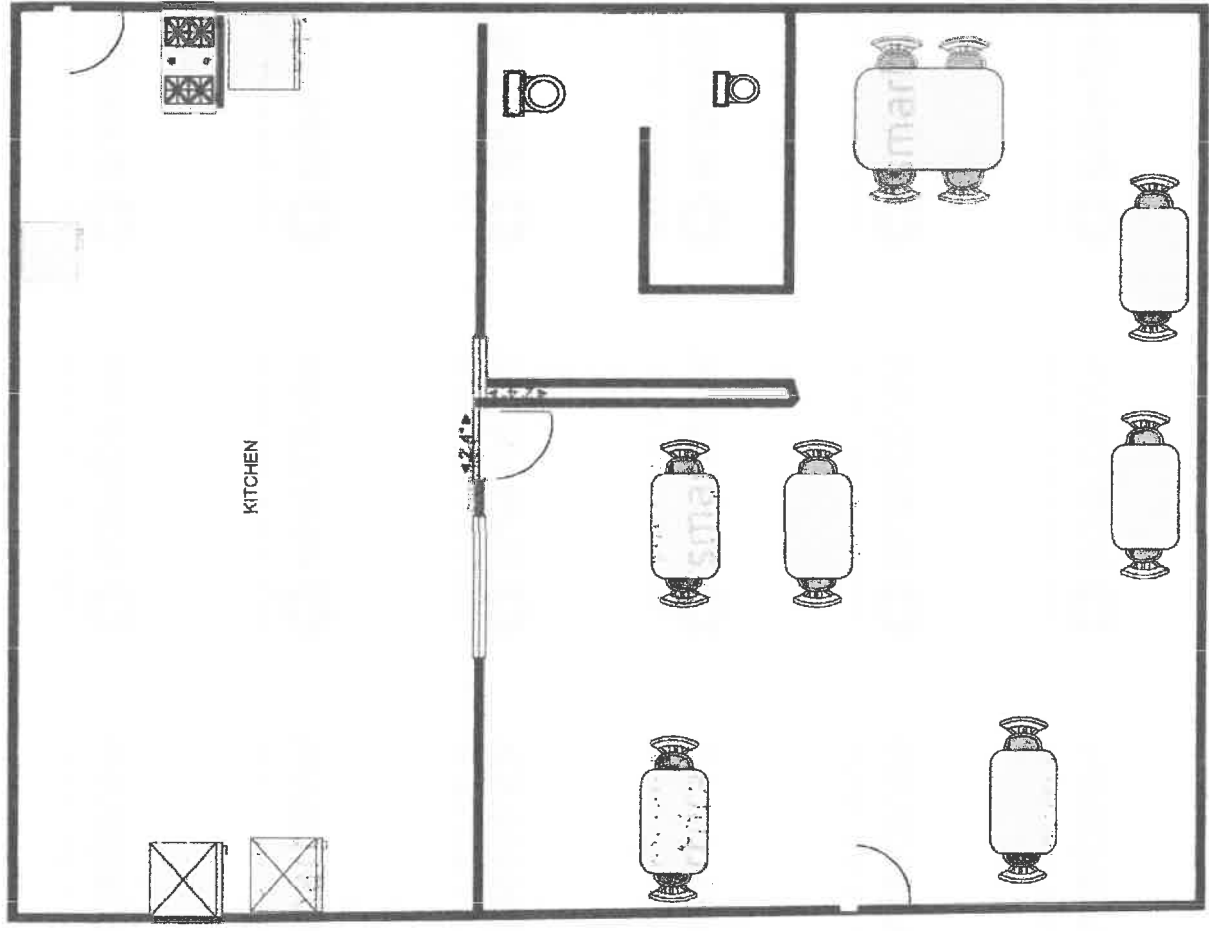


Witness my hand and official seal



Notary Public

13.1 WW
P10



Scale = 1/48

Individual History Record

To be completed by the following persons, as applicable: sole proprietors; general partners regardless of percentage ownership, and limited partners owning 10% or more of the partnership; all principal officers of a corporation, all directors of a corporation, and any stockholder of a corporation owning 10% or more of the outstanding stock; managing members or officers of a limited liability company, and members owning 10% or more of the company; and any intended registered manager of Hotel and Restaurant, Tavern and Lodging and Entertainment class of retail license

Notice: This individual history record requires information that is necessary for the licensing investigation or inquiry. All questions must be answered in their entirety or the license application may be delayed or denied. If a question is not applicable, please indicate so by "N/A". Any deliberate misrepresentation or material omission may jeopardize the license application. (Please attach a separate sheet if necessary to enable you to answer questions completely)

1. Name of Business WHISTERS WALK INC	Home Phone Number 978-884-8194	Cellular Number
---	--	-----------------

2. Your Full Name (last, first, middle) SAMUEL B. HEALY	3. List any other names you have used
---	---------------------------------------

4. Mailing address (if different from residence) 31175 HWY 184, DOLORES, CO	Email Address HEALY@LAKECLEMO.COM
---	---

5. List current residence address. Include any previous addresses within the last five years. (Attach separate sheet if necessary)

Street and Number	City, State, Zip	From	To
Current 31175 HWY 184	DOLORES, CO 81323	7/10/20	Present
Previous	PHOENIX, AZ 85085	1/15/10	7/10/20

6. List all employment within the last five years. Include any self-employment. (Attach separate sheet if necessary)

Name of Employer or Business	Address (Street, Number, City, State, Zip)	Position Held	From	To
TT ELECTRONICS		MGR	2003	2019

7. List the name(s) of relatives working in or holding a financial interest in the Colorado alcohol beverage industry.

Name of Relative	Relationship to You	Position Held	Name of Licensee
N/A			

8. Have you ever applied for, held, or had an interest in a Colorado Liquor or Beer License, or loaned money, furniture, fixtures, equipment or inventory to any licensee? (If yes, answer in detail.) Yes No

9. Have you ever received a violation notice, suspension, or revocation for a liquor law violation, or have you applied for or been denied a liquor or beer license anywhere in the United States? (If yes, explain in detail.) Yes No

10. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? (If yes, explain in detail.) Yes No

11. Are you currently under probation (supervised or unsupervised), parole, or completing the requirements of a deferred sentence? (If yes, explain in detail.) Yes No

12. Have you ever had any professional license suspended, revoked, or denied? (If yes, explain in detail.) Yes No

Personal and Financial Information

Unless otherwise provided by law, the personal information required in question #13 will be treated as confidential. The personal information required in question #13 is solely for identification purposes.

13a. Date of Birth 8/13/59		b. Social Security Number 195-52-1923		c. Place of Birth SCRANTON PA		d. U.S. Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
e. If Naturalized, state where				f. When		g. Name of District Court	
h. Naturalization Certificate Number		i. Date of Certification		j. If an Alien, Give Alien's Registration Card Number		k. Permanent Residence Card Number	
l. Height	m. Weight	n. Hair Color	o. Eye Color	p. Gender	q. Do you have a current Driver's License/ID? If so, give number and state. <input type="checkbox"/> Yes <input type="checkbox"/> No # _____ State _____		

14. Financial Information.

a. Total purchase price or investment being made by the applying entity, corporation, partnership, limited liability company, other.
\$ 255,000

b. List the total amount of the personal investment, made by the person listed on question #2, in this business including any notes, loans, cash, services or equipment, operating capital, stock purchases or fees paid. \$ _____

* If corporate investment only please skip to and complete section (d)
** Section b should reflect the total of sections c and e

c. Provide details of the personal investment described in 14b. You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment	Account Type	Bank Name	Amount

d. Provide details of the corporate investment described in 14 (a). You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment	Loans	Account Type	Bank Name	Amount

e. Loan Information (Attach copies of all notes or loans)

Name of Lender	Address	Term	Security	Amount
First National Bank of Pa Region 9		5yr		170,000
		10yr		100,000

Oath of Applicant

I declare under penalty of perjury that this application and all attachments are true, correct, and complete to the best of my knowledge.

Authorized Signature <i>Sam B Healy</i>	Print Signature SAMUEL B HEALY	Title OWNER	Date
--	-----------------------------------	----------------	------

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Whistler's Walk LLC

is a

Limited Liability Company

formed or registered on 08/01/2020 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20201670749 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/28/2021 that have been posted, and by documents delivered to this office electronically through 06/30/2021 @ 09:52:54 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 06/30/2021 @ 09:52:54 in accordance with applicable law. This certificate is assigned Confirmation Number 13270660 .



