

Fremont County

SEP 1 X 2025

Planning & Zoning

# Temporary Use Permit

Application Packet

*Note: All applications prior to submittal must have gone through a pre-application meeting.*

FREMONT COUNTY PLANNING & ZONING

## Process & Requirements Overview

A temporary use permit is required for spectator events, athletic events, carnivals, circus, concerts, fairs, flea markets, public recreational events, tent meetings, or other similar uses with similar impacts whether public or private, and whether on public or private land. The Department will schedule a pre-submittal meeting if requested by the applicant. The applicant will be required to provide some information (*current use and proposed temporary use, proposed water and sanitation source, proof of access, etc.*) prior to the meeting for the Department to review for the Board meeting. The applicant will be provided with application handouts and information.

A temporary use permit may be approved by the Department if all the following are met:

- A complete application form, all required documentation as per Section 8.12 this Resolution, and fee have been submitted to the Department a minimum of twenty (20) working days prior to the date of the event.
- The event has been granted temporary use approval by the Board consecutively for three (3) previous years.
- The applicant is not requesting a waiver of the application fee or the cash, surety, or other bond (*for clean-up*), unless the Board has granted the waiver for previous application.
- The applicant/event has been conducted in compliance with the requirements of the three (3) previous temporary use permits.
- There are no major changes or amendments to the application, compared to the three prior permits.
- The applicant agrees to any recommendations or requirements of any commenting agency notified of the event.

Any application which is not complete or does not include all minimum submittal requirements will be rejected by the Fremont County Department of Planning and Zoning (Department). The department requires one (1) hard copy of the application and all required submittals. One (1) electronic copy all items shall be labeled exactly as the required submittal.

Upon receipt of a complete application, the Department will review the application and all attachments and prepare a Department Submittal Deficiency and Comment Letter (D & C Letter), which will state the submittal deficiencies which must be addressed by the applicant, Department comments and/or questions about the application, and the number of revised application packets to be supplied to the Department. An additional full application fee may be charged to the applicant, as per Resolution approved by the Board of County Commissioners (Board), if all deficiencies as per the initial D & C Letter are not adequately addressed or provided. Each subsequent D & C Letter, based on resubmitted items, will result in another full application fee. All such fees shall be paid along with the deficiency submittal, prior to any further review of the application.

The Department, Commission, and/or Board of County Commissioners (Board) may require additional information at any time during the application process as may be deemed necessary for thorough consideration of the application and to enable an informed final decision.

Any Land Use application for that has been submitted after the use requiring the permit has been established on the property may be subject to a penalty fee in addition to the set application fee for such permit. The penalty fee shall be equal to the initial application fee for the Land Use Application. As with all land use applications payment of associated fees do not ensure approval of the application.

Applicants shall pay all application fees to the Fremont County Treasurer's Office. Upon receipt of a complete application, a Department representative will provide the applicant with a payment check list to present to the Treasurer's Office with payment.



## FREMONT COUNTY

### DEPARTMENT OF PLANNING AND ZONING

615 MACON AVENUE, ROOM 210, CAÑON CITY, COLORADO, 81212

Telephone 719-276-7360 / Facsimile 719-276-7374

Email: [Planning@fremontco.com](mailto:Planning@fremontco.com)

#### Check the Applicable Application

☐ Temporary Use Permit – With Meeting  
\$250.00

☒ Temporary Use Permit – Without Meeting  
\$200.00

**PROPERTY INFORMATION:** Provide information to identify properties and the proposed development. Attach additional sheets if necessary.

Property Address:

401 PARK PLACE

Tax ID/Parcel Number:

84-1030629

Zone District:

Parcel size in Acres:

Proposed Event:

APPLE DAY

**PROPERTY OWNER(S) INFORMATION:** Indicate the person(s) or organization(s) who own the property.

Name(s) (Individual or Organization):

Mailing Address:

401 PARK PLACE

Telephone:

719-458-4669

Email Address:

treasurer@penroseparkrec.com

**AUTHORIZATION REPRESENTATIVE / AGENT / CONSULTANT:** Indicate person(s) submitting the application if different than the property owner(s). Attach additional sheets if necessary.

<b>Name(s) (Individual or Organization):</b>
ROBERTA Newton
<b>Mailing Address:</b>
110 Fremont St Penrose, Co 81240
<b>Telephone:</b>
719-429-7002
<b>Email Address:</b>
treasurer@penroseparkrec.com

By signing this Application, the Applicant, or the agent / representative / consultant acting with due authorization on behalf of the Applicant, hereby certifies that all information contained in the application and any attachments to the Application, is true and correct to the best of the Applicant's knowledge and belief.

Fremont County hereby advises the Applicant that if any material information contained herein is determined to be misleading, inaccurate or false, the Board of County Commissioners may take any and all reasonable and appropriate steps to declare null and void, any actions of the Board regarding the Application.

Signing this Application is a declaration by the applicant that all plans, drawings and commitments submitted with or contained within this Application are or will be in conformance with the requirements of the Fremont County Zoning Resolution.

<u>ROBERTA Newton</u>	<u>Roberta Newton</u>	<u>8-4-16</u>
Printed Name	Applicant Signature	Date

_____	_____	_____
Printed Name	Owner Signature	Date



# Fremont County Planning & Zoning Department

## Temporary Use Permit

### REQUIRED EXHIBITS

Submittals and exhibits should be clearly identified with section and/or question number located on the bottom right-hand corner, or otherwise tabbed or marked. Any waiver requests shall be labeled as the same exhibit number.

### LETTERS OF INTENT – SECTION TWO

<input checked="" type="checkbox"/> EXHIBIT 2.1	Describe in detail the general description of the event to include dates of the event, hours of the day that the event will be held.
<input type="checkbox"/> EXHIBIT 2.2	Right to Occupy
<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> EXHIBIT 2.3	<p>Signage Plan</p> <ol style="list-style-type: none"> <li>1. Provide a statement as to the type(s) of signs, size, &amp; location(s).</li> <li>2. Total amount of signs.</li> <li>3. How long the signs will be posted.</li> <li>4. Copies of any agreements and or contracts with the appropriate property owners, agencies, or companies, if applicable.</li> </ol>
<input checked="" type="checkbox"/> Exhibit 2.4	<p>Street Closures</p> <ol style="list-style-type: none"> <li>1. Any closure of a County roadway will require approval by the Board. Proposed closures of roadways not controlled by the County will require closure approval by the appropriate authority. Provide all details regarding any road closures.</li> </ol>
<input checked="" type="checkbox"/> Exhibit 2.5	The applicant shall provide a list of agencies that require the issuance of a permit, license, or other authority for the event.
<input checked="" type="checkbox"/> EXHIBIT 2.6	<p>Refuse Disposal Plan</p> <ol style="list-style-type: none"> <li>1. Address how any litter and debris will be handled during the event and the method of disposal after the event. Attach copies of any agreements and or contracts with appropriate agencies or companies, if applicable.</li> </ol>
<input type="checkbox"/> EXHIBIT 2.7	Security & Crowd Control Plan
<input type="checkbox"/> EXHIBIT 2.8	Vehicular & Pedestrian Traffic Plan
<input type="checkbox"/> EXHIBIT 2.9	Emergency Service Operation Plan

