SEP-024-24
GOLD CANYON ARTS FESTIVAL 2025
*** BOS PACKET ***

PINAL COUNTY
DEVELOPMENT SERVICES

PINAL COUNTY SPECIAL EVENT COORDINATOR: ERIC DANIELS 520.866.6410

PINAL COUNTY

PINAL COUNTY COMMUNITY DEVELOPMENT
85 N FLORENCE ST 1st Floor, FLORENCE, AZ 85132/520-866-6442

LARGE SPECIAL EVENT APPLICATION

SEP # 024-24

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 (SEECP) 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 Gold Canyon Arts Festival

Special Event Owner/Sponsor ("Owner"): Gold Canyon Arts Council

(This will be the name listed on the insurance.)
Address: 5301 S. Superstition Mt Dr **City:** Gold Canyon **St:** AZ **Zip:** 85118

Email address: carbill5@mchsi.com

*Telephone: 480-296-6502 Cell: 480-296-6502

Web Address: www.goldcanyonarts.org

Contact Person (Coordinator): Carole Lindemann

Section 2: Property Information

Event Location Name: Gold Canyon United Methodist Church

Property Owner Gold Canyon United Methodist Church

Address: 6640 S. Kings Ranch Rd **City:** Gold Canyon **St:** Arizona **Zip:** 85118

Phone Number 480-982-3776 **Email**

Parcel Number (s): 104-12-076A

Current Property Use: church

Section 3: General Event Information

Purpose and Description: Juried Arts Festival

Event Category (check ALL that apply):

- ☐ Bicycle/Foot Race
- ☐ Fireworks
- ☐ Carnival/Amusement Rides
- ☐ Circus
- ☐ Concert/Performance
- ☐ Dance
- ☐ Festival/Celebration
- ☐ Wine tasting/food
- ☐ Inflatable/Jumpers
- ☐ Market/Sales
- ☐ Parade
- ☐ Motorized vehicle race
- ☐ Tent Revival
- ■ Art Show
- ☐ Other: 23

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: 1-25-2025 Event End Date: 1-25-2025

Event Hours of Operation: 9:00 am - 4:00 pm

Setup Date: 1-25-2025 Time: 6:00am Dismantle Date: 1-25-2025 Time: 4:00 pm

■ **Anticipated Attendance:** Per Hour (peak) 1200 Per Day total: 2500

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? 84 10x10

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.pinalcountyaz.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? 5

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://pinalcountyaz.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 23 Urinals 9 Sinks 13

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

Total number of: portable restroom units:_____ADA portable restroom units___Portable Restroom Unit Provider:_____

Total number of trash cans: 30 Dumpsters 1

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:** 0

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 SFMD Number 2

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: _____ *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: 0 Number of cart teams: Number of bike teams: 0

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

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) Carole Lindemann

Signature: Carole Lindemann Date: Nov 19, 2024

Pinal County Special Event Coordinator: _____ Date: _____

_____

Chairman
Pinal County Board of Supervisors

ATTEST:

_____

Clerk of the Board

Revised 4/2021

PINAL COUNTY
DEVELOPMENT SERVICES

PROPERTY OWNER/ EVENT AUTHORIZATION FORM & AGREEMENT

SPECIAL EVENTS

SEP-024-24

I (PROPERTY OWNER) Gold Canyon United Methodist Church

HEREBY AUTHORIZE (EVENT SPONSOR/APPLICANT) Gold Canyon Arts Festival

TO APPLY FOR AND OBTAIN A SPECIAL EVENT PERMIT FROM PINAL COUNTY FOR THE FOLLOWING:

(TITLE, SCOPE, DESCRIPTION OF EVENT)