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****
Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

(City) CO (State) _____ (ZIP Code)

(The following statement is adopted by marking the box.)

The person appointed as registered agent has consented to being so appointed.

4. The true name and mailing address of the person forming the limited liability company are

Name
(if an individual) Noble Morgan
(Last) (First) (Middle) (Suffix)

or

(if an entity)
(Caution: Do not provide both an individual and an entity name.)

Mailing address 1942 Broadway St.
(Street number and name or Post Office Box information)
Ste 314C
Boulder CO 80302
(City) (State) (ZIP/Postal Code)
United States
(Province - if applicable) (Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

The limited liability company has one or more additional persons forming the limited liability company and the name and mailing address of each such person are stated in an attachment.

5. The management of the limited liability company is vested in

(Mark the applicable box.)

one or more managers.

or

the members.

6. (The following statement is adopted by marking the box.)

There is at least one member of the limited liability company.

7. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

8. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are _____
(mm/dd/yyyy hour:minute am/pm)

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

13.1 WW
P15

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is named in the document as one who has caused it to be delivered.

9. The true name and mailing address of the individual causing the document to be delivered for filing are

Noble		Morgan	
	<small>(Last)</small>	<small>(First)</small>	<small>(Middle)</small> <small>(Suffix)</small>
906 W. 2nd Ave			
<small>(Street number and name or Post Office Box information)</small>			
Ste 100			
Spokane		WA	99201
	<small>(City)</small>	<small>(State)</small>	<small>(ZIP/Postal Code)</small>
		United States	
<small>(Province – if applicable)</small>		<small>(Country)</small>	

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Disclaimer:

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).

13.1 WW
P 16



Colorado Secretary of State
Date and Time: 08/01/2020 12:16 PM
ID Number: 20201670749
Document number: 20201670749
Amount Paid: \$50.00

Document must be filed electronically.
Paper documents are not accepted.
Fees & forms are subject to change.
For more information or to print copies
of filed documents, visit www.sos.state.co.us.

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Organization

filed pursuant to § 7-90-301 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is

Whistler's Walk LLC

(The name of a limited liability company must contain the term or abbreviation "limited liability company", "ltd. liability company", "limited liability co.", "ltd. liability co.", "limited", "l.l.c.", "llc", or "ltd.". See §7-90-601, C.R.S.)

(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

2. The principal office address of the limited liability company's initial principal office is

Street address

1942 Broadway St.

(Street number and name)

Ste 314C

Boulder

(City)

CO

(State)

80302

(ZIP/Postal Code)

United States

(Province - if applicable)

(Country)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City)

(State)

(ZIP/Postal Code)

(Province - if applicable)

(Country)

3. The registered agent name and registered agent address of the limited liability company's initial registered agent are

Name

(if an individual)

(Last)

(First)

(Middle)

(Suffix)

or

(if an entity)

NORTHWEST REGISTERED AGENT, LLC

(Caution: Do not provide both an individual and an entity name.)

Street address

1942 Broadway St.

(Street number and name)

Ste 314C

Boulder

(City)

CO

(State)

80302

(ZIP Code)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

Dear Publication Department:

Please print the following publication(s) in your paper on the publication dates that follow the notices. Send the bill to the Town of Dolores, P O Box 630, Dolores, Colorado 81323.

Please call me at 882-7720, if you have any questions.

Tammy Neely
Dolores Town Clerk

TOWN OF DOLORES
BOARD OF TRUSTEES

Public Hearing for an application for a
Beer and Wine License (On Premise)

NOW, THEREFORE, BE IT KNOWN, that notice is hereby given of a Public Hearing before the Town Board at 6:30 P.M. on July 26th, 2021, at the Dolores Town Hall, 420 Central Avenue, Dolores, CO 81323, and virtually see website at:
<https://townofdolores.colorado.gov>

The purpose of this hearing is to consider a Beer and Wine License (On Premise) for Whistler's Walk LLC dba Whistler's Walk, located on 101 S 11th Street in Dolores Colorado.

Comments and remonstrance's can be made in writing and sent to: Attn. Town Clerk, Dolores Town Hall, P O Box 630, Dolores Co. 81323 or email tammy@townofdolores.com.

Done this 6th day of July 2021.
/s/ Tammy Neely, Dolores Town Clerk

Published in The Journal July 7th, 2021.



13.2
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P1

Discussion and Possible Action

**Meeting Date: July 26, 2021
AGENDA DOCUMENTATION
ITEM**

TO: DOLORES Mayor and Trustees

**FROM: KEN CHARLES
INTERIM TOWN MANAGER**

SUBJECT: DISCUSSION AND POSSIBLE ACTION CONCERNING REVIEW OF A CONDITIONAL USE PERMIT

PURPOSE AND BACKGROUND

Dolores Land Use Code Article VI (K)

“General. A Conditional Use is a use that may or may not be appropriate in each location, depending upon the circumstances and the conditions imposed upon the approval of the use. Conditions shall be designed to reasonably mitigate adverse impacts of the use upon surrounding properties. Conditional Use Permits may be approved for the uses indicated in the use regulations of the zoning district of the property for which the Conditional Use Permit is requested, see Article III.C.(1) Schedule of Use Table and Appendix A of Ordinance 546.

Review by Planning Commission. Before acting on any proposed Conditional Use, the Board of Trustees shall submit the same to the Planning Commission for its recommendation, and report. Public hearing required. The Planning Commission shall hold a public hearing on any application for Conditional Use Permit prior to making its recommendation to the Board of Trustees”.

High Country Releaf has applied for a Conditional Use permit for the property located at **102 Railroad for a Retail Marijuana Establishment**. The property is in the Commercial-Highway Zone. Retail Marijuana establishment is a Permitted in the CH Zoning District. “A conditional use permit is required for any proposed marijuana business adjacent to any residential districts or any existing residential use”. Appendix A, Ordinance 546, Permitted Use Table. 102 Railroad is located adjacent to a residence and adjacent to a R 1 zoning district.

The Land Use Code describes the areas/types of conditions that may be imposed. Article VI Administration and Procedures Section K-5 (b) Conditions of approval. “The Board of Trustees may, in the interest of the public welfare and to assure compliance of this Code, establish conditions of operation, location, arrangement and construction of any use for which a permit is authorized.

In authorizing the location of any use listed as a Conditional Use Permit, the Board of Trustees may impose such development conditions as necessary to mitigate impact on public facilities and services, including but not limited to:

- water, sewer, streets, street lighting, etc.

The Board may impose development standards and safeguards as the conditions and location indicate important to the welfare and protection of adjacent property from:

- noise, vibration, dust, dirt, smoke, fumes, gas, odor, explosion, glare, traffic circulation or other undesirable or hazardous conditions”.

Article VI Administration and Procedures Section K-4 (b) Notification requirements. (1) The Town shall cause notice of the public hearing of the Planning Commission to be given by one publication in a newspaper of



13.2
CUP
P2

general circulation in the Town of Dolores without the necessity of notifying property owners by mail. Such notice shall state the time and place of such hearing and the nature of the subject to be considered, which time shall not be earlier than 10 days from the date of publication. (2) The Town shall mail the written notice of public hearing before the Planning Commission on the proposed amendment or change, after obtaining a copy of the notice from the Town Staff to the owners of all real property within 200 feet of the property on which the change is requested. The notice shall be given not less than 15 days before the date set for hearing by depositing in the mail such notice properly addressed and postage paid to each such owner as the ownership appears on the last approved County tax roll. Applicants shall provide proof of mailing of notice to the Town prior to the hearing that is the subject of the mailing of a notice.

Town staff has complied with the notification requirements for tonight's public hearing and has notified property owners within 200 feet of the property.

RECOMMENDATIONS

On July 20 the Dolores Planning and Zoning Commission held a public hearing, discussed the comments and after the public hearing approved the Conditional Use request with the following conditions:

1. Signs-must meet code and face Hwy 145 (Railroad Ave),
2. Signage lights only illuminated during operational hours.
3. Additional Parking Sign that directs marijuana customers to west side of building.
4. A sign that directs Rustic Style Furniture customers to west side of building.
5. Build a privacy fence on the agreed upon boundary between 102 Railroad Ave and 200 S 2nd.
6. Dark Sky compliant lighting will be met per application.

After the public hearing and reviewing any written comments, The Town Trustees can approve the conditional use permit, approve with conditions, or disapprove the conditional use permit.