<input checked="" type="checkbox"/> EXHIBIT 2.10	Event Parking Plan
<input type="checkbox"/> EXHIBIT 2.11	Drinking Water Plan
<input checked="" type="checkbox"/> EXHIBIT 2.12	Sanitation Plan (restroom facilities)
<input checked="" type="checkbox"/> EXHIBIT 2.13	Concession Plan
	<ol style="list-style-type: none"> <li>1. Include a list of food and or beverage venders and a copy of permits, and/or licenses.</li> <li>2. Venders shall provide documentation of sales tax license.</li> </ol>

### REQUIRED SUBMITTALS – SECTION THREE

<input type="checkbox"/> Exhibit 3.1	Current Deed of Record
<input checked="" type="checkbox"/> Exhibit 3.2	General Liability Insurance
<input type="checkbox"/> Exhibit 3.3	Cash, Surety, or another Bond
	<ol style="list-style-type: none"> <li>1. In the amount deemed appropriate by the Board to ensure post-event cleanup of the property and payment for damage associated with the conduct of the event.</li> </ol>

### REQUIRED FORMS

<input checked="" type="checkbox"/> FCDOT	Fremont County Roadway Impact Analysis Form (if accessed from a county road)
<input type="checkbox"/> CDOT	Colorado Department of Transportation Access Permit (if accessed from a CDOT controlled highway)
<input type="checkbox"/> FIRE	Fire Protection Plan

### SITE PLAN

<input type="checkbox"/>	Two (2) copies of a drawing, minimum size of 11"x17" which shall include the following:
<input type="checkbox"/>	Natural Features (waterways, cliffs)
<input type="checkbox"/>	Existing improvements (structures, driveways, septic systems)
<input type="checkbox"/>	Components of the special event (stages, parking areas, vender areas)
<input type="checkbox"/>	Vicinity Map





## Public Entity Liability and Auto Physical Damage Certificate Holder Declaration

**Master Coverage Document Number:** CSD Pool CT C 01 01 25 and CSD Pool PEL 01 01 25

**Certificate Number:** 25PL-12091-3380

**Coverage Period:** 1/1/2025 to EOD 12/31/2025

**Named Member:**

Penrose Park & Recreation District  
401 Park Place  
Penrose, CO 81240

**Broker of Record:**

NO BROKER

Coverage is provided only for those coverages indicated below for which a contribution is shown.

Coverage	Per Occurrence Limit	Annual Aggregate Limit	Deductible	Contribution
<b>Public Entity Liability Coverage including:</b>	\$2,000,000	None		
General Liability	Included	None	None	\$1,322
Medical Payments - Premises	\$10,000	None	None	Included
Employee Benefits Liability	Included	None	None	Included
Public Officials Liability	Included	None	\$1,000	\$536
Employment Practices Liability	Included	None	*\$100,000	Included
Pre Loss Legal Assistance	\$5,000	\$10,000	None	Included
No-Fault Water Intrusion & Sewer Backup	\$200,000 limited to \$10,000 Any One Premises	***\$1,000,000	\$0	\$70
Cyber	\$200,000	**\$200,000	\$1,000	Included
Fiduciary Liability	\$200,000	**\$200,000	\$1,000	Included
Excess Liability - Coverage agreements A,B,C,D	No Coverage	No Coverage	N/A	No
Auto Liability	Included	None	\$500	\$1,476
Medical Payments – Auto	\$10,000	None	None	Included
Non-Owned and Hired Auto Liability	Included	None	None	\$145
Uninsured/Underinsured Motorists Liability	Included	None	None	Included
<b>Auto Physical Damage</b>	Per Schedule	Per Schedule	Per	\$196
Hired Auto Physical Damage	\$50,000	N/A	\$500/\$500	\$72
Auto Physical Damage – Employee Deductible Reimbursement	\$2,500	N/A	None	Included

**Total Contribution** \$3,817

\*Employment Practices Liability Deductible: 50% of loss including Indemnity and Legal Expenses subject to a maximum deductible of \$100,000 each occurrence.

\*\*A \$5,000,000 All Member Annual Aggregate Limit shall apply to Cyber.

\*\*A \$1,000,000 All Member Annual Aggregate Limit shall apply to Fiduciary Liability.

\*\*\*No-Fault Water Intrusion & Sewer Backup has \$1,000,000 All Member Annual Aggregate Limit.

**Additional Endorsements applicable to Member:**

This Certificate Holder Declaration is made and is mutually accepted by the CSD Pool and the Named Member subject to all terms which are made a part of the Public Entity Liability Coverage Document. This Certificate represents only a brief summary of coverages. Please refer to the Master Coverage Document for actual coverage, terms, conditions, and exclusions.

Countersigned by: \_\_\_\_\_

Authorized Representative



For delivery information, visit our website at [www.usps.com](http://www.usps.com).  
Penrose, CO 81240

Certified Mail Fee	\$5.30
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.78  
Total Postage and Fees \$10.48

Sent To  
411 Illinois  
Street and Apt. No., or PO Box No.  
Penrose, CO 81240  
City, State, ZIP+4<sup>®</sup>

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

For delivery information, visit our website at [www.usps.com](http://www.usps.com).  
Canon City, CO 81212

Certified Mail Fee	\$5.30
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.78  
Total Postage and Fees \$10.48

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100 Justice Ctr Rd  
Street and Apt. No., or PO Box No.  
Canon City, CO 81212  
City, State, ZIP+4<sup>®</sup>

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Penrose, CO 81240

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Extra Services & Fees (check box, add fee as appropriate)	
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<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.78  
Total Postage and Fees \$10.48

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632 Park Place  
Street and Apt. No., or PO Box No.  
Penrose, CO 81240  
City, State, ZIP+4<sup>®</sup>

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For delivery information, visit our website at [www.usps.com](http://www.usps.com).  
Florence, CO 81226

Certified Mail Fee	\$5.30
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.78  
Total Postage and Fees \$10.48

Sent To  
600 West 3rd St. Suite C  
Street and Apt. No., or PO Box No.  
Florence, CO 81226  
City, State, ZIP+4<sup>®</sup>

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Penrose, CO 81240

Certified Mail Fee	\$5.30
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.78  
Total Postage and Fees \$10.48

Sent To  
411 Hawkins  
Street and Apt. No., or PO Box No.  
Penrose, CO 81240  
City, State, ZIP+4<sup>®</sup>

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Penrose, CO 81240

Certified Mail Fee	\$5.30
Extra Services & Fees (check box, add fee as appropriate)	
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<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.78  
Total Postage and Fees \$10.48

Sent To  
207 Broadway  
Street and Apt. No., or PO Box No.  
Penrose, CO 81240  
City, State, ZIP+4<sup>®</sup>

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Canon City, CO 81212

Certified Mail Fee	\$5.30
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00

Postage \$0.78  
Total Postage and Fees \$10.48

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9589 0710 5270 1487 2422 01

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Canon City, CO 81212

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<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$5.78
Total Postage and Fees	\$10.48



Sent To  
1170 RED Canyon RD  
Street and Apt. No., or PO Box No.  
Canon City Co. 81212  
City, State, ZIP+4®



## FREMONT COUNTY FIRE PROTECTION PLAN AND DISTRICT COMMENT FORM

The Fremont County Subdivision Regulations and Fremont County Zoning Resolution require a fire protection plan be submitted with many different types of applications, at the time of application submittal. In order to provide consistency in the information received, it shall be required that these plans be submitted on this form.

