



PINAL COUNTY

PINAL COUNTY COMMUNITY DEVELOPMENT

31 N. PINAL ST. BLDG. F, FLORENCE, AZ 85132/520-866-6442

## LARGE SPECIAL EVENT APPLICATION

SEP #

SEP 016-22

A Large Special Event means an event expected to draw more than 1000 people or exceeds 4 days in duration. A Special Events Emergency Contingency Plan (SEECF) will be required for events exceeding 500 patrons.

Note: This application must be submitted to the Special Event Coordinator at least 120 days (4 months) prior to event date. Special Event Permit fees are due at submittal.

### Section 1: Applicant Information

Event Title Native American Arts Festival

Special Event Owner/Sponsor ("Owner"): Superstition Mountain Museum

(This will be the name listed on the insurance.)

Address: 4087 E Apache Trail City: Apache Junction St: AZ Zip: 85119

Email address: giftshop@superstitionmountainmuseum.org

\*Telephone: 480--983-4888 Cell: \_\_\_\_\_

Web Address: superstitionmountainlostdutchmanmuseum.org

Contact Person (Coordinator): Dave Mcelligott

### Section 2: Property Information

Event Location Name: Superstition Mountain Museum

Property Owner Superstition Mountain Historical Society

Address: 4087 E Apache Trail City: Apache Junction St: AZ Zip: 85119

Phone Number 480-983-4888 Email smhs.director@gmail.com

Parcel Number (s): 100-01-0110

Current Property Use: Historical Museum

### Section 3: General Event Information

Purpose and Description: Fundraiser-Festival of Native American artists

Event Category (check ALL that apply):

☐ Bicycle/Foot Race

☒ Dance

☐ Parade

☐ Fireworks

☒ Festival/Celebration

☐ Motorized vehicle race

☐ Carnival/Amusement Rides

☐ Wine tasting/food

☐ Tent Revival

☐ Circus

☐ Inflatable/Jumpers

☐ Art Show

☒ Concert/Performance

☒ Market/Sales

☐ Other: \_\_\_\_\_

Please attach a site plan(s) showing all pertinent event features such as parking areas, tents, structures, vendor locations, location of portable restrooms and showers, carnival rides, camping areas, security staging, medical stations, helipads, ingress and egress routes, major adjacent streets or highways, railroads or washes, band or recreational centers, seating areas, and fireworks shows. Be as complete and detailed as possible as this will explain the layout of your event to many departments.

Event Start Date: Jan 28th 2023 Event End Date: Jan 29th 2023  
Event Hours of Operation: 9am - 4pm  
Setup Date: Jan 27th Time: 10am Dismantle Date: Jan 30 Time: 10am

☐ **Anticipated Attendance:** Per Hour (peak) 150 Per Day total: 1000

Is there entertainment associated with your event? Yes ☒ No ☐

☐ **If yes**, please indicate the types of entertainment

(Check all that apply):

☒ Live Music

☐ Disc Jockey (DJ)

☒ Children's Activities

☐ Theatrical Performance

☒ Dancing

☐ Other: \_\_\_\_\_

Will there be ADA accessible parking and pedestrian aisles throughout your event? The aisle should include accessibility to food areas, restrooms, and parking lots? Yes ☒ No ☐

Will you be constructing any temporary structures for your event such as stages, towers, bleachers or platforms?

Yes ☐ No ☒

Will you have any tents? Yes ☒ No ☐ what sizes and how many of each? 10x10, approx 30 tents

Does your event require electricity? Yes ☒ No ☐

What type of electrical will be supplied?

☐ Metered

☐ Generators (how many? \_\_\_\_\_)

☒ Extension cords

☐ Spider box

#### Section 4: Public Works-Street or Right-of-Way Information

Does your event utilize any State, County or City rights of way, causing any detours or closures? Yes ☐ No ☒  
(You may be required to obtain a Rights-of-Way permit from each jurisdiction.)

If yes, please **ATTACH** a traffic control plan, which indicates all streets you are requesting to use and/or close. Date(s) of use: \_\_\_\_\_

Does your event utilize a state highway for access or as part of the event? Yes ☒ No ☐

If yes, a copy of the Arizona Department of Transportation (ADOT) permit must be included with this application.

**At the discretion of the Public Works Department, applicant may be required to provide the following:**

- Site map/route map of event including date and time of event.
- Traffic control plan in concurrence with the latest edition of the Manual on Uniform Traffic Control Devices (MUTCD). Include the name and number of the person responsible for the set up and maintenance of traffic control.
- Proof of insurance.
- Contact information for event emergency contact.