ATTACHMENTS

- Public Notice
- Briefing for Conditional Use
- LUC Section VI (K) Conditional Use
- Letter to property owners within 200'
- Maps and sketches
- Appendix Dolores Marijuana Code

13.2
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P3

**TOWN OF DOLORES
TOWN BOARD OF TRUSTEES
PUBLIC HEARING FOR**

**CONDITIONAL USE PERMIT APPLICATION FOR
A RETAIL MARIJUANA ESTABLISHMENT LICENSE AT
102 RAILROAD AVE
AS REQUIRED BY ORDINANCE #546 REGULATION OF MARIJUANA
ESTABLISHMENTS**

NOW, THEREFORE, BE IT KNOWN, that notice is hereby given of a Public Hearing before the Dolores Town Board of Trustees at 6:30 P.M. on Monday July 26, 2021 in person at 420 Central Ave or by virtual link provided here:

Join Zoom Meeting
<https://zoom.us/j/92577038337>

Meeting ID: 925 7703 8337
One tap mobile
+12532158782,,92577038337# US (Tacoma)
+13462487799,,92577038337# US (Houston)

The purpose of this hearing is for the Board of Trustees to determine if the applicant has met the requirements of the application process for a Conditional Use permit and if any conditions must be established for the permit to be approved.

The Conditional Use permit is a requirement of Ordinance 546 series 2020 Appendix A - Permitted Use Table for a Retail Marijuana establishment which is situated in a permitted zone that is adjacent to a residential zone or residential use. The applicant receiving the Retail Marijuana License will be located in the Commercial Highway Zone that is adjacent to a Residential zone.

The applicant must meet all the requirements of the application process and the Planning Commission has submitted a recommendation to the Board of Trustees for approval.

If you cannot attend the public hearing, all comments shall be in writing to Town of Dolores, P.O. Box 630, Dolores, CO or deliver to 420 Central Avenue, Dolores, CO 81323 or by email to Tammy@townofdolores.com

Done this 30th day of June 2021.
/s/ Tammy Neely, Town Clerk
Publish in the-Journal Wednesday July 14, 2021



13.2
CUP
P4

Subject – Conditional use permit for a retail marijuana business located at 102 Railroad Avenue

Reason for conditional use permit – The Town of Dolores Ordinance 546 allows marijuana businesses to be in CH – Commercial Highway, CB-1 – Community Business 1 and CB-2 – Community Business 2 zones. It requires a conditional use permit for those locations that border a residential zone. The location at 102 Railroad is adjacent to an R-1 residential property.

The conditional use permit states that, “The Board of Trustees *MAY*, in the interest of the public welfare and to ensure compliance of this code”,

- A. Establish conditions of operation,
- B. Location,
- C. Arrangement and construction

A. Conditions of Operation

Ordinance 546 Section 2.26 regulates the following

1. Covers the hours of operation
 - a. This item is addressed, and all requirements are met with the submitted application
2. Covers odors
 - a. This item is addressed, and all requirements are met with the submitted application
3. Covers age verification of purchasers
 - a. This item is addressed, and all requirements are met with the submitted application
4. Covers location of sales
 - a. This item is addressed, and all requirements are met with the submitted application
5. Covers no drive through sales
 - a. This item is addressed, and all requirements are met with the submitted application
6. Covers packaging
 - a. This item is addressed, and all requirements are met with the submitted application
7. Covers providing information on drug abuse treatment
 - a. This item is addressed, and all requirements are met with the submitted application
8. Covers no consumption on the property
 - a. This item is addressed, and all requirements are met with the submitted application

B. Location

In authorizing the location of any use listed as Conditional Use Permit, the Board of Trustees may impose such development conditions as necessary to mitigate impact on public facilities and services, including, but not limited to, water, sewer, streets, street lighting, etc.

1. Water – The impact to the water system is minimal with only one small bathroom



13.2
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P5

2. Sewer – The impact to the sewer system is minimal with only one small bathroom
3. Streets – The impact to streets will be minimal as only passenger vehicles are allowed on 2nd street
4. Street lighting – No additional street lighting is being added and lighting will meet dark skies requirements
5. Other – No other requirements were spelled out

The Board may impose development standards and safeguards as the conditions and location indicate important to the welfare and protection of adjacent property from the following items.

1. Noise – This item is addressed, and all requirements are met with the submitted application
2. Vibration - This item is addressed, and all requirements are met with the submitted application
3. Dust – 2nd Street is a dead-end street, and the subject property is at the beginning of the street, there will be very little dust created.
4. Dirt – This is an existing property and there will be no disturbance of the dirt
5. Smoke – There will be no additional smoke created (The existing wood shop has a wood stove and no other wood stoves will be added)
6. Fumes – There are specialized filtration units in use that will reduce odors – This is regulated by Ordinance 546
7. Gas – This is a non-issue
8. Odor – Addressed with the specialized filtration units – This is regulated by Ordinance 546
9. Explosion – This issue is addressed with the fire suppression system
10. Glare – This issue is addressed with the dark sky's requirement
11. Traffic circulation – The application meets all requirements for parking including accessible parking – The subject property is accessed directly from Railroad Avenue and will provide ample circulation
12. Undesirable or hazardous conditions – There are no other issues that meeting these two items

C. Arrangement and Construction

This is an existing building and there will be no extension of this building. There will also be no change to the exterior of the building. All setbacks and other items such as, lot coverage, lot size, building location, landscaping, exterior finish, are existing and will remain the same.

I. **Conditional Use Permits**

1. **General.** A Conditional Use is a use that may or may not be appropriate in a given location depending upon the circumstances and the conditions imposed upon the approval of the use. Conditions shall be designed to reasonably mitigate adverse impacts of the use upon surrounding properties. Conditional Use Permits may be approved for the uses indicated in the use regulations of the zoning district of the property for which the Conditional Use Permit is requested, see Article III.C.(1) Schedule of Use Table. Any change or expansion of a Conditional Use shall require a new Conditional Use Permit pursuant to the terms of this Article VI.K.
2. **Pre-application conference.** Prior to the filing of a Conditional Use Permit application, the Applicant shall meet with the Zoning Administrator or his or her designated agent to acquaint himself or herself with the requirements of the Town. As such meeting, the application contents, referral agencies, review procedures, use and area standards, and the general character of the development may be discussed.
3. **Procedure.**
 - a. **Submittal requirements.** The Applicant shall file four (4) copies or more if specified by the Zoning Administrator of an application requesting a Conditional Use Permit and of a title certificate from a licensed title company or attorney listing the name of the property owner(s) and all liens, easements and judgments of record affecting the subject property. The application shall be submitted at least 30 days prior to any desired agenda date, and shall be accompanied by or show the following information:
 - (1) The street address and legal description of the property affected; and
 - (2) Any and all plans, information, operating data and expert evaluation necessary to clearly explain the location, function and characteristics of any building or use proposed;
 - (3) A filing fee to cover the cost of review in accordance with the fee schedule adopted by resolution of the Board of Trustees.
 - b. **Distribution of conditional use applications.** The Zoning Administrator shall distribute the conditional use application immediately upon receipt to appropriate referral agencies which may include the following:
 - (1) Zoning Administrator (one copy)
 - (2) Town Engineer (one copy)
 - (3) Dolores Public Works (one copy)
 - (4) Electric power association (one copy)
 - (5) Dolores School District (one copy)
 - (6) Dolores Fire Protection District (one copy)
 - (7) Dolores, Town Clerk (one copy - for the public record)
4. **Review by Planning Commission.** Before taking action on any proposed Conditional Use, the Board of Trustees shall submit the same to the Planning Commission for its recommendation and report.