The Fremont County Department of Planning and Zoning (Department), Fremont County Planning Commission (Commission) and Fremont County Board of County Commissioners (Board) take into consideration the responses of the Applicant and the District during their respective review process.

Attachments can be made to this form to provide expanded narrative for any application item including supportive documentation or evidence for provided form item answers. Please indicate at the form item that there is an attachment and label it as an exhibit with the application item number, a period and the number of the attachment for that item (*as an example, the first attached document providing evidence in support of the answer given at application item number 4 would be marked - Exhibit 4.1, the fifth attached document supporting the narrative provided for application item 4 would be marked - Exhibit 4.5*). Exhibit numbers should be placed in either the lower right hand area or the upper right hand area of the exhibit.

If the subject property is not in a fire protection district, only applicants' information and map are required. A copy of the Colorado State Forest Service Wildfire Hazard Area Map with the subject property clearly and accurately located, shall be attached and marked as Exhibit A.

### APPLICANT INFORMATION

1. Project Name Apple Day

2. Project Description Celebration with vendors, food vendors and Truck Show

3. Type of application:

- |  |  |
|--|--|
| <input type="checkbox"/> Zone Change #1                                      | <input type="checkbox"/> Special Review Use Permit       |
| <input type="checkbox"/> Zone Change #2 – Use Designation Plan               | <input type="checkbox"/> Conditional Use Permit          |
| <input type="checkbox"/> Zone Change #2 – Final Development Plan             | <input checked="" type="checkbox"/> Temporary Use Permit |
| <input type="checkbox"/> Commercial Development Plan                         | <input type="checkbox"/> Change of Use of Property       |
| <input type="checkbox"/> Commercial Development Modification                 | <input type="checkbox"/> Subdivision Preliminary Plan    |
| <input type="checkbox"/> Expansion of an existing Business or Industrial Use | <input type="checkbox"/> Minor Subdivision               |

3. The subject property is located at:

401 Park Place Penrose, CO 81240

Address and or General Location (*If general location only is used, it will be required that a legal description of the subject property be attached Marked as Exhibit 3.1*) ☐ An exhibit is attached.

4. Fire protection will be provided in what manner and with what resources? Florence Fire Protection District and Fire Extinguishers with food vendors



5. The source of water for fire protection is:  
☒ --- Water District – Name of District: Penrose Water District  
☐ --- Well – Colorado Division of Water Resources Well Permit Number: \_\_\_\_\_  
Is the well approved for fire protection? ☐ Yes --- ☐ No Please explain: \_\_\_\_\_  
☐ --- Cistern – What is the cistern capacity? \_\_\_\_\_ Gallons – What is the water source for filling the cistern? \_\_\_\_\_
6. What is the distance from the subject property to the nearest fire hydrant? \_\_\_\_\_  
100 feet
7. What public roadways provide access to the subject property? \_\_\_\_\_  
Grant Street, Park Place and Illinois St.
8. How many accesses to public roadways will the subject property have? \_\_\_\_\_  
Two
9. Are the interior roadways existing and or proposed for the subject property adequate for fire vehicle access? ☒ Yes --- ☐ No Please explain by providing right-of-way and surface widths, length of roadway, surface types for all interior existing and proposed roadways and turning radii for cul-de-sacs. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. What are the existing and or proposed interior roadway names? \_\_\_\_\_  
N/A
11. Is the subject property located within a fire protection district? ☒ Yes --- ☐ No  
If yes, please provide the district name: \_\_\_\_\_  
*If the subject property is not located within a fire protection district please answer the following questions and the form will be considered completed for submittal. If the subject property is located within a fire protection district then answers to the following will not be required, however the remainder of the form shall be addressed by a representative of the fire protection district in which the subject property is located.*
- a. What is the name of the fire protection district closest to the subject property? \_\_\_\_\_
- b. What is the distance from the subject property to the nearest fire protection district boundary? \_\_\_\_\_
- c. Is it logical and feasible to annex the subject property to a fire protection district?  
☐ Yes ----- ☐ No Please explain: \_\_\_\_\_  
\_\_\_\_\_

d. What types of fire protection improvements are proposed for the subject property and or structures to be housed on the property? Please explain: \_\_\_\_\_

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

By signing this Application, the Applicant, or the agent/representative acting with due authorization on behalf of the Applicant, hereby certifies that all information contained in the application and any attachments to the Application, is true and correct to the best of Applicant's knowledge and belief.

Applicant understands that any required private or public improvements imposed as a contingency for approval of the application may be required as a part of the approval process.

Fremont County hereby advises Applicant that if any material information contained herein is determined to be misleading, inaccurate or false, the Board of Commissioners may take any and all reasonable and appropriate steps to declare actions of the Board regarding the Application to be null and void.

Signing this Application is a declaration by the Applicant to conform to all plans, drawings, and commitments submitted with or contained within this Application, provided that the same is in conformance with the Fremont County Zoning Resolution.

Robert Newton  
Applicant Printed Name

R Newton  
Signature

9-4-25  
Date

\_\_\_\_\_  
Owner Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## FIRE PROTECTION AUTHORITY INFORMATION

1. The name of the fire protection authority is: Florence Fire Protection District
2. Name of contact person: Bill Ritter  
Title: Fire Chief Telephone: 719-280-3811
3. The name and address of the responding fire station is: FFPD Station 2  
207 Broadway Penrose, CO. 81240
4. The distance from the subject property, by public roadway, to the responding fire station is: 0.5 mile
5. The estimated response time to the subject property is: 1 minute
6. The location of the closest fire hydrant to the subject property is: Park Place and Grant Street
7. Is the existing hydrant size and location adequate for the existing neighborhood and the proposed development? ☒ Yes --- ☐ No Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Are the existing public roadways accessing the subject property adequate for fire vehicle access? ☒ Yes --- ☐ No Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Are the interior roadways existing and or proposed for the subject property adequate for fire vehicle access? ☒ Yes --- ☐ No Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Are the proposed fire protection measures adequate for any existing or proposed structures to be housed on the subject property? ☒ Yes --- ☐ No Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. What are the wildfire hazard classifications for the subject property, as prepared by the Colorado State Forest Service? Contact BLM Office in Canon City



12. Recommendations concerning fire protection in general, fire protection improvements, suggested road names, for this project are as follows: **NOTE:** Be sure to list type, size and location of improvements recommended (*i.e.*; *hydrants, water lines, cisterns, dry hydrants, roadway improvements, etc.*). Please indicate whether recommendations or requirements are the result of codes or regulations, and provide supporting information which will assist the Planning Commission and the Board of County Commissioners to determine whether to adopt any or all of the recommendations as requirements of the permit.

The Florence Fire Protection District will have apparatus in the Parade and on standby at the fireworks show.