Gold Canyon Arts Festival

Juried Arts Festival with musical performances and food vendors

EVENT PROPERTY PHYSICAL ADDRESS 6640 S. Kings Ranch Rd Gold Canyon, AZ 8511

PROPERTY PARCEL NUMBER(S) 104-12-076A

EVENT DATE(S) 1-25-2025 **EVENT TIME** 9:00 am **TO** 4:00 pm

SET UP DATE 1-15-2025 **DISMANTLE DATE** 1-25-2025

IN CONSIDERATION OF ISSUANCE BY PINAL COUNTY OF A SPECIAL EVENT PERMIT ON THE PROPERTY, I VOLUNTARILY AGREE TO HOLD PINAL COUNTY AND ITS BOARD, OFFICERS, AGENTS, VOLUNTEERS, AND EMPLOYEES HARMLESS AGAINST ANY AND ALL CLAIMS, LOSSES AND LIABILITY FOR PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF, RELATED TO, OR AS A CONSEQUENCE OF THE SPECIAL EVENT, AND ANY AND ALL EXPENSES RELATED TO CLAIMS OR LAWSUITS RESULTING FROM THE SPECIAL EVENT, INCLUDING, BUT NOT LIMITED TO, COURT COSTS AND ATTORNEY FEES. I FURTHER ACKNOWLEDGE THAT I AM RESPONSIBLE FOR THE CONDITION OF MY PROPERTY AFTER THE SPECIAL EVENT, AND TO REMEDY ANY PINAL COUNTY DEVELOPMENT SERVICES CODE VIOLATIONS ON MY PROPERTY THAT MAY RESULT FROM THE SPECIAL EVENT (E.G., VIOLATIONS RELATED TO RUBBISH, TRASH AND DEBRIS, ETC.).

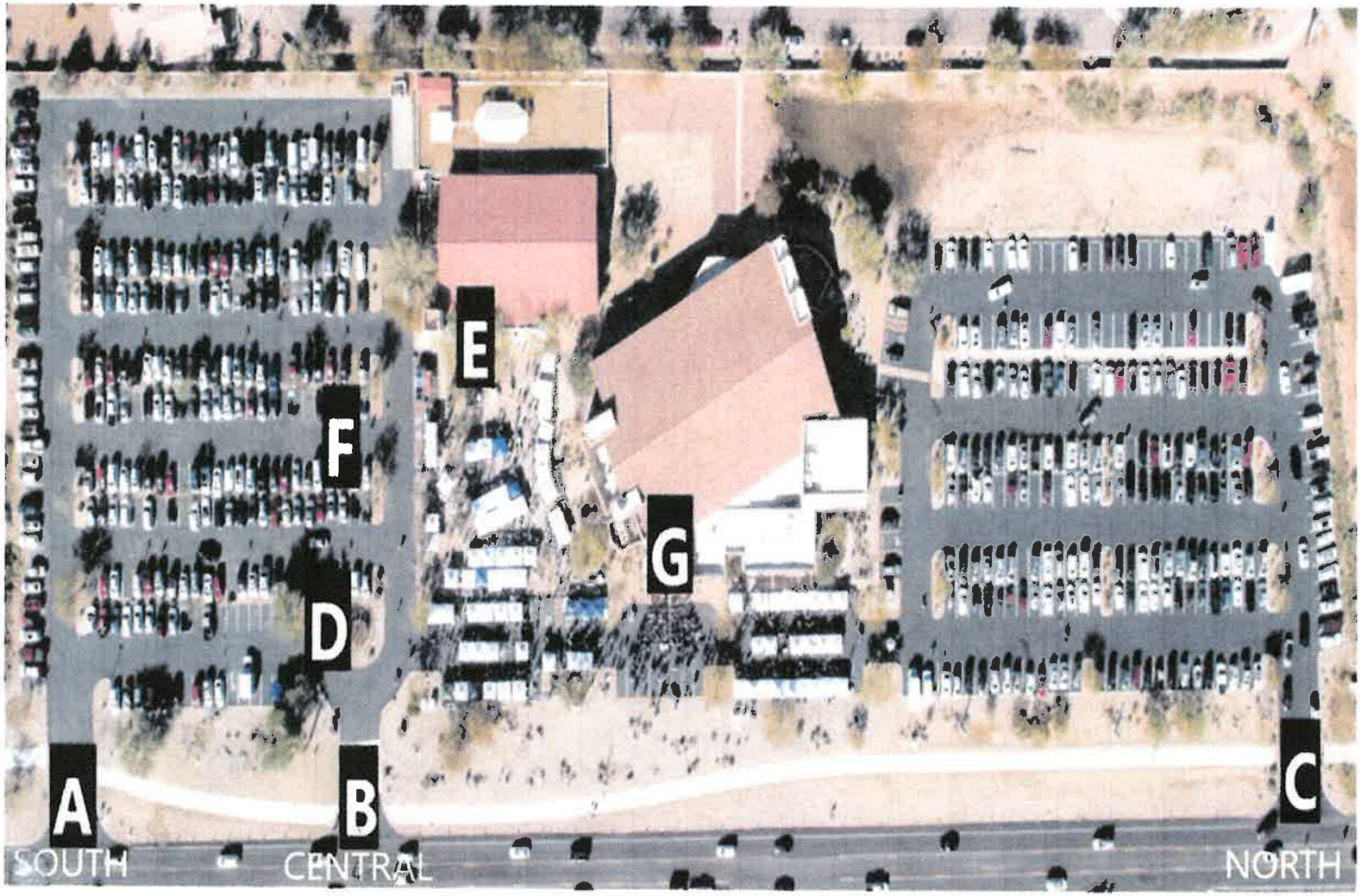
I HEREBY WAIVE AND RELEASE ANY CLAIM THAT I HAVE OR MAY HAVE IN THE FUTURE AGAINST PINAL COUNTY ARISING FROM OR RELATED TO THIS AUTHORIZATION AND AGREEMENT.