- a. **Public hearing required.** The Planning Commission shall hold a public hearing on any application for Conditional Use Permit prior to making its recommendation to the Board of Trustees.
 - b. **Notification requirements.**
 - (1) The Town shall cause notice of the public hearing of the Planning Commission to be given by one publication in a newspaper of general circulation in the Town of Dolores without the necessity of notifying property owners by mail. Such notice shall state the time and place of such hearing and the nature of the subject to be considered, which time shall not be earlier than 10 days from the date of publication.
 - (2) The Town shall mail the written notice of public hearing before the Planning Commission on the proposed amendment or change, after obtaining a copy of the notice from the Town Staff, to the owners of all real property within 200 feet of the property on which the change is requested. The notice shall be given not less than 15 days before the date set for hearing by depositing in the mail such notice properly addressed and postage paid to each such owner as the ownership appears on the last approved County tax roll. Applicants shall provide proof of mailing of notice to the Town prior to the hearing that is the subject of the mailing of a notice.
5. **Action by Board of Trustees.** A public hearing shall be held by the Board of Trustees before approving a Conditional Use Permit.
- a. **Notification requirements.** The Town Clerk shall cause notice of the public hearing of the Board of Trustees to be given by publication in a newspaper of general circulation in the Town of Dolores without the necessity of notifying property owners by mail. Such notice shall state the time and place of such hearing and the nature of the subject to be considered, which time shall not be earlier than 15 days from the date of publication.
 - b. **Conditions of approval.** The Board of Trustees may, in the interest of the public welfare and to assure compliance of this Code, establish conditions of operation, location, arrangement and construction of any use for which a permit is authorized. In authorizing the location of any use listed as a Conditional Use Permit, the Board of Trustees may impose such development conditions as necessary to mitigate impact on public facilities and services, including but not limited to water, sewer, streets, street lighting, and etc. The Board may impose development standards and safeguards as the conditions and location indicate important to the welfare and protection of adjacent property from noise, vibration, dust, dirt, smoke, fumes, gas, odor, explosion, glare, traffic circulation or other undesirable or hazardous conditions.
6. **Records.** A file containing all documents relevant to the application and disposition of such Conditional Use Permits shall be maintained by the Town Clerk.
7. **Maximum density.** The maximum density allowed by Conditional Use Permit shall be no greater than that permitted in the underlying zone district.

13.2
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P8

**TOWN OF DOLORES
PLANNING AND ZONING COMMISSION
AND
TOWN OF DOLORES BOARD OF TRUSTEES
PUBLIC HEARINGS FOR**

**CONDITIONAL USE PERMIT APPLICATION FOR
A RETAIL MARIJUANA ESTABLISHMENT LICENSE AT
102 RAILROAD AVE
AS REQUIRED BY ORDINANCE #546 MARIJUANA ESTABLISHMENT
REGULATIONS**

NOW, THEREFORE, BE IT KNOWN, that notice is hereby given of a Public Hearing before the Dolores Planning and Zoning Commission at 6:30 P.M. on Tuesday July 20, 2021, and before the Town of Dolores Board of Trustees at 6:30 p.m. on Monday July 26, 2021.

You can attend in person at 420 Central Ave, or by virtual link provided here:

Join Zoom Meeting

<https://zoom.us/j/92577038337>

Meeting ID: 925 7703 8337

One tap mobile

+12532158782,,92577038337# US (Tacoma)

+13462487799,,92577038337# US (Houston)

In April of 2020 Dolores voters approved the licensing of medical and retail marijuana businesses. On June 28, 2021, the Dolores board of trustees approved the license at 102 Railroad contingent on receiving a Conditional Use permit. The Conditional Use permit process is a requirement of Ordinance 546 series 2020 Appendix A - Permitted Use Table for a Retail Marijuana establishment situated in a permitted zone that is adjacent to a residential zone or residential use.

The applicant receiving the Retail Marijuana License will be in the Commercial Highway Zone that is adjacent to a Residential zone. You received this letter because you are within 200 feet of the business.

The purpose of the first hearing is for the Planning and Zoning Commission to determine if the applicant has met the requirements of the application process for a Conditional Use permit, and what, if any, recommended conditions are presented to the Board of Trustees. Then the Board of Trustees review the recommendations and determine if a Conditional Use permit will be issued.

It is helpful if comments are directed toward the following considerations:
"Conditions of approval. The Board of Trustees may, in the interest of the public welfare and to assure compliance of this Code, establish conditions of operation, location, arrangement and construction of any use for which a permit is authorized. In authorizing the location of any use listed as a Conditional Use Permit, the Board of Trustees may impose such development conditions as

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necessary to mitigate impact on public facilities and services, including but not limited to water, sewer, streets, street lighting, and etc. The Board may impose development standards and safeguards as the conditions and location indicate important to the welfare and protection of adjacent property from noise, vibration, dust, dirt, smoke, fumes, gas, odor, explosion, glare, traffic circulation or other undesirable or hazardous conditions”.

If you cannot attend the public hearings, all comments shall be in writing to Town of Dolores, P.O. Box 630, Dolores, CO or deliver to 420 Central Avenue, Dolores, CO 81323 or by email to Tammy@townofdolores.com

Respectfully,

Tammy Neely, Town Clerk
Done this 2nd day of July 2021.

LAND USE APPLICATION FORM

13.2
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Staff Use Only	
Application Number:	1
Received By:	AS
Date:	7-15-21 <small>-original submitted 6-21-21</small>
Fees Paid:	250 ⁰⁰
Deposit Paid:	/

1. Application is made for: *(please circle one of the following)*

- | | |
|---|--|
| <ul style="list-style-type: none"> Zoning Map/Text amendments Annexation Major Subdivision Planned Unit Development Variances Special Exception Permit Tree Removal Permit Historic Designation | <ul style="list-style-type: none"> Master Plan Amendments Replats and plat amendments Minor Subdivision Condominium Subdivision Temporary Use Permit Conditional Use Permit Appeals Historic Structure Alteration Permit |
|---|--|

2. Project Name: Dan Heeney / High Country Relief
please print or type legibly

3. Contact information: *(a list of additional contacts may be attached)*

Owner Name: <u>Dan Heeney</u>	Applicant Name: <u>Patrick Labruzzo</u>
Address: <u>102 S. 2nd ST</u>	Address: <u>102 N. Market St</u>
Telephone: <u>9708823267</u> Fax: _____	Telephone: <u>518 796 9584</u> Fax: _____
E-mail: <u>heeneydan@aol.com</u>	E-mail: <u>plabruzzo22@gmail.com</u>

4. Property Description:

Address or Location: 100 Railroad Ave
 Existing Zoning: CH Existing Use: hog manufacturing
 Proposed Zoning: CH Proposed Use: Dispensary

5. Purpose: *(describe intent of this application in 1-2 sentences)*

conditional use permit.

6. Certification: *(must be signed in blue ink)*

I certify that I am the lawful owner of the parcel(s) of land affected by this application and hereby consent to this action.

Owner: Dan Heeney Date: 07/15/21 AND

I certify that the information and attachments I have submitted are true and correct to the best of my knowledge. In filing this application, I am acting with the knowledge and consent of the property owner(s). I understand that all documents and fees required by the Town of Dolores must be submitted prior to having this application processed.

Applicant: Patrick Labruzzo

Date: 7/15/21

13.2
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P11

13.2
CUP
P12

Marijuana Business License Proposed Operating Plan

Describe the plan for locked disposal of any marijuana product not sold to a patient or customer in a manner that protects any portion thereof from being possessed or ingested by any person or animal and in a manner that renders disposed of product unusable and unrecognizable.

All marijuana products not to be sold or deemed contaminated or waste will be accounted for in the inventory control system, and will be clearly labeled as waste and locked in a safe until it can be rendered unusable and unrecognizable. We will accomplish this by grinding or compacting and incorporating the marijuana waste with non-consumable, solid wastes such as soil or sawdust such that the resulting mixture is at least 50 percent non-marijuana waste, and such that the resulting mixture cannot easily be separated and sorted. Such waste will be stored in a designated waste bin. Designated waste bin will be labeled and Placed in secured safe room and disposed of on trash day at the time of Trash being picked up.

Per MED rules:

-All Marijuana waste must be mixed with non-consumable product/waste mixing agent such as sawdust, mulch, bleach, etc. Waste should be collected in a sealable container.

-Any prepackaged products must be removed from there packaging before being added to the waste collection. Packages may be disposed of as regular trash.

-Whenever marijuana or marijuana- infused product is added to the waste mixture, it should be adjusted in METRC at that time. The reason used should be "waste (unusable marijuana)"

-When the waste container is 50% full, fill the rest with the mixing agent and homogenize the mixture.

-Waste container will be lockable.

-Once waste container is full and homogenized with the mixing agent make sure the container is sealed and dispose of the container in the trash at the time of day the trash is collected.

Describe the ventilation plan of the marijuana business that indicates the ventilation system that will be used will prevent any odor of marijuana off the business premises. For product manufacturers, such plan shall also include all ventilation systems used to mitigate noxious gas or other fumes used or created as part of the production process:

Inline fans will be used in conjunction with carbon filters to scrub the air of any unwanted odors. As many as necessary will be used to accomplish until the odor of marijuana is not be perceptible at the exterior of the building, the exterior of the licensed premises, or at any adjoining use of the property.

Provide a complete list and quantities of all hazardous materials regulated by federal, state or local government with authority over the business that will be used, or kept, at the marijuana business, the location of such materials and how such materials will be stored:

We do not intend to have any hazardous materials used in our business.