*Bill Ritter*

Signature and title of Authorized Fire Protection Representative

9/3/2025

Date

Fremont County  
Department of Transportation



1170 Red Canyon Road • Cañon City, Colorado 81212  
Phone: 719-276-7430 • Fax: 719-275-2120

7.22.2025

Planning & Zoning  
615 Macon, Room 210  
Cañon City, CO 81212

RE: TUP 2025 Penrose Apple Day

Dear Mr. Victoria:

This communication is to confirm receipt of notice for the road closures for the Apple Day celebration to be held on October 4, 2025. We do not foresee any issues with the closures of Illinois and Park Place to Hawkins St.

Disposal of trash and debris from the event will be the responsibility of the applicant. Road closures, signs, and cones are the responsibility of the applicant.

Sincerely,

Michael Whitt

1

Michael Whitt  
FCDOT Director

Cc: Penrose Park & Recreation District  
Roberta Newton



## Fremont County Department of Planning and Zoning Roadway Impact Analysis Form

This form shall be used in conjunction with any applications submitted in accordance with Section 8 of the Fremont County Zoning Resolution and or Section VI of the Fremont County Subdivision Regulations. This form is considered a minimum application submittal item and shall be required to be provided at the time of application submittal. This form is intended to provide the minimum items that must be addressed in the roadway impact analysis. The form can be expanded or attachments can be made to further address the roadway impact of the proposed use. **If the estimated average daily traffic increase is less than thirty (30) vehicle trips per day (one trip to be considered as a single or one-direction vehicle movement with either the origin or the destination [exiting or entering] inside the subject property) as per the Institute of Transportation Engineers, Trip Generation Handbook, Second Edition or subsequent editions for the entire development, as estimated by the project engineer, then a Roadway Impact Analysis will not be required to be completed by an engineer. In such situations other minimum items shall be addressed by the applicant.**

1. Project Name Apple Day in Penrose

2. Type of application:

- |  |  |
|--|--|
| <input type="checkbox"/> Zone Change #1                                      | <input type="checkbox"/> Special Review Use Permit       |
| <input type="checkbox"/> Zone Change #2 – Use Designation Plan               | <input type="checkbox"/> Conditional Use Permit          |
| <input type="checkbox"/> Zone Change #2 – Final Development Plan             | <input checked="" type="checkbox"/> Temporary Use Permit |
| <input type="checkbox"/> Commercial Development Plan                         | <input type="checkbox"/> Change of Use of Property       |
| <input type="checkbox"/> Commercial Development Modification                 | <input type="checkbox"/> Subdivision Preliminary Plan    |
| <input type="checkbox"/> Expansion of an existing Business or Industrial Use |  |

3. Engineer: N/A Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone #: ( ) \_\_\_\_\_ Facsimile #: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

4. Provide a detailed description of the proposed use: APPLE DAY Event with a TRUCK SHOW ON PARK PLACE ST.

5. Provide the estimated average daily traffic to be generated by the proposed use(s), using the Institute of Transportation Engineers, Trip Generation Handbook, Second Edition or subsequent editions. The estimated volumes of traffic to be generated by the proposed use(s) shall include as a minimum, the average weekday traffic volume and the peak-hour (morning and afternoon) traffic volumes. Specify the number of trips in each category. (one trip to be considered as a single or one-direction vehicle movement with either the origin or the destination [exiting or entering] inside the subject property)  
Residential: 1 daily, 11:00 peak-hour am, 4:00 peak-hour pm \_\_\_\_\_  
Employee: \_\_\_\_\_ daily, 9:00 peak-hour am, 4:00 peak-hour pm \_\_\_\_\_

Customer: ? daily, 12:30 peak-hour am, 4:00 peak-hour pm

Truck generated by the proposed use: 1 daily, NOON peak-hour am, 4 peak-hour pm

Delivery – required by the use: N/A daily, \_\_\_\_\_ peak-hour am, \_\_\_\_\_ peak-hour pm

Total Vehicle Trips: 1 daily, NOON peak-hour am, 4:00 peak-hour pm

I certify that based on the proposed use(s) the total vehicle trips using the Institute of Transportation Engineers, Trip Generation Handbook, Second Edition or subsequent editions will average less than thirty (30) trips per day based on any fourteen (14) day time frame.

\_\_\_\_\_  
Colorado Licensed Professional Engineer

Date \_\_\_\_\_ Seal

***If the above has been certified, then the applicant can complete the form and acknowledge it. If completed by the applicant only the questions marked by asterisk (\*) are required to be answered.***

**NOTE:** If the additional information provided warrants improvements to the roadway system, even though the traffic generated by the proposed use is less than thirty (30) trips per day, such improvements will be required. If in the future the use exceeds an average of thirty (30) trips per day a complete analysis could be required.

6. \*What is the general location of the subject property? 401 PARK PLACE

7. \*What are the names and/or the numbers of the public roadways that serve the site? Grant St, Hawkins St, Park Place, Illinois St.

Provide a site plan drawing that shows the subject property, its proposed access points and all public roadways within a one-half (1/2) mile radius of the subject property, marked as Exhibit 7.1. ☐ An exhibit has been attached.

8. \*What is the classification, according to the Fremont County Master Plan, of the roadway from which the project site will gain access to the public transportation system?

☐ Expressway or Freeway --- ☐ Major Arterial --- ☐ Arterial --- ☐ Collector --- ☒ Local

9. \*Do the roadways in question lie within a three (3) mile radius of any incorporated town or city limits or the boundary of another County? ☒ Yes --- ☐ No

If yes, provide the name(s) of the jurisdiction(s): \_\_\_\_\_

In addition if a new roadway is to be constructed, how will it comply with the transportation plan in effect for the municipality? \_\_\_\_\_

10. \*Will this project require a Fremont County Driveway Access Permit or a Colorado Department of Transportation (CDOT) State Highway Access Permit? ☐ Yes --- ☒ No

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

11. \*Will the project require construction of, or improvement to any roadway maintained by the CDOT?  
☐ Yes --- ☒ No  
If yes, will the proposed construction or improvement be in compliance with CDOT's "5 Year Transportation Plan"? ☐ Yes --- ☐ No Please Explain \_\_\_\_\_  
\_\_\_\_\_  
Has CDOT required that the applicant provide a traffic study? ☐ Yes --- ☒ No  
If yes, a copy of the study shall be attached to this application, marked as Exhibit 11.1. ☐ An exhibit has been attached.
12. \*Will the project require construction of, or improvement to any roadway currently maintained or proposed to be maintained by the County? ☐ Yes --- ☒ No  
If yes, what would be the social, economic, land use, safety and environmental impacts and effects of the new roadway on the existing transportation system and neighborhood? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. \*Are any roadways proposed to be vacated or closed in conjunction with the proposed project? ☒  
Yes --- ☐ No  
If yes, please explain. PARK PLACE to HAWKINS ST.  
\_\_\_\_\_  
\_\_\_\_\_
14. \*Is the proposed project site adjacent to or viewable from any portion of the Gold Belt Tour Scenic Byway or other scenic corridor designated by the Master Plan? ☐ Yes --- ☒ No  
If yes, identify the byway and or scenic corridor: \_\_\_\_\_  
If yes, explain how the scenic quality will be affected by the proposed project. \_\_\_\_\_  
\_\_\_\_\_  
If yes, what measures will be taken to not have a negative impact on the byway and or scenic corridor? \_\_\_\_\_  
\_\_\_\_\_
15. \*Will the proposed project gain access to the public transportation system via 3<sup>rd</sup>, 9<sup>th</sup>, K and or R Streets in the Penrose-Beaver Park Area of the County? ☐ Yes --- ☒ No
16. \*Does the subject property have frontage on a public roadway? ☐ Yes --- ☒ No  
If answered no, then documentation evidencing a "right of access" to the subject property for the proposed use shall be attached marked as Exhibit 16.1. ☐ An exhibit has been attached. If answered no, then please explain what the right of access consists of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
17. \*What is the right-of-way width of the public roadway(s) that serve the site? \_\_\_\_\_  
\_\_\_\_\_
18. \*What is the surface type of the public roadway(s) that serve the site? Asphalt  
\_\_\_\_\_