## Section 5: Air Quality Information

Will your event utilize any dirt or graveled roadways, entrances, or parking areas (including overflow)?

Yes ☒ No ☐ If "yes", complete the Air Quality Special Event Checklist available at: <http://www.pinalcountyz.gov/AirQuality/Documents/Dust/Special%20event%20application.pdf>  
Call 520-866-6929 for more information.

## Section 6: Alcoholic Beverage Information

Will participants be allowed to bring alcoholic beverages to your events? Yes ☐ No ☒

Does your event utilize on site SALE of alcoholic beverages? Yes ☐ No ☒

If yes to either of the above questions, please select all that apply: ☐ Liquor/Spirits ☐ Beer ☐ Wine

Have State permits for selling alcohol been applied for? Yes ☐ No ☒

Information regarding a liquor license can be found at <http://www.azliquor.gov/licensing/>.

Has permission been granted by property owner to allow sales of alcohol on site? Yes ☒ No ☐

## Section 7: Environmental—Food

Will your event have any food booths where food is being prepared/cooked? Yes ☒ No ☐

If yes, how many food booths? 4

Which of the following services will be supplied to or utilized by the food vendors?

☒ Water ☒ Electricity ☐ Grease disposal ☒ Garbage disposal ☐ Appropriate Fire Extinguishers  
☐ Propane

You will be required to submit to Pinal County Environmental Health at least 2 weeks prior to the event temporary food booth permits for each food vendor. NOTE: If you are using any food vendors from outside Pinal County, they will be required to obtain temporary food vendor permits also. <http://pinalcountyz.gov/EnvironmentalHealth/Pages/Documents.aspx>

## Section 8: Aquifer Protection-Sanitation

Will there be portable showers at this event? Yes ☐ No ☒ Will there be portable restrooms on site? Yes ☒ No ☐

If yes, # of showers: \_\_\_\_\_ Fully contained? Yes ☐ No ☐ Grey water removal? Yes ☐ No ☐

Will permanent structure restrooms be utilized for this event? Yes ☒ No ☐

If yes, please provide the number of fixtures: Toilets 4 Urinals 1 Sinks 3

Will restrooms be provided in adjacent building (s)? Yes ☒ No ☐

Total number of: portable restroom units: 6 ADA portable restroom units 4 Portable Restroom Unit Provider: wcofAZ

Total number of trash cans: 8 Dumpsters 3

Please ATTACH an agreement between your organization and portable restroom provider that includes the number of restrooms to be provided. Please note that for events held in parks, portable restrooms must be removed in a timely manner after the event.

## Section 9: Fireworks, Open Fire and Camping Information

Does your event include the use of fireworks (i.e. fireworks, rockets, lasers, or other pyrotechnics)? Yes ☐ No ☒

If yes, you will be required to obtain a fireworks permit from Pinal County Board of Supervisors prior to all fireworks exhibitions. Please describe pyrotechnics use: \_\_\_\_\_

Will your event have overnight camping? Yes ☐ No ☒ Number of campsites: \_\_\_\_\_

Will your event include any open fires (i.e. campfires, bonfires, etc)? Yes ☐ No ☒

**Note: Bonfires require a government agency sponsor; campfires must be less than 3 feet in diameter and 2 feet in height.** Please describe types of fires that are planned: \_\_\_\_\_

\*\*\*If your event will have fireworks and/or open fires you will be required to have on-site fire protection services from a fire department. Please provide a signed copy of the fire protection services contract with this application.

## Section 10: Security and Medical Plan

Have you contacted Pinal County Sheriff's Office (PCSO) regarding the requirements for obtaining Deputies or private security staff to provide security for your event? Yes ☒ No ☐

Do you have a contract in place for their services? Yes ☐ No ☒

Please include a copy of all contracts with this application. Note: PCSO may require you to sign a contract for their services.

Number of PCSO personnel: 2 Number of private security personnel: 8

Has the sponsor contracted with a medical provider, such as an ambulance provider, a fire department or a private medical provider, for medical support for your event? Yes ☒ No ☐

\*\*\*If yes, please provide a copy of all contracts from the medical providers. The contracts must include 24 hour emergency contact information for on-site medical supervisors; number, size and operation hours of the medical stations; number of ambulances; number of personnel and work schedule; type of medical equipment and supplies utilized by medical personnel for the event.