PROPERTY OWNER (PRINT) Gold Canyon United Methodist Church **PHONE NUMBER** 480-982-3776

BY SIGNATURE Rev. Fred Steinberg **EMAIL** revstein78@gmail.com

DATE SIGNED 10/21/24

FESTIVAL OVERVIEW



PARKING ENTRANCES: A=SOUTH B=CENTRAL C=NORTH

MEDICAL: D FOOD VENDORS: E HANDICAP PARKING: F STAGE: G

Trafficade Service LLC
dba AWP Safety 2533 W Holly St.
Phoenix, AZ 85009
602-431-0911
Fax 602-272-2827

Estimate

Estimate Date	Estimate ID
10/29/2024	GOLD CANYON

Valid Through: 11/28/2024

GOLD CANYON ARTS COUNCIL
CAROLE LINDEMANN
5301 S. SUPERSTITION MOUNTAIN RD
GOLD CANYON, AZ 85118
Phone: 480-296-6502

Email: CARBILL5@MCHSI.COM

Job Name: GOLD CANYON ARTS FESTIVAL 2025
Job Location:
KINGS RANCH RD & US 60
GOLD CANYON
Estimate Created By: Adrian Lizarraga
Estimated Days: 1

Item Description	Price	UOM	Qty/Day	Days	Total Qty.	Total
Estimating Lump Sum -	$3,200.00	Per Each	1	1	1	$3,200.00

Note: The * indicates taxable items.

ESTIMATE TOTAL $3,200.00

• Provide all traffic control equipment as described on the traffic control plan dated for 2024. Equipment will be for daytime use therefore lights are not included. Equipment rental based on a (1) day rental period.
• Provide necessary labor to set up and pick up all lane restrictions. AWP Safety crew will perform the initial delivery and stacking of equipment and return at the conclusion of the event to remove all restrictions. Additional time will be billed accordingly.

Scope:
Bid quantities for info only, contractor will be billed for actual quantities performed.
If Contractor or Sub removes and resets items, they are responsible for replacing the material damaged.
All setups include mobilization and demobilization, prices may vary and will be determined by scope of work/ work zone, and County or City entities that may have traffic control stipulations.
AWP Safety has the ability to revise quote once 100% completed specs and plans are released.
Estimate is based on 1 calendar Days.