19. \*What is the surface width of the public roadway(s) that serve the site? Asphalt
20. \*What are the existing drainage facilities for the public roadway(s) that serve the site? \_\_\_\_\_
21. \*Does the public roadway(s) that serves the site have curb and gutter? ☐ Yes --- ☒ No  
If answered yes, what is the type of curb and gutter? \_\_\_\_\_
22. \*Does the public roadway(s) that serves the site have adjacent sidewalks or other pedestrian ways?  
☐ Yes --- ☐ No  
If answered yes, what is the width(s) and surface type(s)? \_\_\_\_\_
23. \*How many access points will the subject property have to public roadways? \_\_\_\_\_
24. \*Will the proposed roadways that access the public roadways intersect the public roadways other than at perpendicular? ☐ Yes --- ☐ No  
If answered yes, please explain: \_\_\_\_\_
25. \*What are the sight distances, in all directions, from the subject property access point(s) along the public roadway that serves the site? (*mark and provide distance for each that is applicable*)  
☐ Northerly, site distance: \_\_\_\_\_ ☐ Southerly, site distance: \_\_\_\_\_  
☐ Easterly, site distance: \_\_\_\_\_ ☐ Westerly, site distance: \_\_\_\_\_
26. \*What are the distances from the subject property access point(s), in all directions, to the nearest intersection with another public roadway along the public roadway that serves the site? (*mark and provide distance for each that is applicable*)  
☐ Northerly, distance: \_\_\_\_\_ ☐ Southerly, distance: \_\_\_\_\_  
☐ Easterly, distance: \_\_\_\_\_ ☐ Westerly, distance: \_\_\_\_\_
27. \*What are the distances from the subject property access point(s), in all directions, to the nearest driveway(s) along the public roadway that serves the site? (*mark and provide distance for each that is applicable*)  
☐ Northerly, distance: \_\_\_\_\_ ☐ Southerly, distance: \_\_\_\_\_  
☐ Easterly, distance: \_\_\_\_\_ ☐ Westerly, distance: \_\_\_\_\_
28. \*What are the distances from the subject property access point(s), in all directions, to the nearest blind curve(s) along the public roadway that serves the site? (*mark and provide distance for each that is applicable*)  
☐ Northerly, distance: \_\_\_\_\_ ☐ Southerly, distance: \_\_\_\_\_  
☐ Easterly, distance: \_\_\_\_\_ ☐ Westerly, distance: \_\_\_\_\_



29. \*What are the distances from the subject property access point(s), in all directions, to the nearest blind hill(s) along the public roadway that serves the site? (*mark and provide distance for each that is applicable*)

☐ Northerly, distance: \_\_\_\_\_ ☐ Southerly, distance: \_\_\_\_\_  
☐ Easterly, distance: \_\_\_\_\_ ☐ Westerly, distance: \_\_\_\_\_

30. \*Identify any and all hazardous conditions with regard to the public roadway(s) that provide access to the subject property in the general area of the subject property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the public roadway(s) that currently serve the subject property have any hazardous conditions, then recommendations shall be made for improvements that will decrease the hazardous conditions on the public roadway(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31. \*Explain what effect the proposed use will have on the existing traffic in the neighborhood. If no change is expected, please explain why no change is expected: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

32. \*Will the proposed use, due to the increase in traffic or the type of vehicle traffic generated by the proposed use, change the level and or type of required maintenance for the public roadway(s) that serve the site? ☐ Yes --- ☐ No, (*please explain*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the proposed use, due to the increase in traffic or the type of vehicle traffic generated by the proposed use, changes the level and or type of required maintenance for the public roadway(s) that serve the site, then recommendations shall be made that would lessen the maintenance impact for the entity in control of maintenance of the public roadway(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** If improvements are required, it may be mandatory that such improvement be installed prior to final approval of the application.

33. \*Are new roadways proposed to be constructed, on or off site, in association with the proposed project? ☐ Yes --- ☐ No If yes, provide evidence that the roadways will be constructed to conform to natural contours in order to minimize soil disturbance, cut and fills, protect drainageways and not create to unstable slopes. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

34. Provide an analysis of the existing traffic volumes on the adjacent roadway system, including the average weekday traffic (*vehicles per day*) and the weekday peak-hour traffic (*vehicles per hour – am and pm*), showing the dates and times of traffic counts or source utilized for traffic volume counts. Determine the existing level of service or percentage of roadway capacity currently in use.

Roadway name or # \_\_\_\_\_ average weekday traffic \_\_\_\_\_  
Weekday peak-hour traffic \_\_\_\_\_ am \_\_\_\_\_ dates \_\_\_\_\_ times  
Weekday peak-hour traffic \_\_\_\_\_ pm \_\_\_\_\_ dates \_\_\_\_\_ times  
Current level of service - % of roadway in use \_\_\_\_\_  
\_\_\_\_\_

Roadway name or # \_\_\_\_\_ average weekday traffic \_\_\_\_\_  
Weekday peak-hour traffic \_\_\_\_\_ am \_\_\_\_\_ dates \_\_\_\_\_ times  
Weekday peak-hour traffic \_\_\_\_\_ pm \_\_\_\_\_ dates \_\_\_\_\_ times  
Current level of service / % of roadway in use \_\_\_\_\_  
\_\_\_\_\_

Roadway name or # \_\_\_\_\_ average weekday traffic \_\_\_\_\_  
Weekday peak-hour traffic \_\_\_\_\_ am \_\_\_\_\_ dates \_\_\_\_\_ times  
Weekday peak-hour traffic \_\_\_\_\_ pm \_\_\_\_\_ dates \_\_\_\_\_ times  
Current level of service / % of roadway in use \_\_\_\_\_  
\_\_\_\_\_

35. Provide an estimate of the probable traffic directional distribution from and to the subject property based on the proposed use(s) and assignment of the estimated traffic volumes to the adjacent roadway network. Estimate the future background and resulting total traffic volumes (*including the estimated generated traffic due to the proposed use*) on the adjacent roadway system for a twenty (20) year design period, showing volumes for both left and right turn movements as well as through traffic. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

36. Determine the projected future levels of service or percentage of roadway capacity to be in use at the subject property's access points and key adjacent intersections. Provide recommendations for street and access improvements if any portions of the roadways do not have the capacity to accept the additional estimated traffic volumes. All necessary improvements will be required to be designed, completed and accepted by the County prior to any final action regarding the application.