Emergency contact for medical service provider DURING event: Name Dave McElligott Number 602-733-4925

Please indicate the following:

Total number of medical personnel for the event: 2 Number of Paramedics: 1  
Number of EMTs: 1 Number of ambulances: 1 Number of helipads: \_\_\_\_\_ GPS coordinates of helipads: \_\_\_\_\_  
Number of medical stations: 1 Medical station shall provide basic necessities such as water, a place to lie down, a tent for protection, heating and/or cooling, etc.

Mobile Medical Teams (a medical team = 1 Paramedic and 1 EMT)

Number of foot teams: \_\_\_\_\_ Number of cart teams: \_\_\_\_\_ Number of bike teams: \_\_\_\_\_

Please note that Emergency Management and Public Health will work with you to create an efficient medical and emergency plan for your event.

## Section 11: Insurance Requirements

The Pinal County Risk Manager, at Risk Manager's sole discretion, will determine insurance requirements for a Special Event following receipt of a Special Event Application/Permit. Insurance requirements apply to Special Event vendors, amusement ride companies and fireworks producers, their contractors and subcontractors as well as Special Event Owners/Sponsors. Requirements will depend, including but not limited to, on hazards and exposures associated with the specific Special Event.

Minimum required Insurance shall be provided by companies licensed in the State of Arizona with a current AM Best, Inc. rating of A VII or better. Pinal County, its employees, volunteers and officials shall be named additional insured on all insurance policies except workers' compensation, and, except for automobile liability, Pinal County's additional insured status shall include premises liability and products/completed operations.

Coverage's shall be primary and non-contributory with respect to any other insurance available to Pinal County, its employees, volunteers and officials and shall include a waiver of rights of recovery or subrogation against Pinal County, its officials, volunteers and employees without limitation for any and all claims, damages, losses, liabilities or expenses relating to, arising from, resulting from, or alleged to have arisen or resulted from, this Special Event.

**Original copies of certificates of insurance and additional insured endorsements must be received by Pinal County Risk Management at least fifteen (15) working days prior to the event.**

Minimum insurance requirements for any Special Event requiring a Special Event Application/Permit are listed below. Additional insurance or insurance limits and conditions may be required at the sole discretion of the Pinal County Risk Manager. The minimum insurance requirements of Pinal County do not limit the indemnity provisions of this Special Event Application/Permit and agreements. Pinal County does not represent that the minimum required insurance is adequate to protect the interests of any Special Event Owner/Sponsor, producer, vendor, their contractors or subcontractors or any other person or entity.

### MINIMUM INSURANCE REQUIREMENTS:

**Commercial General Liability** (occurrence form) including products/completed operations, premises liability, broad form property damage and contractual liability:

**Small Event:** \$1,000,000 per occurrence, \$2,000,000 products/completed operations aggregate, \$2,000,000 general aggregate

**Large Event:** \$3,000,000 per occurrence, \$6,000,000 products/completed operations aggregate, \$6,000,000 general aggregate

**Very Large Event:** \$5,000,000 per occurrence, \$5,000,000 products/completed operations aggregate, \$10,000,000 general aggregate

Other liability insurance if applicable:

Liquor Liability:

**Small Event:** \$1,000,000 per occurrence, \$2,000,000 products/completed operations aggregate, \$2,000,000 general aggregate

**Large Event:** \$3,000,000 per occurrence, \$6,000,000 products/completed operations aggregate, \$6,000,000 general aggregate

**Very Large Event:** \$5,000,000 per occurrence, \$10,000,000 products/completed operations aggregate, \$10,000,000 general aggregate

**Fireworks production:** \$3,000,000 per occurrence, \$6,000,000 products/completed operations aggregate, \$6,000,000 general aggregate

**Carnival/amusement rides:** \$3,000,000 per occurrence, \$6,000,000 products/completed operations aggregate, \$6,000,000 general aggregate

**Automobile Liability Insurance:** Covering any automobiles or trucks used for the event: \$1,000,000 combined single limit including hired and non-owned auto

**Workers' Compensation Insurance:** Statutory limits and including Employer's Liability insurance of \$1,000,000 each accident, \$1,000,000 each disease and \$1,000,000 disease policy limits

#### **INDEMNIFICATION**

In consideration of the approval of a Special Event Application/Permit by Pinal County, to the fullest extent permitted by law, the Special Event Owner/Sponsor ("Owner") shall indemnify, defend, save and hold harmless Pinal County, its officials, agents, employees and volunteers ("County") without limitation from and against any and all claims, actions, liabilities, damages, losses, or expenses including but not limited to court costs, attorneys' fees, and costs of claim processing, investigation and litigation relating to, arising from, resulting from or alleged to have arisen or resulted from, the Special Event or caused, or alleged to have been caused, in whole or in part, by the acts or omissions of the County or Special Event Owner/Sponsor or any of their officials, owners, directors, employees, agents, contractors, subcontractors, invitees, participants or volunteers. It is agreed that Special Event Owner/Sponsor will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable. Special Event Owner/Sponsor agrees to waive all rights of subrogation against County for losses arising or resulting from the Special Event.