From where, and through what method, will you receive your supply of marijuana and marijuana products?

We will be purchasing our marijuana from various growers that are licensed by the state of Colorado for such purposes. Wholesale companies we will be sourcing from:

Wana- edibles, vape carts
Dixie Brand- Edibles, vape carts, topicals
Mary Janes medicinal- Topicals
Cannabis Depot- Smokable flower
First matter Premium- All concentrate extracts in all forms

Delivery of the Marijuana Product:

- Product will be ordered from the listed vendors above.
 - The products will be delivered through a courier that works directly with the vendor.
 - Upon delivery the order will be processed into METRC and our POS system.
 - All inventory will be accounted for both in the METRC and our POS system (Flowhub) (see attached Flowhub SOP).
 - Upon delivery the on-site manager will receive the order and take responsibility for processing the order into METRC & the POS System.
- Describe the plan for view obstruction of product from outside of the location:**

All products will be kept in a room with no windows, or a room with curtains or blinds that will remain closed while product is in that room. The location in question will be a steel building which will have no windows and no visibility from the outside. Our entrance will include an ID check room which will have someone checking ID's. The ID check room will have no visibility into the retail space so customers will not be able to see the product upon entrance to the building.

Describe your outside lighting plan with drawing: SEE Attached

Describe your proposed signage plan with drawing: See Attached

Describe your parking plan with drawing: See Attached

FOR MEDICAL AND RETAIL MARIJUANA STORES

Describe the products to be sold:

We intend to sell marijuana flower, marijuana tinctures, edibles containing marijuana, and various forms of concentrated marijuana such as vaporizer pens, "crumble", "sauce or sugar", "Live Resin" or other forms of marijuana concentrates. We are also looking into selling non- marijuana items such as hats, shirts, stickers, mugs, rolling papers and smoking devices.

Describe other on-site service(s) to be provided:

No other on-site services will be provided.

Describe the plan for packaging marijuana at medical marijuana or retail marijuana store

Any marijuana products that that are not delivered to us prepackaged, will be packaging in limited access areas under surveillance by individuals that have been trained. Packaging and labeling requirements will be those set forth in the Colorado State CODE OF COLORADO REGULATIONS 1 CCR 212-3.

Describe your plan to check and card the people who enter your business:

Prior to initiating a sale, the employee making the sale will verify that the purchaser has a valid identification card showing the purchaser is twenty-one (21) years of age or older. If a person under twenty-one (21) years of age presents a fraudulent proof of age, any action relying on the fraudulent proof of age shall not be grounds for the revocation or suspension of any license issued under this Article. If a retail marijuana Center licensee or employee has reasonable cause to believe that a person is under twenty-one (21) years of age and is exhibiting fraudulent proof of age in an attempt to obtain any retail marijuana or marijuana infused products, the employee will to confiscate such fraudulent proof of age, if possible, and shall, within seventy-two (72) hours after the confiscation, remit the same to a State or local law enforcement agency.

Identify the ID scanner to be used in conjunction with above customer carding plan

We will be using Flowhub for our POS system. Flowhub comes equipped with an ID scanner.

Describe your plan for ensuring that no amount over weight is sold to customers

We will be using FlowHub for our point of sale program. Through the program we will be able to verify that we are not selling more than one ounce of Retail Marijuana, 8 grams of Retail Marijuana Concentrate, or Retail Marijuana Products containing more than ten 80 milligram servings of THC to a customer in a single business day.

Please see the attached: Standard operating Procedure (SOP). Included in this SOP are all the day to day procedures for management and employees. All tasks are included.

Provided upon request JS


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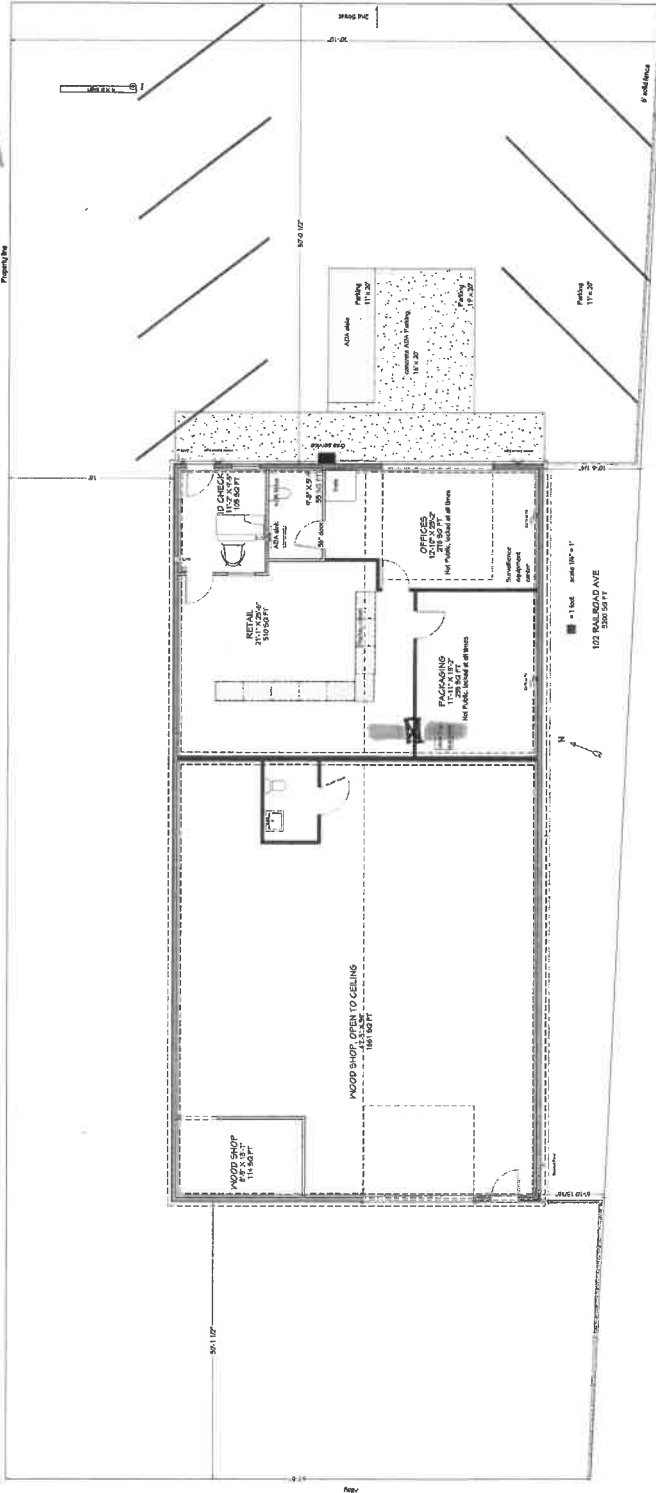
↑ 2nd Street ↓