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

37. Please provide any additional information considered by the Certifying Engineer to be pertinent to the roadway impact in association with the proposed project: \_\_\_\_\_

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

**I hereby certify that the foregoing information was prepared by myself or under my direct supervision and is true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Colorado Licensed Professional Engineer

Date \_\_\_\_\_

SEAL

If not completed by an Engineer, then the following acknowledgement shall be signed by the applicant and/or owner.

**By signing this Application, the Applicant, or the agent/representative acting with due authorization on behalf of the Applicant, hereby certifies that all information contained in the application and any attachments to the Application, is true and correct to the best of Applicant's knowledge and belief.**

**Applicant understands that any required private or public improvements imposed as a contingency for approval of the application may be required as a part of the approval process.**

**Fremont County hereby advises Applicant that if any material information contained herein is determined to be misleading, inaccurate or false, the Board of Commissioners may take any and all reasonable and appropriate steps to declare actions of the Board regarding the Application to be null and void.**

**Signing this Application is a declaration by the Applicant to conform to all plans, drawings, and commitments submitted with or contained within this Application, provided that the same is in conformance with the Fremont County Zoning Resolution.**

Roberta Newton  
Applicant Printed Name

R Newton  
Signature

9-4-20  
Date

\_\_\_\_\_  
Owner Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Penrose Fire Department  
207 Broadway,  
Penrose, CO 81240

Fremont County Sheriff  
100 Justice Center Rd,  
Cañon City, CO 81212

Colorado State Patrol  
Troop 2A  
600 West 3<sup>rd</sup> St/ Suite C  
Florence, CO 81226

CDOT

1170 Red Canyon Rd.  
Canon City, Co 81212

Residence's at: 411 Hawkins  
: 411 Illinois  
: 652 Park Place

To whom it may concern:

Penrose Park & Recreation, located at 401 Park Place, Penrose Colorado is holding the Annual Apple Day event on October 4<sup>th</sup>, 2025.

We are requesting that the Fire Department, be on standby for the event and to monitor the Fireworks.

We are also requesting the Sheriffs office to assign a couple of Deputies to also monitor things in the park.

We are requesting a Partical street closure from corner of Illinois and Park Place to corner of Hawkins St in hopes to Have a Truck Show. There is one home that could be effected, but we are letting them know about closures on that street, that would be affected by this street closure.

The Park will furnish their own traffic cones.

We are hoping to draw a large crowd and want all the necessary emergency services to be aware of what is happening during Apple Day Event

On October 4<sup>th</sup>, 2025, Booth vendors and entertainment will also begin to set up their booths in various locations inside the park.

Volunteer(s) will be tasked with supervising activities. Other activities that are being planned are a chili cook-off competition, an apple pie eating contest, and a wine/cider garden. We would like to host a small semi-truck show on the street. The purpose of the truck show would be for the competition itself, an additional activity for the attendees, and a fundraiser for a local family in need.

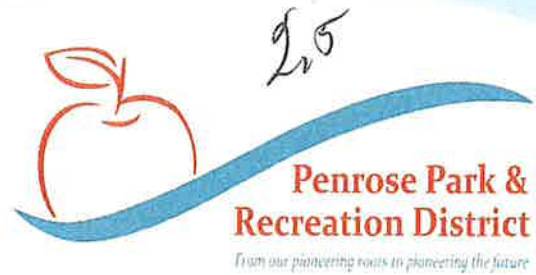
To conclude our festivities, people can sit and watch fireworks by J&M Displays, which is the same company that has done the show for years, so they are familiar with the park and the layout, and they work under NFPA 1123.

Questions, please call Roberta Newton 719-429-7002

Sincerely,

Penrose Park and Recreation Directors

July 5, 2025



To Whom it May Concern,

Penrose Park and Recreational District has invited Apple Valley Cider Co., Brush Hollow Winery and Pop's Winery to participate in Penrose Annual Apple Day, Scheduled for October 4, 2025. They will be the ones to apply for whatever license needed.

Thank you

Roberta Newton

Penrose Park Board Treasurer

719-458-4669

401 Park Place, Penrose, CO 81240  
penroseparkinc.com



## Apex Twin Enviro - Canon City Invoice Copy

1 message

arfremond@apexwasteco.com <arfremond@apexwasteco.com>  
To: treasurer@penroseparkrec.com

Thu, Jul 17, 2025 at 2:53 PM

Thank you for your business and allowing us the opportunity to serve you.

Please [click here](#) to view your Invoice.

Please let us know if you have any questions regarding this invoice.

We look forward to serving you in the future.

Regards,

Apex Twin Enviro - Canon City  
PO Box 367  
Florence, CO 81226  
(719) 372-6671  
[www.apexwasteco.com/](http://www.apexwasteco.com/)

Trash pickup





FREMONT COUNTY  
DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT  
201 N 6<sup>TH</sup> STREET  
CANON CITY, CO 81212  
(719) 276-7450 FAX NUMBER (719) 276-7451  
[amy.jamison@fremontco.com](mailto:amy.jamison@fremontco.com)

## Event Coordinator Application

**TURN IN APPLICATION AT LEAST 2 WEEKS PRIOR TO EVENT**

**EVENT INFORMATION**

Name of the Event: APPLE DAY

Date(s) of the Event: OCT 4, 2025

Location of the Event: PENROSE in Penrose Park

Hour of the Event: (Days and times) 7:00 setup / NOON Vendor's open

Expected number of patrons: 100-200

Expected peak day(s) if event is longer than 1 day: 4 PM

Anticipated Number of Food Booths: 10 (Complete Vendor Information List and attach)

Event Coordinators Name: Roberta Newton

Coordinator's Phone Number: (719) 429-7002

Coordinator's Fax Number: NONE

Coordinator's Mailing Address: 401 PARK PLACE

City PENROSE State CO Zip Code 81240

Coordinator's E-mail address: treasurer@penroseparkrec.com

Contact Person during the Event (if different from above): AARON WOOD

Contact phone number for the day of the Event: (719) 429-7002

☐ There is access to a potable water taps on site.

☒ Vendors must bring their own water supplies.

**Wastewater:**

☐ There will be liquid waste collection tanks / receptacles on site.

☒ Vendors must arrange for their own wastewater disposal.

### Electricity:

☒ There will be no electricity supplied on site.

☐ There is access to electricity on site.

☐ Generators will be provided for vendor use.

☒ Vendors are allowed to use generators on site.

**Trash / Refuse:**

☒ There will be trash receptacles throughout the event for the public.

☒ There will be dumpsters on site for vendor and public trash removal.

How often will they be serviced? as needed

**Toilet Facilities:**

☒ Water carrying public restrooms. How many? 7

☐ Portable toilets. How many?

How often will they be serviced?

**Hand Wash Facilities:**

☐ Water carrying public restrooms. How many?

☐ Portable hand wash stations. How many? \_\_\_\_\_

How often will they be serviced? as needed

**Other Services:**

☐ Refrigerated truck

☐ Commissary kitchen (Provide a list of available equipment in kitchen.)