#### **OTHER GENERAL RISK MANAGEMENT REQUIREMENTS:**

**County Property:** This Special Event Application/Permit is for Pinal County property and shall not be construed as authorization for use of adjacent private or public property, grounds or land. Special Event Owner/Sponsor shall be responsible for obtaining all necessary permits or agreements.

**Damage to Pinal County Property:** Special Event Owner/Sponsor will promptly compensate or reimburse Pinal County the full amount of any damage to, or loss of use of, Pinal County buildings, facilities, grounds, lands, water or property caused by Special Event Owner/Sponsor, its officers, officials, employees, members, guests, invitees or participants. Compensation or reimbursement to Pinal County shall also include, but not limited to, restoration, clean-up, abatement, remedial action, legal fees and expenses or fines.

**Damage to Special Event Owner/Sponsor Property:** Pinal County shall not be responsible for loss of, damage to, or loss of use of tangible or intangible property of Special Event Owner/Sponsor, its officers, officials, employees, members, guests, invitees or participants.

## Section 12: Signature

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief. I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the Pinal County Special Event Ordinance, and I understand that this application is made subject to the rules and regulations established by Pinal County. I agree to comply with all other requirements of the County, State, and Federal Government and any other applicable entity that may pertain to the use of the Event venue and the conduct of the Event

Special Event Owner/Sponsor ("Owner"): (Print) David McElligott

Signature: David McElligott

Date: 10/5/22

Pinal County Special Event Coordinator: Susan Gahr

Date: 12/23/22

\_\_\_\_\_  
Chairman

Pinal County Board of Supervisors

ATTEST:

\_\_\_\_\_  
Clerk of the Board

Revised 10/2019



**PROPERTY OWNER/AGENT AUTHORIZATION FORM**

I (property owner) SUPERSTITION MOUNTAIN HISTORICAL SOCIETY  
hereby authorize (owner's agent) SUPERSTITION MOUNTAIN MUSEUM

To make application to Pinal County for the following (description of work) \_\_\_\_\_  
NATIVE AMERICAN ARTS FESTIVAL

Assessor Parcel Number: 100-01-0110

Name of RV/PM/MH Park (if applicable): \_\_\_\_\_

Lot or Space # (if applicable): \_\_\_\_\_

Physical Address: 4087 E. Apache TRAIL

City/Town: Apache Junction State: AZ Zip: 85119

By signing this Form, I acknowledge and agree that I am not released from responsibility for: (1) the payment of any and all fees associated with the issuance of any permits, orders, notices or other approvals ("Approvals") by Pinal County pursuant to my agent's application; (2) the satisfactory completion of all work authorized by such Approvals in compliance with all applicable county, state and federal laws, codes, rules, regulations and requirements; and (3) correcting any violations of the terms and conditions of such Approvals issued by Pinal County pursuant to my agent's application.

Property Owner: DAVID RAZING

Phone Number: 480-983-4888

By (signature): [Signature]

Email: SMITHS.DIRECTOR@gmail.com

Name: DAVID L. RAZING

Date: 10/5/22

Title: BOARD TREASURER

COMMUNITY DEVELOPMENT





SUPEMOU-01

KKIMBLE

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/28/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> A and H Insurance, Inc. 288 N Ironwood Dr #111 Apache Junction, AZ 85120	<b>CONTACT NAME:</b> Kelley Kimble	
	<b>PHONE (A/C, No, Ext):</b> (480) 982-0273	<b>FAX (A/C, No):</b> (480) 646-1006
	<b>E-MAIL ADDRESS:</b> kkimble@aandhins.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	INSURER A : Philadelphia Indemnity Ins. Co	18058
<b>INSURED</b>  Superstition Mountain Historical Society Inc. P O Box 3845 Apache Junction, AZ 85117	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	X	PHPK2481659	11/1/2022	11/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 3,000,000
	<b>GEN'L AGGREGATE LIMIT APPLIES PER:</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						BODILY INJURY (Per person) \$
	<b>OTHER:</b>						BODILY INJURY (Per accident) \$
	<b>AUTOMOBILE LIABILITY</b>						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY						
	<input type="checkbox"/> HIRED AUTOS ONLY						
	<input type="checkbox"/> SCHEDULED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	<b>EXCESS LIAB</b>						
	<input type="checkbox"/> CLAIMS-MADE						
	<b>DED</b>						
	<b>RETENTION \$</b>						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	<b>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</b>						E.L. EACH ACCIDENT \$
	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A						E.L. DISEASE - EA EMPLOYEE \$
	<b>If yes, describe under DESCRIPTION OF OPERATIONS below</b>						E.L. DISEASE - POLICY LIMIT \$

