



Minturn Community Fund  
Post Office Box 279  
Minturn, Colorado 81645  
970-827-4235 or 970-827-5954

# Little Beach Event Application

## Section 1 APPLICANT INFORMATION

Name of Applicant (Must be on-site during the event)

( )

Phone Number

( )

Fax Number

( )

Cell Phone Number

( )

Pager Number

Physical/Mailing Address

City, State, Zip

## Section 2 EVENT INFORMATION

Name of Event (Type of Event/Activity)

Event Date(s)

Hours of Event

Set Up

Take Down

Sponsor(s) of the Event

Anticipated daily attendance: \_\_\_\_\_ Anticipated peak attendance: \_\_\_\_\_

➤ Will there be an admission charge? ( ) Yes ( ) No

If Yes, list all price categories: \_\_\_\_\_

➤ Will there be entertainment? ( ) Yes ( ) No

If Yes, complete the following (indicate on site plan):

Group

Performance Location

Scheduled Time(s)

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**Section 3  
FOOD SALES**

➤ Will there be food provided and/or sold? ( ) Yes ( ) No

If Yes, please describe below (indicate vendor location on site plan):

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➤ Will there be any contracted concessionaires/caterers? ( ) Yes ( ) No

➤ Have proper health department permits been secured? ( ) Yes ( ) No

Please explain: \_\_\_\_\_

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**\*Please see Section 11 for Sales Tax information.**

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**Section 4  
PORT-A-POTTIES/  
DUMPSTERS**

➤ Number of Port-A-Potties Required \_\_\_\_\_

\*A copy of receipt for Contracted Port-A-Potties is attached? ( ) Yes ( ) No

➤ Number of Dumpsters Required \_\_\_\_\_

\*A copy of receipt for Contracted Dumpsters is attached? ( ) Yes ( ) No

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**Section 5  
EVENT SPECIAL  
FEATURES**

➤ Has Pre-Event meeting been planned? ( ) Yes ( ) No If Yes, provide the following:

Date/Time: \_\_\_\_\_ Location: \_\_\_\_\_ Staff: \_\_\_\_\_

**WILL THE EVENT INCLUDE ANY OF THE FOLLOWING? (Indicate on site plan)**

\*TENTS OR CANOPIES ( ) Yes ( ) No Describe \_\_\_\_\_

\*OPEN FLAMES OR COOKING ( ) Yes ( ) No Describe \_\_\_\_\_

\*TEMPORARY FENCING ( ) Yes ( ) No Describe \_\_\_\_\_

\*INFLATABLES/AMUSEMENT RIDES ( ) Yes ( ) No Describe \_\_\_\_\_

\*BARRIERS ( ) Yes ( ) No Describe \_\_\_\_\_

\*ADDITIONAL LIGHTING/SOUND ( ) Yes ( ) No Describe \_\_\_\_\_

\*OTHER ( ) Yes ( ) No Describe \_\_\_\_\_

- Has the Town been contacted and has labor been contracted prior to installing any and all of the above? ( ) Yes ( ) No
  - Please show any of the above on site plan.
  - Comments from Parks Superintendent/Director \_\_\_\_\_
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**Section 6  
STREETS / TRAFFIC**

➤ **DOES EVENT PROPOSE CLOSING OR IMPEDING ACCESS TO ANY OF THE FOLLOWING? (Indicate on site plan)**

- \*CITY STREETS ( ) Yes ( ) No
- \*PARKING LOTS ( ) Yes ( ) No
- \*OTHER ( ) Yes ( ) No Describe \_\_\_\_\_

If Yes, please describe dates, locations, and times:

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*To schedule an appointment or contact Public Works Department, please call*

\_\_\_\_\_.

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**Section 7  
EVENT SECURITY**

- Describe plans for providing security for the event: \_\_\_\_\_
- 

- Has the Minturn Police Chief been notified and/or contracted for security purposes?  
( ) Yes ( ) No If Yes, provide the following:

\*Scheduled Date(s)/Time(s): \_\_\_\_\_

\*Total number of staff contracted for: \_\_\_\_\_

\*Contact Person/Phone Number: \_\_\_\_\_

***Security service is the expense of the Sponsor.***

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**Section 8  
EMERGENCY  
MEDICAL SERVICES**

- Has sponsor met with Eagle County Fire Department to review fire/safety needs?  
( ) Yes ( ) No

*To schedule an appointment with Eagle County Fire Department, please call (970) \_\_\_\_\_.  
If on-site services are deemed necessary, this service is at the expense of the Sponsor.*

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**Section 9  
ALCOHOL**

- Will there be alcohol at the event?  
( ) Yes ( ) No

- If Yes, provide the following:

\*Will alcohol be sold? ( ) Yes ( ) No

\*Will alcohol be served? ( ) Yes ( ) No

- Are servers trained in Responsible Serving of Alcohol (TIPS)? ( ) Yes ( ) No

- What are the carding procedures going to be? \_\_\_\_\_

- Did you include designated “sale of alcohol” area in site plan?