☒ Ice

## TEMPORARY EVENT SITE MAP

Provide a labeled map of the entire Temporary Event area and include the following:

☒ Toilet facilities (portable and fixed)

☒ Hand washing facilities

 Trash containers

☒ Electrical hook-up points and generator locations

☒ Potable water taps for vendors

☒ Location of all food preparation and service areas on the event grounds

☒ Food booth vendors

☒ Roadways, sidewalks, and walkways

☐ Refrigerated truck (if applicable)

☐ Commissary kitchen (if applicable)

☐ Petting Zoo (if applicable)

## Vendor Information List

[illegible]

**Booth Registration – Please email completed form back to**

**treasurer@penroseparkrec.com**

Name

Run A Muck Farm

Type of Organization (Sole Proprietorship, LLC, S-Corp, Charity, 501-C3, Community Club, etc.)

Contact Person

Tom Pettis

Phone Number

719-280-3719

Email

Barnyardbbqllc@gmail.com

Type of Booth (Circle one)

Food

Alcohol

General Retail

Charity

Services

Informational Other

\*Food/Drink Vendors must provide a copy of their license(s) with this booth registration, as well as have their licenses displayed during the event. **Please read attachment.**

\*Once registration is complete, advertisements for the Penrose Park & Rec Apple Day event will include the names of vendors who have signed up by the registration deadline.

\*Booth sizes and spaces may vary depending on the location within the park, and the nature of the booth.


\*If something comes up, and you need to cancel your spot, we understand. Please do so by September 6th, 2025 so that the space can be made available to another vendor in time for the event.

Each vendor acknowledges that the decision to establish and operate a booth during this Apple Day event, or any event at Penrose Park, is entirely voluntary. Furthermore, representatives of each individual, business, and/or organization managing a booth assume full responsibility for all inherent risks associated with their participation. Each person who participates holds Penrose Park & Recreation District, its Board Members, its representatives and its volunteers harmless.

By signing this registration form, every participant agrees to adhere to the rules and guidelines set forth for this event to ensure a safe event/festival. If the rules and guidelines are not adhered to, the individual signing this form (and/or their team, or group) will be considered in violation of this contract and asked to leave the event. Also, they may not be invited back to future events.

By signing this form, participants indicate their understanding and assumption of the inherent risks and their voluntary participation in any of the activities associated with having a booth at this event. All participants will hold Penrose Park and Recreation District, its Board Members, its representatives and its volunteers harmless.

Signature:

  
(Individual Participant, Team Captain, or Business Owner or Representative)





# ServSafe® CERTIFICATION

## THOMAS PETTIS

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the ANSI (American National Standards Institute) National Accreditation Board (ANAB)-Conference for Food Protection (CFP).

25080990

CERTIFICATE NUMBER

5631

EXAM FORM NUMBER

1/16/2024

DATE OF EXAMINATION

1/16/2029

DATE OF EXPIRATION

Local laws apply. Check with your local regulatory agency for recertification requirements.



*Sherman Brown*  
Sherman Brown  
Executive Vice President, Business Services



In accordance with Maritime Labour Convention 2006, Resolution AOM N 1089-2013 (Regulation 3.2, Standard A3.2),  
(2) 1996-2013 National Restaurant Association Educational Foundation (NRAEF). All rights reserved. The ServSafe®, NRAEF, National Restaurant Association and National Restaurant Association Solutions, LLC (Solutions)  
exams and logos are registered trademarks used under license by Solutions and may not be otherwise used without the explicit written permission of the owner of each mark.  
This document cannot be reproduced or altered.

Contact us with questions at 233 S. Wacker Drive, Suite 3600, Chicago, IL 60606-6383 or ServSafe@restaurant.org.



Penrose Park & Recreational District  
401 Park Place, Penrose Colorado 81240  
**Registration Deadline: August 9th, 2025**

Booth Registration – Please email completed form back to

[treasurer@penroseparkrec.com](mailto:treasurer@penroseparkrec.com)

Name

Barnyard BBQ LLC

Type of Organization (Sole Proprietorship, LLC, S-Corp, Charity, 501-C3, Community Club, etc.)

Contact Person

Phone Number

Tom Pettis

719-280-3719

Email

barnyardbbqllc@gmail.com

Type of Booth (Circle one)

☒ Food

☐ Alcohol

☐ General Retail

☐ Charity

☐ Services

☐ Informational Other

\*Food/Drink Vendors must provide a copy of their license(s) with this booth registration, as well as have their licenses displayed during the event. Please read attachment.

\*Once registration is complete, advertisements for the Penrose Park & Rec Apple Day event will include the names of vendors who have signed up by the registration deadline.

\*Booth sizes and spaces may vary depending on the location within the park, and the nature of the booth.

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By signing this form, participants indicate their understanding and assumption of the inherent risks and their voluntary participation in any of the activities associated with having a booth at this event. All participants will hold Penrose Park and Recreation District, its Board Members, its representatives and its volunteers harmless.

Signature:

(Individual Participant, Team Captain, or Business Owner or Representative)



DR 0140 (02/16/11)  
DEPARTMENT OF REVENUE  
DENVER CO 80261-0013

STATE COUNTY  
COLORADO FREMONT

Must collect  
taxes for:  
**SALES TAX  
LICENSE**

USE ACCOUNT NUMBER for all references	LIABILITY INFORMATION					ISSUE DATE			LICENSE VALID TO DECEMBER 31
	county	city	industry	type	liability date	month	day	year	
96312740-0000	14	0033	010	L	050124	May	16	24	2025

THIS LICENSE MUST BE POSTED AT THE FOLLOWING LOCATION  
IN A CONSPICUOUS PLACE: THOMAS PETTIS  
402 SOUTH BROADWAY PENROSE CO 81240

**THIS LICENSE IS NOT  
TRANSFERABLE**



BARNYARD BBQ LLC  
1929 R ST  
PENROSE CO 81240-9425

Executive Director  
Department of Revenue



**COLORADO**  
Department of Public  
Health & Environment

## 2025 License to Operate: Retail Food Establishment

License must be posted at the following location in a conspicuous place:

License #RFE27020  
Barnyard BBQ  
6655 State Highway 115  
Florence CO 81226-8206

**Non-Transferable License valid until: 12/31/2025**

This certifies that licensee shown hereon is authorized and licensed to engage in business in accordance with the provisions of the laws and regulations of the Colorado Department of Public Health and Environment. Any alterations to this license will automatically make it null and void.

License Type: Mobile Unit (full service food)

Issued by: Fremont County Department of Public Health & Environment



Apple Day, Saturday October 5th, 2024

Penrose Park & Recreational District

401 Park Place, Penrose Colorado 81240

Registration Deadline: August 9th, 2025

Booth Registration – Please email completed form back to

[treasurer@penroseparkrec.com](mailto:treasurer@penroseparkrec.com)

Name

Donatas Hot Dog Cart

Type of Organization (Sole Proprietorship, LLC, S-Corp, Charity, 501-C3, Community Club, etc.)

Sole

Contact Person

Donata Smith

Phone Number

760 508-9630

Email

Donata2011@gmail.com

Type of Booth (Circle one)

☒ Food

☐ Alcohol

☐ General Retail

☐ Charity

☐ Services

☐ Informational Other

\*Food/Drink Vendors must provide a copy of their license(s) with this booth registration, as well as have their licenses displayed during the event. Please read attachment.