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

Special Event: Native American Arts Festival, January 27-29, 2023. Additional Insured and Waiver of Subrogation in favor of Pinal County as required in written contract or written agreement.

## CERTIFICATE HOLDER

## CANCELLATION

<b>Pinal County</b> Attn Risk Management P O Box 2088 Florence, AZ 85132	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
	<b>AUTHORIZED REPRESENTATIVE</b> 

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):

Pi nal Co., It's Official s, officers &  
empl oyees

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.



## **Superstition Fire & Medical District**

Serving the Communities of Apache Junction and Gold Canyon since 1955

Phone | (480) 982-4440

Website | [sfmd.az.gov](http://sfmd.az.gov)

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September 20, 2022

Dave McElligott– Assistant Director  
Superstition Mountain Museum  
4087 N. Apache Trail  
Apache Junction, AZ 85119  
[giftshop@superstitionmountainmuseum.org](mailto:giftshop@superstitionmountainmuseum.org)  
Phone: 602-733-4925

Re: 2023 Native American Arts Festival; Medical Staffing Agreement

Dave McElligott,

This Medical Staffing Agreement represents the cost associated with providing Emergency Medical Services (EMS) to staff a Medical Aid Station for the Native American Arts Festival on January 28 & 29<sup>th</sup>, 2023. This is a joint agreement between the Superstition Mountain Museum and the Superstition Fire & Medical District, and is only valid for the scheduled event of January 28 & 29, 2023. This agreement provides for one EMT Basic provider and one Paramedic Advanced provider to serve as medical aid services as required by the Pinal County Special Event Permit.

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The following obligations are agreed upon by both parties as per the execution of this agreement for services:

**Fire District's Obligations:**

1. Provide one (1) State Certified Paramedic, advanced level provider and one (1) State Certified EMT, basic level provider to staff a medical aid station at the special event located at 4087 N. Apache Trail, Apache Junction, AZ 85119 on Saturday & Sunday, January 28 & 29, 2023 from the hours of 9:00 am until 4:00 pm.
2. Provide all necessary advanced life support equipment required for Paramedic level care.
3. Provide all necessary disposable medical supplies.
4. Provide communications equipment for contact with Mesa Regional Dispatch Center for requesting additional resources for the treatment or transport of patients at the event.

5. Provide for the disposal of medical waste or other biohazard materials generated by the treatment of patients at the event.

**Superstition Mountain Museum Obligations:**

1. Agree to payment for services of one (1) State Certified Paramedic provider and one (1) State Certified EMT provider to staff a medical aid station at the special event located at 4087 N. Apache Trail, Apache Junction, AZ 85119 on Saturday, January 28, 2023 & Sunday, January 29, 2023 from the hours of 8:00am until 4:30pm (8.5 hours total per provider) per Schedule 'A' (attached).
2. Provide a secure and centralized location for the staging of an Emergency Vehicle. This location shall have direct access in and out of the festival grounds to avoid any delays in transportation of patients or response of additional emergency vehicles.
3. Signage to identify the medical aid services location.
4. Provide radio equipment to facilitate communications between the medical aid station staff, the event security staff, and the event coordinators throughout the duration of the event.
5. Provide an un-obstructed access at all times for emergency vehicle traffic into the event.
6. Hand washing station equipped with water and hand soap/sanitizer located within the medical aid station.

**Miscellaneous Provisions:**

1. Indemnification: To the fullest extent permitted by law, Superstition Mountain Museum shall defend, indemnify, and hold harmless the Fire District, its agents, representatives, officers, directors, officials, and employees from and against all claims, damages, losses and expenses, including, but not limited to, attorney fees, court costs, expert witness fees, and the cost of appellate proceedings, relating to, arising out of, or alleged to have resulted from the negligent acts, errors, omissions, mistakes or malfeasance relating to the performance of this Agreement by the Superstition Mountain Museum, as well as any person or entity for whose acts, errors, omissions, mistakes or malfeasance the Superstition Mountain Museum may be legally liable. Nothing herein shall be construed to modify the gross negligence standard in A.R.S. § 48-818.
2. Non-appropriation: This Agreement shall be subject to available funding for the Fire District, and nothing in this Agreement shall bind the Fire District to expenditures in excess of funds appropriated and allotted for the purposes outlined in this Agreement.