← Railroad Ave →



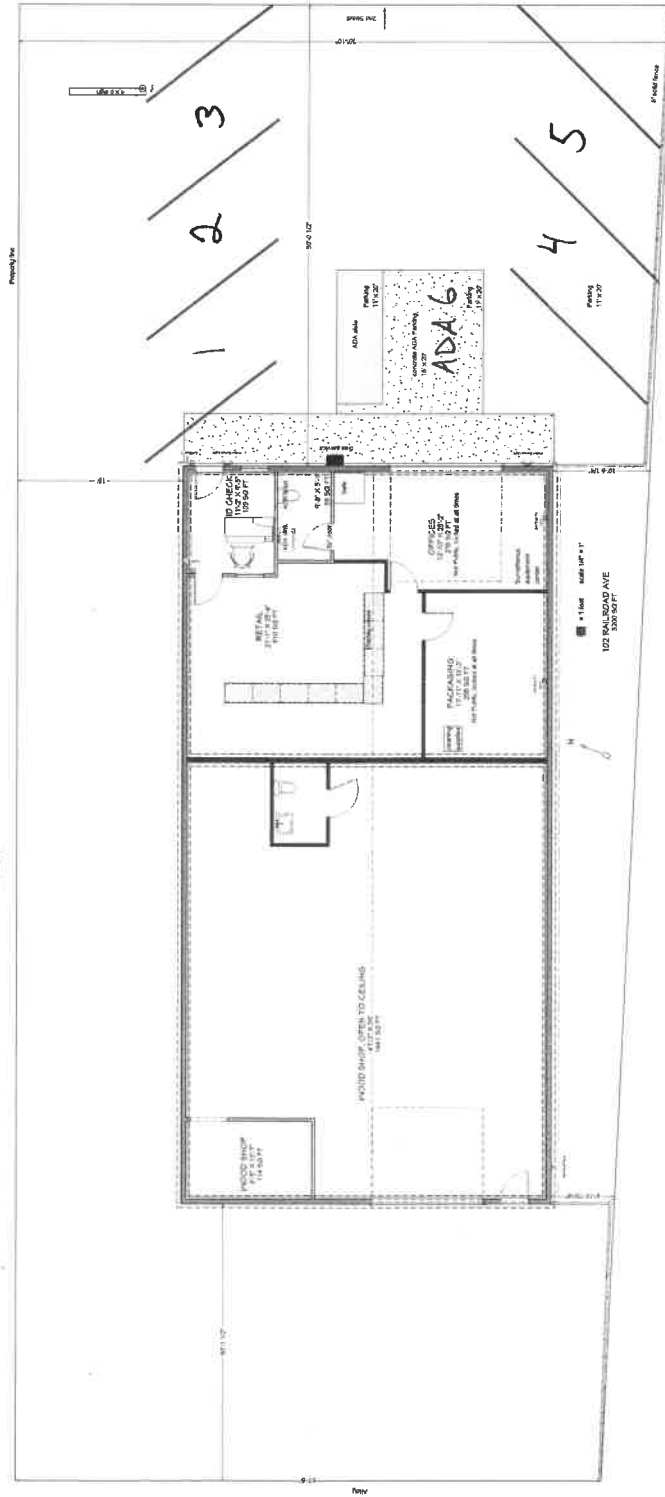
Ventilation

 = Can Fan of Carbon Filter
1600-1800 CFM



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Parking Plan

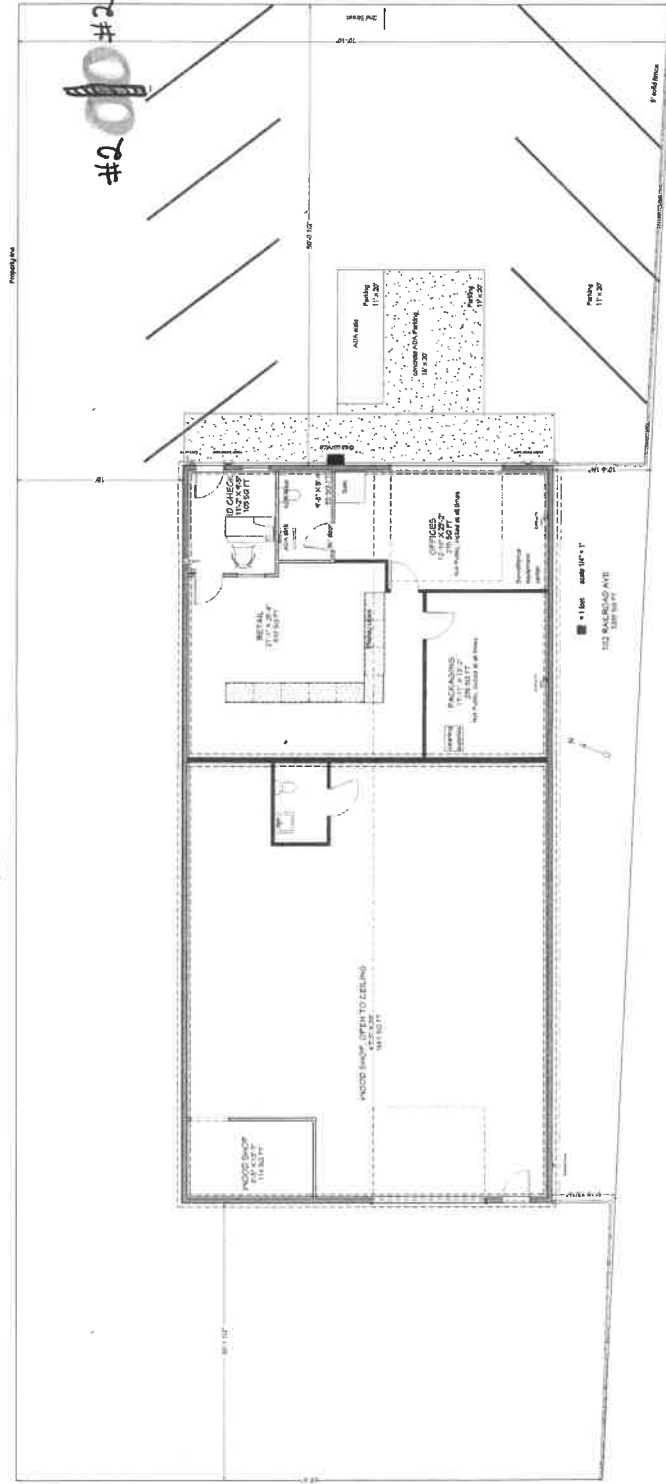


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P18

Outdoor Lighting

⊗ = outdoor lighting

⊗ = Signage light



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P19

APPENDIX A Dolores Marijuana Code

Contents

- A. Permitted Use Table 1
- B. Site and Structure Standards 2
- C. Landscaping, Screening, and Fencing 7
- D. Parking 8
- E. Clear Vision Areas 9
- F. Outdoor Lighting 10

A. Permitted Use Table

Marijuana uses are allowed in the following zone districts subject to the requirements of the Dolores Marijuana Code (DMC) and compliance with the requirements of the Dolores Land Use Code. A conditional use permit is required for any proposed marijuana business adjacent to any residential districts or any existing residential use.

	LLR	new	R1	new	MR F	new	MH	CB 1+	CH	LI	new	P	R10	R35	
	LL R1	LL R2	N R1	N R2	N R3	M U	M HP	D M U	H M U	IN D	P1	P2	R 10	R 35	
Table 4.1: Permitted Primary Uses	Key: /P/ Permitted Use /PL/ Permitted with Use Limitations /C/ Conditional Use /-/ Not Permitted														
Commercial															
Retail Sales															
Marijuana [1]															
Cultivation Operations	--	--	--	--	--	--	--	P/ C [2]	P/ C [2]	--	--	--	--	--	DMC
Recreational/Medical Marijuana Business	--	--	--	--	--	--	--	P/ C [2]	P/ C [2]	--	--	--	--	--	DMC
Testing	--	--	--	--	--	--	--	P/ C [2]	P/ C [2]	P/ C [2]	--	--	--	--	DMC
Infused Product Manufacturing	--	--	--	--	--	--	--	--	--	P/ C [2]	--	--	--	--	DMC
Notes	[1] The uses in this section are defined in Dolores Ord. xxx, Marijuana Code (DMC). [2] Conditional use approval required when the subject property is located adjacent to residential districts or uses.														

B. Site and Structure Standards

All new construction for all marijuana businesses and any substantial remodel of any existing structure, as defined by the adopted building code, shall comply with the standards in this section.

1. Site Design and Layout

- a. Slopes: Development of sloping properties should generally conform to the natural contours of the land. When it is necessary to build on sloping ground, the use of terraced parking, stepped building pads, and larger setbacks may be required by the Town Engineer.
- b. Utilities: All utilities shall be installed underground within the exterior property lines of the site. Freestanding utility boxes shall be integrated into the landscaping to the maximum extent practicable and screened from view.
- c. Drainage
 - i. All drainage from the property to public rights-of-way shall be by underground structures to avoid drainage across Town sidewalks or drive aprons.
 - ii. On-site storm drainage may be conveyed on the surface.
 - iii. All storm drainage shall be approved in accordance with Town standards. Where appropriate and approved by the Town Engineer, this provision may be waived and alternative drainage methods may be constructed, including the use of a naturalized channel.

2. Building Design

- a. Façades
 - i. The majority of a building's architectural features and treatments shall not be restricted to a single façade. Building details, including roof forms, windows, doors, trim, and siding materials, shall reflect the architectural style of the building. All publicly-visible sides of a commercial building shall display a similar level of quality and architectural detailing.
 - ii. Any wall that faces a street, connecting pedestrian walkway, or residential use, and that exceeds 30 feet in length shall include a minimum of two of the following within each successive 30-foot section or fraction thereof:
 - (a) Change in wall plane, such as projections or recesses, having a depth of at least three percent of the length of the facade and extending at least 20 percent of the length of the facade,
 - (b) Change in texture or masonry pattern,
 - (c) Windows,
 - (d) Covered walkways,
 - (e) Structural canopies, or
 - (f) An equivalent element that subdivides the wall into human scale proportions.