Excluded:
Coring Concrete & Asphalt, Concrete Footing, Grading, and Survey for Signs.
Tax
Temporary No Parking Signs
ANY permits, Concrete Barrier, Fencing, Impact Trucks, Attenuators, Specialty signs.
Night work or any type of lights, Weekends or Holidays. (Operation Hours 7am-5pm)
ADA Compliance.
Message Boards
The estimated labor cost does not include any standby OR certified flaggers.
Attenuator Truck/Driver

10/29/2024

Adrian Lizarraga

Date

Trafficade Service LLC

Visit Our Website at www.awpsafety.com

Accepted By:

Signature

Date

Print Name

Title

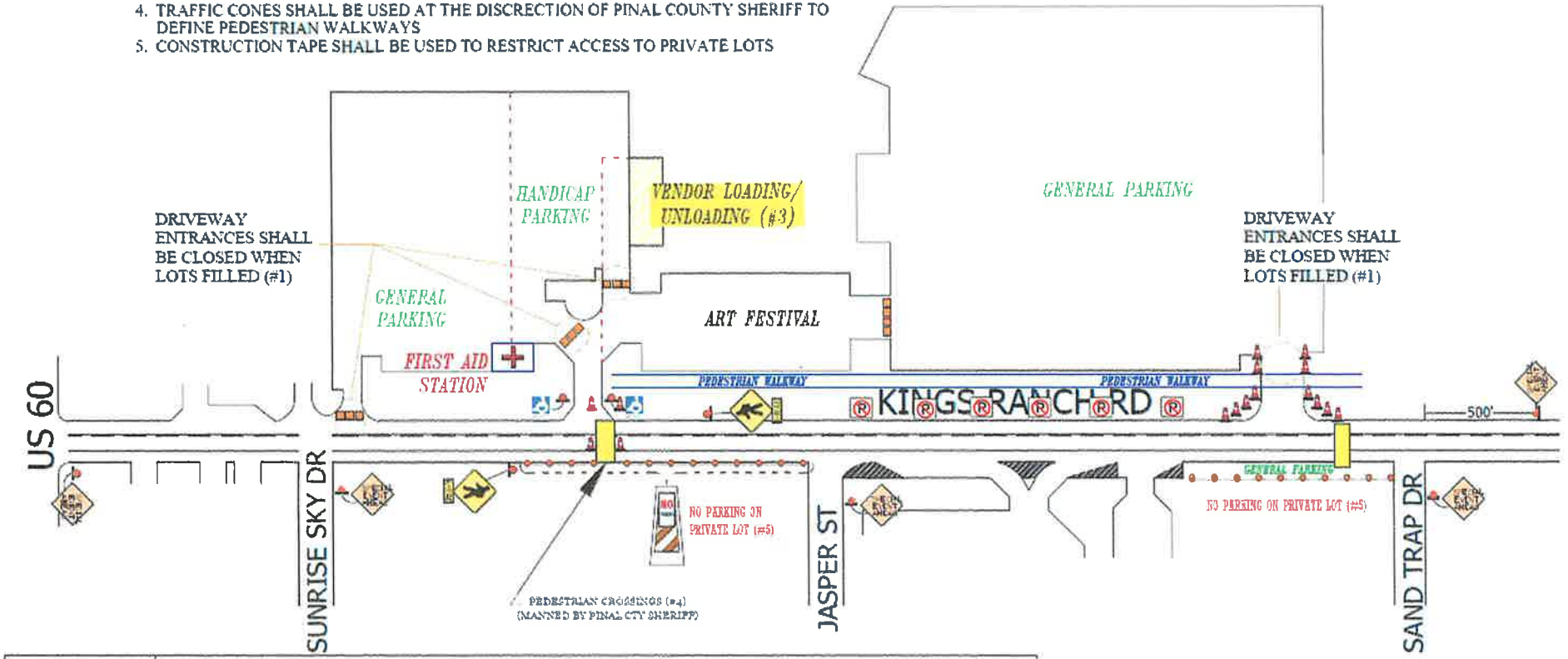
Company

www.Invarion.com

GOLD CANYON ARTS FESTIVAL

NOTES:

1. PARKING LOTS SHALL BE MANNED AND CLOSED AS CAPACITY IS REACHED
2. ADDITIONAL PARKING SHALL BE PROVIDED AT MEDICAL CENTER / CHURCH WHEN MARKED LOTS ARE FILLED
3. VENDOR LOADING/ UNLOADING WILL BE USED FOR HANDICAP PARKING DURING EVENT HOURS
4. TRAFFIC CONES SHALL BE USED AT THE DISCRECTION OF PINAL COUNTY SHERIFF TO DEFINE PEDESTRIAN WALKWAYS
5. CONSTRUCTION TAPE SHALL BE USED TO RESTRICT ACCESS TO PRIVATE LOTS



AWP Safety

Date: 10/29/2024 **Author:** JEREMY ANDERSON **Project:** GOLD CANYON ARTS FESTIVAL
JURISDICTION: PINAL COUNTY **TIME:** 24HRS **CONTRACTOR:** GOLD CANYON ARTS FESTIVAL
CONTACT: CAROLE LINDEMANN **CONTACT #:** 480-296-6502

Comments:

SPEED LIMIT 35 POSTED SPEED

W N S E

carbill5@mchsi.com

From:	Off Duty Management (noreplyns@offdutymanagement.com) <system@sent-via.netsuite.com>
Sent:	Wednesday, September 4, 2024 11:00 AM
To:	carbill5@mchsi.com
Subject:	Off Duty Management - Prepayment SO16422
Attachments:	Sales Order_SO16422_1725472773203.pdf

Thank you for placing your order with Off Duty Management.

Please find the attached Prepayment Invoice(s) SO16422, with all details. There is a link included in the attachment that will allow you to make your prepayment with a Credit Card or with ACH.

Shift Info

01/25/2025 8:30 AM to 12:30 PM 3 Officer(s)

We thank you for your request and if you have any questions pertaining to this invoice, please contact us via email or phone number listed below.

When emailing, please include the invoice number in your email.

Thank You,
Operations Department
Direct: 281-347-8500
Email: admin@offdutymanagement.com
www.offdutymanagement.com

****This is an automated message ** PLEASE DO NOT REPLY DIRECTLY TO THIS EMAIL**

OFF DUTY MANAGEMENT

Off Duty Management
Off Duty Management
1906 Avenue D
Ste 200
Katy TX 77493

United States

Sales Order

#SO16422

9/4/2024

Bill To

Carole Lindemann
Gold Canyon Arts Council
5301 South Superstition Mountain Drive Suite 104 #183
Gold Canyon AZ 85118
United States

Ship To

6640 South Kings Ranch Road
Gold Canyon
AZ
85118

TOTAL

$1,094.40

Payment Method	PO #	Shipping Method	Ship Date	Worksite Address	Request Id
			9/4/2024	6640 South Kings Ranch Road	

Shift Info

01/25/2025 8:30 AM to 12:30 PM 3 Officer(s)

Quantity	Item	Rate	Amount
12	**Regular** Traffic Control	$79.80	$957.60
12	**Vehicle** Traffic Control	$11.40	$136.80

Subtotal	$1,094.40
Tax Total (%)	$0.00
Total	$1,094.40



SO16422

GOLDCAN-01 KKIMBLE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/14/2024

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
A and H Insurance, Inc.
288 N Ironwood Dr #111
Apache Junction, AZ 85120

CONTACT NAME: Kelley Kimble
PHONE (A/C, No, Ext): (480) 982-0273 FAX (A/C, No): (480) 646-1006
E-MAIL ADDRESS: kkimble@aandhins.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Philadelphia Indemnity Ins. Co	18058
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Gold Canyon Arts Council
5301 S Superstition Mtn Drive
Suite 104/183
Gold Canyon, AZ 85118

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	X COMMERCIAL GENERAL LIABILITY							
	CLAIMS-MADE X OCCUR	X		PHPK2603438-012	11/2/2024	11/2/2025	EACH OCCURRENCE	$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 4,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 4,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)
Non-profit organization.

Special Event: Gold Canyon Arts Festival, January 25, 2025. Pinal County, its employees, volunteers, and officials are Additional Insureds with respect to liability arising out of the operations of the Named Insured per endorsement PI-GLD-HS (10/11), on a primary basis.

CERTIFICATE HOLDER

Pinal County
Attn: Risk Management
P O Box 2088
Florence, AZ 85132

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
Kelley Kimble

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