If all conditions and obligations are agreed upon by parties, the Fire District and Superstition Mountain Museum, this document and representative(s) signature(s) shall be considered and accepted as a binding agreement. Affixed signatures and receipt of payment must be received in advance of the scheduled event date at our administration office located at 575 N. Idaho Rd, Apache Junction, AZ, 85119 for this agreement to remain valid.

Pursuant to A.R.S. Section 38-511, the Fire District may terminate this Agreement.

**Superstition Fire and Medical District**

Board Chair: 

Printed: KATHLEEN Chamberlain

Board Clerk: 

Printed: JEFF CROSS

**Native American Arts Festival**

Agent: 

Printed: DAVID McElligott

Co-Agent: \_\_\_\_\_

Printed: \_\_\_\_\_



## Superstition Fire & Medical District

Serving the Communities of Apache Junction and Gold Canyon since 1955

Phone | (480) 982-4440

Website | [sfmd.az.gov](http://sfmd.az.gov)

### SCHEDULE 'A'

Cost based on two personnel for a total of 8.5 hours each (8:00 am through 4:30 pm) [.5 hours for travel, and pre and post event for set-up and take-down]

#### Personnel costs for each position who may work the event:

#### Cost for 8.5 hours

- |                                   |              |
|-----------------------------------|--------------|
| • Certified Paramedic/Firefighter | \$64.50/hour |
| • Certified Paramedic/Engineer    | \$71.85/hour |
| • Certified Paramedic/Captain     | \$84.75/hour |
| • Certified Paramedic TSP         | \$45.20/hour |
| • Certified EMT/Firefighter       | \$56.00/hour |
| • Certified EMT/Engineer          | \$66.70/hour |
| • Certified EMT/Captain           | \$76.50/hour |
| • Certified EMT/TSP               | \$36.50/hour |

#### Apparatus Cost (0800-1600) 8 hours

- |             |               |              |          |
|-------------|---------------|--------------|----------|
| • Ambulance | Cost per Hour | \$60.00/hour | \$480.00 |
|-------------|---------------|--------------|----------|

#### **Total Cost: (Personnel cost/hour plus apparatus cost/hour)**

\*These costs represent actual hourly overtime rates for personnel based on current SFMD special event overtime rates. These costs can be used to calculate additional resources if needed.

**Upon provision of services the Superstition Fire & Medical District will Invoice the total cost based on the personnel who work the event as displayed above. The Invoice is payable within 30 days of receipt.**



# PINAL COUNTY

## Environmental Health Services Special Event Notification (To Be Completed by Event Coordinator)

Note: Temporary Food Booths are allowed only at special events no longer than 14 consecutive days. Events must have approval of the local municipality or Pinal County Community Development.

Name of Event: NATIVE AMERICAN ARTS FESTIVAL

Event Duration: JAN 28 2023 to JAN 29 2023  
Month/Day/Year Month/Day/Year

Hours of Operation: 9-4pm  
Note: Food Vendors should be set up and ready for inspection two hours prior to event.

### Type of Event:

- ☒ **Special Event** – a transitory public gathering that takes place at a specific location for a specific purpose that is associated with a fair, carnival, parade, circus, public exhibition, holiday celebration, or trade show.
- ☐ **Tasting Event** – events including but not limited to wine tastings, BBQ competitions, and chili cook-offs, in which an entrance fee entitles the consumer to food service in conjunction with the event and where there is no point of sale directly at the booths.
- ☐ **Grand Opening** – one-time events celebrating the opening of a new business.
- ☐ **Fundraiser** – one-time events where funds are raised for bona-fide charitable organizations.
- ☐ **Transitory Sporting Event** – one-time events such as annual soccer tournaments, baseball playoffs, etc.

Event Location: SUPERSTITION MOUNTAIN MUSEUM

Event Location Address: 4087 E. Apache Trail Apache Junction AZ.