- iii. Ground floor façades that face public streets shall have arcades, display windows, entry areas, awnings, or other such features along no less than 60 percent of their horizontal length. P22
- iv. Rear façades of buildings shall either be screened from view of the public or be landscaped and incorporate architectural facade elements resembling the elements in the front facade.
- b. Building Orientation: The front building façade shall be oriented toward a public street and pedestrian walkways.
- c. Buildings within a single complex or related complexes shall be stylistically consistent. Franchise architecture is discouraged in favor of design that are architecturally compatible with the character of the neighborhood, district, or block.
- d. Roofs shall be designed and constructed as follows:
 - i. Flat roofs shall include parapets concealing flat roofs and rooftop equipment such as HVAC units from public view. Parapet roofs should be of sufficient height to conceal HVAC units and other similar roof-mounted apparatus from public view from adjacent street levels. Parapet roofs shall have cornices or be stepped . The Planning & Zoning Commission may waive or reduce the parapet requirement where solar equipment is roof-mounted or for green roofs.
 - ii. Sloping roofs shall have a vertical rise of not less than 1 foot for every three feet of horizontal run and no more than one foot for every one foot of horizontal run. Sloping roofs shall have three or more roof slope planes where a building exceeds 3,000 square feet. Two or more roof slope planes shall be required for buildings of 3,000 square feet or less.

3. Downtown Design

a. The front setback of each primary structure in the DMU district shall meet one of the following standards, as applicable. If the setback or build-to required by the zone district dimensions, this section shall govern.

i. If the entire width of the front façade of either of the adjacent buildings is built to the front property line, then the entire width of the front façade of the proposed building shall also be built to the front property line. (See Figure 1)

ii. If part of the width of the front façade of either of the adjacent buildings is built to the front property line, then at least 50% of the width of the front façade of the proposed building shall also be built to the front property line. (See Figure 2.)

iii. If no part of the front façade of either of the adjacent buildings is built to the front property line, then the front façade of the proposed building shall be built no more than 5 feet further from the front property line than the front façade of the adjacent building nearest the street. (See Figure 3)

iv. When the requirements of subsections i, ii, or iii above are applied to a building on a corner lot, they shall only require comparison with the front façade of the adjacent building facing the same street as the proposed building (not adjacent buildings that face different streets).

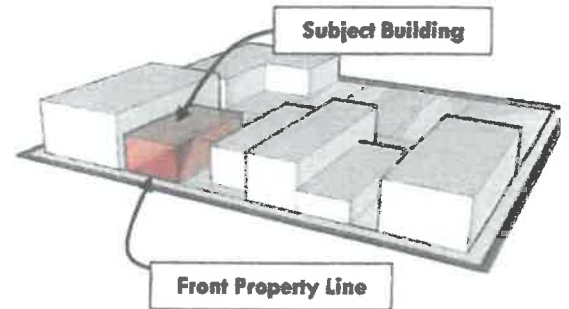


Figure 1: When the entire width of the front façade of either of the adjacent buildings is built to the front property line, the entire width of the proposed building shall also be built to the front property line.

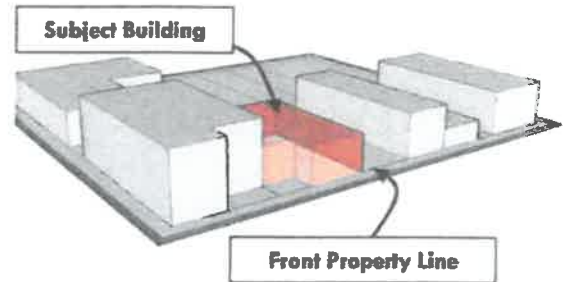


Figure 2: If part of the width of the front façade of either of the adjacent buildings is built to the front property line, then at least 50% of the width of the proposed building shall also be built to the front property line.

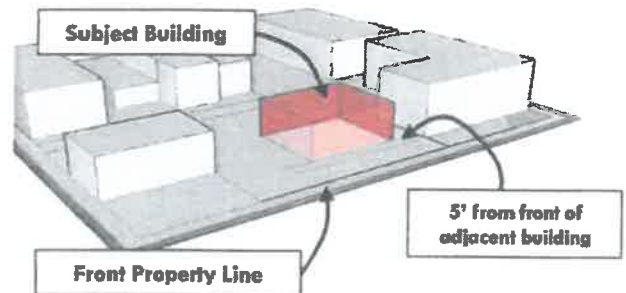


Figure 3: If no part of the front façade of either of the adjacent buildings is built to the property line, then the front façade of the proposed building shall not be further than 5 feet from the front property line than the adjacent building nearest to the street.

- v. If only one of the adjacent lots on the same block face is occupied with a primary structure, the requirements of subsections a, b, c, and d above shall only require comparison with the one adjacent lot that is occupied with a primary structure. If neither of the adjacent lots facing the same block face is occupied with a primary structure, then the requirements of subsections a, b, c, and d above shall require comparison with the nearest building located on the same block face and facing the same street.

b. Maximum and Minimum Building Heights

Regardless of the maximum height permitted in the DMU Dimensional Standards Table, no primary or accessory structure shall be taller than:

- i. The tallest building on the block face where the proposed building is located, or
- ii. 10 feet taller than the tallest building on the block across the street from the front façade of the proposed structure, whichever is less. (See Figure 4.)

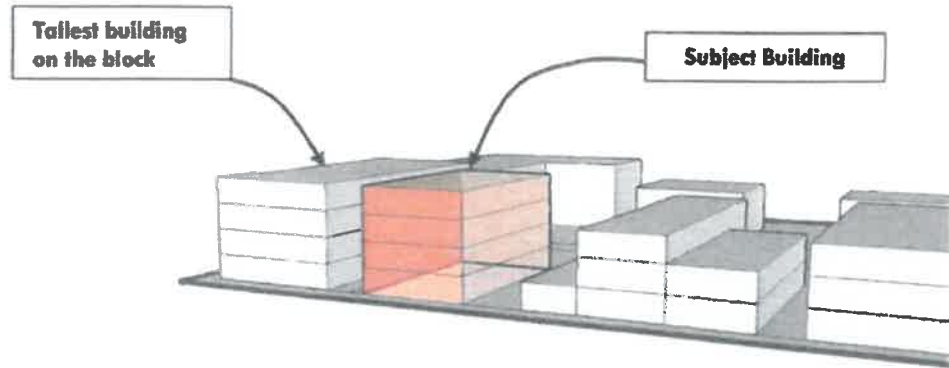


Figure 4: No primary structure may be taller than the tallest building on the block, or more than 10 feet taller than the tallest building on the block face across the street, whichever is less.

c. Building Design Standards

- i. Maximum Building Size: No single primary building shall exceed 10,000 square feet of gross floor area.
- ii. Maximum Building Width: The width of the building façade (as viewed from the street frontage), shall be no more than 35% wider than the width of the widest façade on any other building on the same block face or on the block face immediately across the street.

d. Facades and Articulation

Each principal structure shall meet at least two of the three standards in subsections (i) through (iii) below, with the choice of those standards to be at the option of the owner:

- i. Transparency: A minimum of ten percent of each facade area that faces a street must be composed of transparent materials. At least 1/2 of this amount must be

provided so that the lowest edge of the transparent materials is no higher than four feet above the street level. P2E

- ii. **Wall Plane Articulation:** Each facade greater than 50 feet in length abutting a street, measured horizontally, must incorporate architectural features such as wall plane projections, recesses, or other building material treatments and textures that visually interrupt the wall plane. No uninterrupted length of any facade must exceed 50 horizontal feet.
- iii. **Roof Articulation:** Where sloping roofs are used, at least one projecting gable, hip feature, or other break in the horizontal line of the roof ridgeline (as viewed from the street frontage must be incorporated for each 50 lineal feet of roof. Where flat roofs are used, the design or height of the parapet must include at least one change in setback or height of at least three feet along each 50 lineal feet of façade.
- e. **Entryway Design and Location:** Each principal building must have clearly defined, highly visible main entrances for occupants and/or customers with features designed to emphasize the importance of the entrance, which must include at least one of the following features, with the choice of the features to be at the option of the owner:
 - i. A canopy or portico;
 - ii. A roof overhang;
 - iii. A horizontal recess or projection;
 - iv. An arcade or arch;
 - v. Architectural moldings integrated into the building design; or
 - vi. An architectural feature used to emphasize the entryway of another building in the DMU district.
- f. **Pedestrian-Oriented Design Features**
 - i. Each principal structure must be designed so that ground-floor façades that face public streets include arcades, display windows, entry areas, awnings, or similar features designed to attract or protect pedestrians along no less than 60 percent of their horizontal length.
 - ii. In addition, all principal entrances of principal buildings not facing an alley must have direct access (i.e., access without having to cross a public street) to a sidewalk, walkway, path, or pathway that leads to a public street.

c. Landscaping, Screening, and Fencing

All marijuana businesses shall be subject to the requirements of this Section.