- A copy of your Special Event Liquor License must be provided 14 days prior to the event

*To obtain information regarding a Special Event Liquor License, please contact the Town Clerk at (970) 827-5645. A copy of the license must be submitted before final event approval. The Town reserves the right to deny the service or sale of alcoholic beverages to any individual or group for any reason and its sole discretion.*

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**Section 10  
SALES TAX  
PERMIT**

- Will there be any items sold at the event? ( ) Yes ( ) No

\*Has sponsor secured all sales tax related permits? ( ) Yes ( ) No

Comments

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

*To obtain a Sales Tax Permit, please call the Colorado Department of Revenue at (303) 238-7378 or visit their website at [www.revenue.state.co.us](http://www.revenue.state.co.us). A copy must be submitted before final approval.*

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**Section 11  
INSURANCE  
COVERAGE**

➤ Liability insurance coverage is required with a minimum of one million dollars (\$1,000,000) of coverage per event. The Town of Minturn and the Minturn Community Fund shall be named as an “additional insured” in the policy. A copy of the Certificate of Insurance must be provided with this Application.

➤ Underwriter name: \_\_\_\_\_

➤ Policy number: \_\_\_\_\_

Comments \_\_\_\_\_

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**Section 12  
CONDITIONAL  
APPROVAL**

**Recommendation for Approval** \_\_\_\_\_

**Date** \_\_\_\_\_

**Comments** \_\_\_\_\_

**\*Event should not be scheduled or advertised without final approval!**

Application Fee \$ \_\_\_\_\_ Damage Deposit \$ \_\_\_\_\_ Charges \$ \_\_\_\_\_

= Total \$ \_\_\_\_\_

Charges: Cash \_\_\_\_\_ \$ \_\_\_\_\_ Money Order \_\_\_\_\_ \$ \_\_\_\_\_ Ck \_\_\_\_\_ # \_\_\_\_\_ \$ \_\_\_\_\_

The information, statements and representations made herein are accurate and complete and are neither misleading nor do they omit information or statements necessary to make this Application not misleading. I hereby undertake and shall immediately notify the Minturn Community Fund if any response contained herein causes this application to be inaccurate or misleading based upon the discovery of new information.

I have read and do understand the terms and conditions of this Little Beach Park Event Application, and do hereby agree to inform all persons participating in this event that they must adhere to and abide by all applicable ordinances, rules and regulations and terms of this Little Beach Park Event Application.

I also understand and agree that the attached Little Beach Park Rules and Regulations and Waiver and Release from Liability and Agreement to Indemnify are incorporated into this Application as if fully set forth herein.

\_\_\_\_\_  
Sponsor Signature

\_\_\_\_\_  
Date

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**Section 13  
FINAL APPROVAL**

**Approved By** \_\_\_\_\_

**Date** \_\_\_\_\_

**Comments** \_\_\_\_\_

**Section 14  
EVENT FEES**

**Minturn Community Fund  
Little Beach Park and Amphitheater  
RENTAL FEE SCHEDULE**

- Payment required 14 days prior to date of event.
- Damage deposits will be returned according to the Little Beach Park and Amphitheater Rules and Regulations
- All Non-Profit (NP) organizations must provide proof of non-profit status.
- Use fees do not include costs and other charges for hired security; alcohol permits, clean up services or other charges associated with the applicants events.
- **Maximum Occupancy 850 people.**

	Resident	Non Resident	Non Profit, Community, Clubs, Organizations (e.g., Boy/Girl Scouts, 4-H, etc.)	Minturn Govt.	Refundable Deposit
<b>Park and Amphitheater Use Only</b>					
<b>Groups of 1-100</b>	\$200/Day	\$400/Day	\$100/Day	Waived	\$200
<b>Groups of 100 – 200</b>	\$250/Day	\$500/Day	\$150/Day	Waived	\$250
<b>Groups of 200 – 500</b>	\$300/Day	\$600/Day	\$200/Day	Waived	\$300
<b>Groups of 501-850</b>	\$400/Day	\$900/Day	\$350/Day	Waived	\$900

- If the Little Beach Park and Amphitheater is rented for a concert or other entertainment event where an entrance fee will be charged, the application must pay an additional Facility Fee and Box Office Fee to the MCF as follows:

**Facility Fee:                   \$1.00 per person that enters the premises**

**Box Office Fee:               \$2.00 per ticket sold**