Event Contact Person / Food Coordinator: DAVID McELLIOTT E-Mail: SMHS.GIFTSHOP@gmail.com

Sponsoring Organization: SUPERSTITION MOUNTAIN HISTORICAL SOCIETY Phone #: 480-983-4088

Sponsoring Organization Address: 4087 E. Apache Trail Apache Junction AZ 85119

Expected Number of Mobile Food Vendors with annual permits from Pinal County Environmental Health: 4

Expected Number of Temporary Food Booths: 0

Please note which services that will be provided to vendors and how it will be provided:

- ☒ Water Faucets + Hoses if needed.
- ☐ Waste Water Disposal
- ☒ Electricity ELECTRIC CORDS IF NEEDED
- ☐ Grease Disposal
- ☒ Garbage DUMPSTERS
- ☒ Toilets # 2 AT FOOD AREA WITH WASH STATION

Please include a map of the event site with the location of all food booths, restroom facilities, animal venues such as petting zoos, and hand washing areas indicated.

Note: All Temporary Food Booth Vendors and a list of Mobile Food Vendors (with Pinal County permit numbers) must be received two weeks prior to the event.

### FOR DEPARTMENTAL USE ONLY

EFT- \_\_\_\_\_

Date Application Reviewed: \_\_\_\_\_ Application Reviewed By: \_\_\_\_\_

Approval: ☐ Recommended ☐ Denied

Notes (Reason for Denial): \_\_\_\_\_

Environmental Health

**EMERGENCY ACTION PLAN**  
**The Superstition Mountain Museum**

**Prepared:        September 21,**

**2022 EMERGENCY PHONE**

**NUMBERS:**

Staff must report all fire, criminal, and medical emergencies:

Emergency	911
Pinal County Sheriff:	(520) 866-8120 (Gold Canyon)
AJ Police Department:	(480) 982-8260
AJ Fire Department:	(480) 982-4440

**Emergencies to be reported include:**

- Fire
- Medical
- Severe Weather
- Bomb Threat
- Chemical spill
- Active Shooter

**Calling In an Emergency**

Provide the following information:

- Nature of emergency giving as much information as possible
- Location of the emergency (address, location on grounds)
- Your name and phone number from which you are calling.

**Emergency Evacuation Protocols**

When evacuation is required in the building, it is important to evacuate everyone out of the building in a safe and efficient manner. Everyone should familiarize themselves with the closest exit to their workstation. As staff members, it is our responsibility to assist and ensure our visitors are all properly evacuated.

**EVERYONE MUST EVACUATE!**



## **EMERGENCY ACTION PLAN**

### **The Superstition Mountain Museum**

#### **Evacuation Procedures - Buildings**

The following procedures should be followed in the event of a building evacuation.

- Safely stop all work in your area.
- Gather your personal belongings if safe to do so - necessities only, in the event you cannot return to your building such as keys, wallet/purse, cellphones and medications, and remember only if it is safe to do so.
- Proceed to the nearest exit.
- Proceed to the designated amphitheater and account for the employees that were working in your area.
- If you have information to offer in regard to the emergency, call 911 once you are in a safe location.
- Wait for instructions from Emergency Personnel.
- Never re-enter the building or work area until you have been instructed to by Emergency Personnel.

To help ensure the buildings are cleared, cashiers are to check the bathrooms and museum gallery, and storage rooms.

#### **Evacuation Procedures - Grounds**

The following procedures should be followed in the event the entire SMM grounds require evacuation:

- Follow building evacuation procedures to empty buildings and assemble staff and visitors.
- Emergency captains shall alert all visitors on the grounds of evacuation order instructing them to proceed calmly to their vehicles immediately and exit the parking lots safely.

#### **Emergency Captains**

Emergency Captains are assigned the task of checking the and confirming that they have arrived at the assembly location. Emergency captains should not leave the assembly area to find missing staff. The information regarding who is present and who is missing will be provided to the Emergency Personnel at their assembly

## **EMERGENCY ACTION PLAN**

### **The Superstition Mountain Museum**

location. Emergency captains should create a list of museum staff and volunteers who were working at the time of the emergency.

#### **Emergency Captains: (whoever is present at the time)**

- Dave McElligott, Gift shop Manager {Primary}
- Jerry Bender, Buildings & Grounds
- David Raring, Financial Manager
- Jackie Kahn, Volunteer
- Steve Campbell, Maintenance
- Dave Heaton, Maintenance



Date 8/22/2022

To: Superstition Museum

Native American Arts Festival

January 26-30

4 Mount Solar VIP Trailer		\$575.00
Trailer delivery		\$175.00
2 event portable restrooms	\$175 each	\$350.00
1 ADA portable restroom		\$200.00
1 hand wash station		\$100.00
Toilet delivery		\$200.00
Early am trailer svc		\$200.00
Early am toilet svc Jan 29	\$25 each	\$100.00
Weekend trip charge		\$200.00
Damage Protection		\$135.00
Fuel		\$625.80
Tax		\$246.03
EVENT TOTAL		\$3,103.83