1. Street Yard Landscaping

- a. Street yard landscaping is required along all lot lines adjacent to a public road that is not an alley. The minimum depth of the street yard landscape area shall be 10 feet, measured inward from the property line. Where a sidewalk is installed or required, the depth shall be measured from the inside edge of the sidewalk.
- b. Street yard landscape areas may overlap required zone district yards and be located within required setbacks.
- c. The horizontal plane (ground plane) of street frontage landscape area shall be planted in 75 percent organic materials, excluding turf grass or other material that requires regular mowing. The remaining 25 percent may be covered in inorganic materials. Smooth concrete or asphalt surfaces are not considered landscaping.
- d. One tree, with a minimum two-inch caliper, shall be provided for each 35 linear feet of lot frontage or fraction thereof.
- e. Access driveways shall not be subtracted from calculations of the amount of street yard landscaping required. If there are driveways along the frontage or property line, required landscaping shall be condensed into the remaining landscaping area.

2. Screening and Fencing

- a. All properties with marijuana uses shall be fenced along any side or rear property line where parking lot buffering is not required.
- b. Required fencing shall be six-foot tall, opaque, and shall be constructed of commonly used fence materials, including wood, brick, stone, chain-link, and vinyl. The use of railroad ties, wood pallets, tires, or rubble is prohibited. Salvaged material that does not meet one of the commonly used fence materials identified above are generally prohibited except where:
 - i. The appearance of the completed fence is substantially similar to and consistent with the design of a fence constructed of commonly-used materials,
 - ii. The salvaged material fence is constructed according to generally applicable fence construction standards, and
 - iii. The salvaged material is in good repair and capable of long-term maintenance by the property owner.
- c. An existing fence of the proper height and materials that is located on the property line where a screening fence is required may be retained. Where an existing fence is not compliant with this section, the property owner who is required to install the screening fence shall replace the existing fence with a compliant fence.
- d. All parking areas located along a public road that is not an alley shall be designed with street yard landscaping per Section B.1 shall be provided. The street yard area shall be designed as follows:

- i. The buffer area shall include plants, earth berms, walls, fences, trees, or shrubs in any combination designed to provide a visual screen to a minimum height of three feet above the highest finished grade of the parking area. If plants are used to achieve a screen, they shall be selected to reach full maturity in no more than three years. If native, naturalized, or xeriscape plant materials are selected, a fence shall also be provided.
- ii. A semi-opaque fence maybe used within the street yard landscape area to provide a screen. A screening fence may be constructed of any of the materials listed above, as well as wire and ornamental iron work. The street yard landscape area will still be planted per Section B.1.

D. Parking

All marijuana businesses shall be subject to the requirements of this section.

1. Required Off-Street Parking

- a. Off-street parking shall be provided for all marijuana uses, regardless of zone district where located, as follows:
 - i. 1 space per 250 square feet GFA.
 - ii. Accessible parking standards apply.
- b. All off-street and accessible parking shall be provided on-site to the maximum extent feasible. Off-site and shared parking are prohibited.

2. Parking Lot Landscaping

The following requirements shall be applicable to all new off-street surface parking lots with 10 or more spaces.

- a. All surface parking lots shall incorporate the following interior landscaping:
 - i. All parking stalls shall be within 132 lineal feet of a required parking lot landscape area. For purposes of determining tree spacing, parking spaces may be counted in any rational sequence.
 - ii. Landscape terminal islands that are a minimum of nine feet wide shall be provided at the ends of each parking row.
 - iii. Parking lots with 50 or more spaces shall also be divided into subsections of no more than 25 spaces with landscape divider strips shall be placed between the sections.
- b. Landscape Area Design
 - i. Landscaped areas within parking lots or the along perimeter of the property must be protected from vehicular traffic through the use of concrete curbs, extruded asphalt or other approved permanent barriers.
 - ii. No paving shall be permitted within four feet of the center of a tree.
 - iii. All of the required parking lot landscaped areas must contain, on the horizontal plane (ground plane), a minimum of 75 percent organic landscaping material, with

a maximum of 25 percent inorganic landscaping material. Approved sidewalks are not counted toward the percentage of inorganic material unless specifically provided for in this section.

- iv. A landscape divider strip shall be planted with one tree every forty feet.
- v. Islands shall be planted with one tree and at least 75 percent of the ground plane shall be covered with organic material that will remain in place on the island through typical local weather. Turf grass is prohibited in or on parking lot landscape islands. Deciduous canopy trees are encouraged within the parking lot.
- vi. Where appropriate, the use of porous pavement and/or specially designed brick or block should be considered to increase on-site water retention for plant material, replenishment of groundwater supplies and to reduce problems associated with runoff.
- vii. Parking lots shall be designed so as not to drain into or across public sidewalks, adjacent property, or directly into natural watercourses. Curbs used to protect landscape islands should have 18 to 24-inch-wide curb cuts at frequent intervals to allow storm water infiltration. The surface of landscape islands and divider strips shall be concave to help channel surface water runoff. The following drainage structures are permitted within parking lot landscape areas:
 - (a) Rain gardens,
 - (b) Bio-swales,
 - (c) Drainage easements, and
 - (d) Drainage inlets.

E. Clear Vision Areas

All marijuana businesses shall be subject to the requirements of this Section.

- 1. Clear vision areas for roads and access drive must be maintained as required by the current Land Use Code.
- 2. Plant materials within these clear vision areas must be trimmed down to no more than 30 inches above grade, or in the case of trees, the lowest branch height trimmed up to 8 feet above grade.

F. Outdoor Lighting

The following standards shall apply to all outdoor lighting associated with any marijuana business..

1. Applicability

All outdoor light fixtures installed prior to the effective date of this ordinance shall be brought into compliance with this section.

2. Definitions

- a. **Attached Lighting:** A light fixture that is attached to a building or structure. Any light fixture that is directly or indirectly attached to a structure with a diameter and/or width of more than 12 inches is considered attached lighting.
- b. **Fixture:** A complete lighting unit including the lamp and parts designed to distribute the light, position and protect the lamp, and connect the lamp to a power source. Also referred to as a luminaire. The fixture may include an assembly housing, a mounting bracket or pole socket, lamp holder, ballast, a reflector or mirror, and a refractor or lens.
- c. **Floodlight:** An outdoor lighting fixture intended to illuminate a large area. Often utilized to broadcast light over a substantial area for security and recreational purposes.
- d. **Freestanding Lighting:** A light fixture that is not attached to a building or structure. Any light fixture attached to a structure with a diameter and/or width of 12 inches or less (such as a pole) is considered freestanding lighting.
- e. **Fully Shielded:** An outdoor lighting fixture that is shielded with a non translucent barrier or constructed in such a manner that the light rays emitted by the fixture, either directly from the lamp or indirectly from the fixture, are projected below a horizontal plane passing through the lowest point of the fixture where light is emitted. Light rays emitted by a fully-shielded fixture shall not cast direct light onto any adjacent property other than a common solid fence.
- f. **Light Pollution:** Any adverse effect of artificial light sources including, but not limited to, discomfort to the eye or diminished vision due to glare, uncontrolled uplighting, uncomfortable distraction to the eye, or any artificial light that substantially diminishes the view of the night sky.
- g. **Outdoor Lighting Fixture:** Any lighting fixture that is installed, located, or used in such a manner to provide illumination of objects or activities outside. Outdoor lighting fixtures include all fixtures mounted to the exterior of a structure, poles, or other freestanding structures, or placed so as to provide direct illumination on any exterior area or activity.
- h. **Partially Shielded Fixture:** A fixture employing a top shield to eliminate all direct upward light, but otherwise does not shield the lamp from view. May allow some light to pass through a semi-translucent barrier, and/or may allow visibility of the lamp/bulb from certain perspectives.
- i. **Seasonal Lighting:** Seasonal displays of 45 days or less within one calendar year.
- j. **Temporary lighting:** means lighting that is intended to be used for a special event for 12 days or less per calendar year.