Waste Connections of Arizona

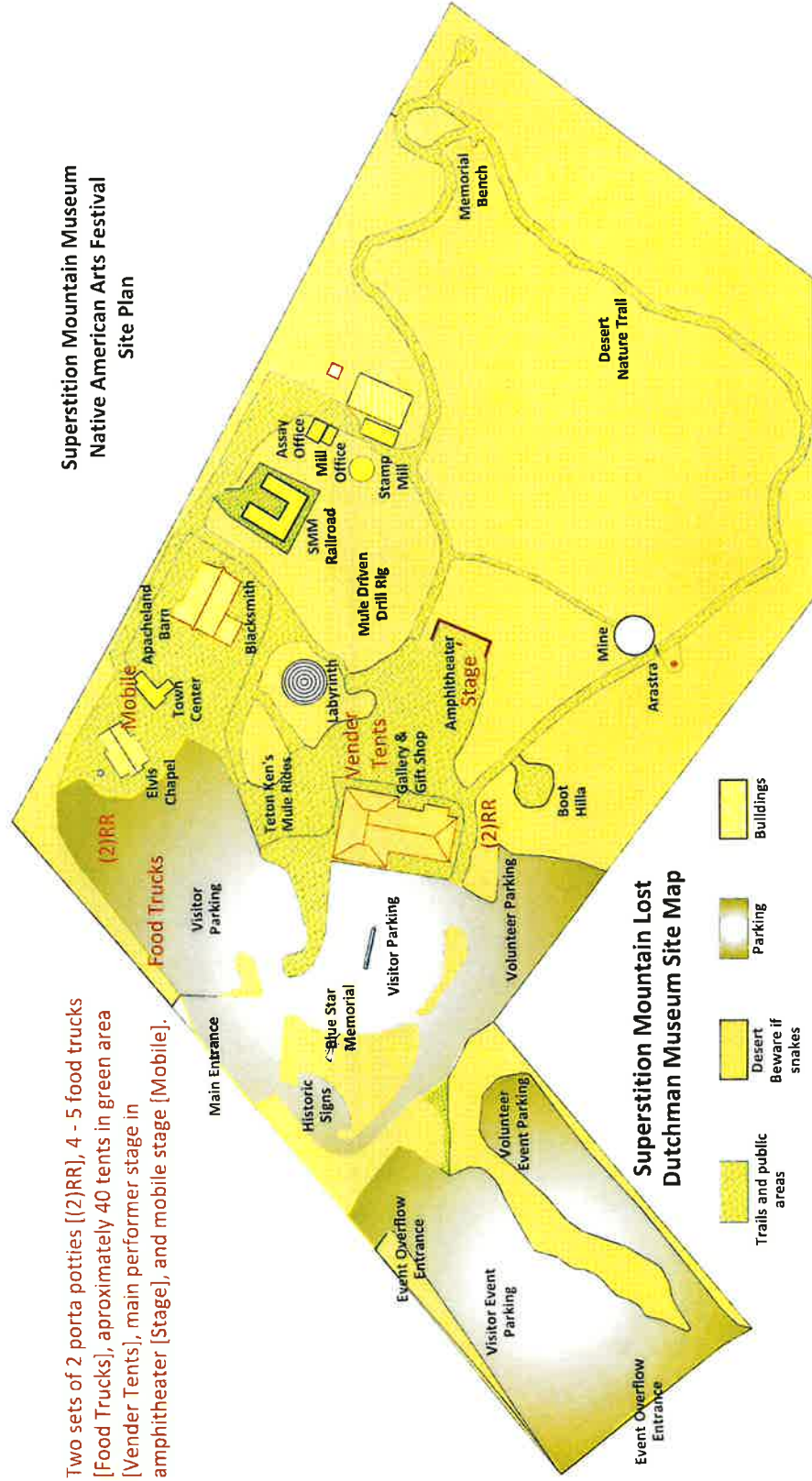
Apache Junction East Campus

3755 South Royal Palm Road | Apache Junction, Arizona 85119



# Superstition Mountain Museum Native American Arts Festival Site Plan

Two sets of 2 porta potties [(2)RR], 4 - 5 food trucks [Food Trucks], approximately 40 tents in green area [Vender Tents], main performer stage in amphitheater [Stage], and mobile stage [Mobile].



Superstition Mountain Lost  
Dutchman Museum Site Map