\*Once registration is complete, advertisements for the Penrose Park & Rec Apple Day event will include the names of vendors who have signed up by the registration deadline.

\*Booth sizes and spaces may vary depending on the location within the park, and the nature of the booth.

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Signature

Donata Smith

(Individual Participant, Team Captain, or Business Owner or Representative)

FOR 2020 (2019/20)  
DEPARTMENT OF REVENUE  
DIVISION OF MOTOR VEHICLES

**SALES TAX**

**LICENSE**

THIS LICENSE MUST BE POSTED AT THE FOLLOWING LOCATION  
IN A CONSPICUOUS PLACE: DATAVALE CITY CO 81712

2020 LICENSE

STATE	COUNTY	CITY
COLORADO	FREMONT	CANON CITY

USE ACCOUNT NUMBER for all references	LIABILITY INFORMATION	ISSUE DATE	EXPIRATION DATE
22782000 0001	14 0000 001 1 000112	FEB 14 24	2025

THIS LICENSE IS NOT TRANSFERABLE

DATAVALE CITY CO 81712

ATTN: DATAVALE CITY CO

8220 C PATI

8220 C PATI

8220 C PATI

For more information  
contact the Department of Revenue



**COLORADO**  
Department of Public  
Health & Environment

**2020 License to Operate Retail Food Establishment**

Licenses must be printed at the following location in a conspicuous place:

1. License #123456789

2. License # for Day Care

3. License # for

4. License # for

Non-transferable License valid until 12/31/2020

Licenses Type: Mobile Unit (full service food)

Issued by: Fremont County Department of Public Health & Environment

This section has been removed from the  
original and replaced by the provisions  
of the laws and regulations of the Colorado  
Department of Public Health and  
Environment. Any reference to this license  
will automatically refer to this license.



**FOOD  
LIABILITY  
INSURANCE  
PROGRAM**

<http://www.fliprogram.com>

844-520-6992

Powered by Veracity Insurance  
Solutions, LLC



Great American Alliance Insurance Company  
301 E. Fourth Street, 25 S  
Cincinnati, OH 45202-4201

## COMMERCIAL GENERAL LIABILITY COVERAGE PART - OCCURRENCE FORM CERTIFICATE PAGE

IT IS AGREED THAT THIS CERTIFICATE IS ISSUED TO THE CERTIFICATE HOLDER LISTED BELOW TO CERTIFY COVERAGE  
UNDER THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY LISTED BELOW.

**INSURANCE COMPANY:** GREAT AMERICAN ALLIANCE INSURANCE COMPANY

**NAMED INSURED:** HOSPITALITY & ENTERTAINMENT TRADE ALLIANCE

**CERTIFICATE HOLDER:** Danatas Hot Dog Cart

**ADDRESS:** 925 G Path, Colopaxi, Colorado 81223

**POLICY PERIOD:** 01/31/2025 to 01/31/2026 12:01 AM MST at the Address of The Certificate Holder

**POLICY NUMBER:**

PLF194992

**CERTIFICATE NUMBER:**

F281402

### LIMITS OF INSURANCE

General Aggregate Limit (Other than Products-Completed Operations)	\$	2,000,000
Products-Completed Operations Aggregate Limit	\$	2,000,000
Personal and Advertising Injury Limit	\$	1,000,000
General Each Occurrence Limit	\$	1,000,000
Damage to Premises Rented to You Limit	\$	300,000 Any One Premises
Medical Expense Limit	\$	5,000 Any One Person
Professional Coverage Extension	\$	Not Purchased Each Claim
	\$	Not Purchased Aggregate
Professional Coverage Deductible	\$	Not Purchased Each Claim
Liability Deductible		None

**FORM OF BUSINESS:** Sole Proprietor/Individual

**BUSINESS DESCRIPTION:** ; Food cart

**PREMIUM:** \$169.00

**TOTAL POLICY COST:** \$169.00

**CODE NUMBER:** 11168

**PREMIUM BASIS:** Gross Sales

**EXPOSURE:** Up to \$50,000

**BUSINESS DESCRIPTION:** Vendor, Distributor, or Manufacturer of food products; Catering, Concessions, Food Truck, Farmers Market Vendor, Private / Personal Chef, Home-Based Baker, Food Manufacturer, Food Distributor, Food Trailer

THIS INSURANCE IS SUBJECT TO ALL THE TERMS AND CONDITIONS, INCLUDING APPLICABLE ENDORSEMENTS, OF THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY. A COPY OF THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY ACCOMPANIES THIS CERTIFICATE. ADDITIONAL COPIES WILL BE PROVIDED TO THE CERTIFICATE HOLDER. PLEASE READ THE POLICY AND ALL ENDORSEMENTS.

**NO ADMISSION OF LIABILITY MAY BE MADE EITHER VERBALLY OR IN WRITING**

FULL DETAIL OF ANY INCIDENT SHOULD BE SENT IMMEDIATELY BY EMAIL TO [CLAIMS@VOPINS.COM](mailto:CLAIMS@VOPINS.COM) OR BY LETTER TO VERACITY INSURANCE SOLUTIONS, LLC 260 SOUTH 2500 WEST SUITE 303, PLEASANT GROVE, UT 84062.

**FORMS AND ENDORSEMENTS** applicable to all Coverage Parts and made part of this Policy at time of issue are listed on the attached Forms and Endorsements Schedule IL 88 01 (11/85).

**ADMINISTRATED BY**



Veracity Insurance Solutions, LLC  
260 South 2500 West Suite 303  
Pleasant Grove Utah 84062  
888-568-0548

[info@fliprogram.com](mailto:info@fliprogram.com)

**ADMINISTRATOR'S SIGNATURE:**

*[Handwritten Signature]*

**Booth Registration – Please email completed form back to**

treasurer@penroseparkrec.com

Name

Ashley Rickman / SoCo Freeze Dry

Type of Organization (Sole Proprietorship, LLC, S-Corp, Charity, 501-C3, Community Club, etc.)

LLC

Contact Person

Ashley Rickman

Phone Number

719-289-8289

Email

ashley1984marie@yahoo.com

Type of Booth (Circle one)

☒ Food

☐ Alcohol

☒ General Retail

☐ Charity

☐ Services

☐ Informational Other

\*Food/Drink Vendors must provide a copy of their license(s) with this booth registration, as well as have their licenses displayed during the event. **Please read attachment.**

\*Once registration is complete, advertisements for the Penrose Park & Rec Apple Day event will include the names of vendors who have signed up by the registration deadline.

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Signature:

Ashley Rickman

(Individual Participant, Team Captain, or Business Owner or Representative)



NEEDS PAY  
TO PAID  
& License

Booth Registration – Please email completed form back to  
[treasurer@penroseparkrec.com](mailto:treasurer@penroseparkrec.com) Name (Individual, Business, Organization)

Israel Salazar - Tamale Dream Machine

Type of Organization (Sole Proprietorship, LLC, S-Corp, Charity, 501-C3, Community Club,

LLC

etc.) Contact Person Phone Number

(719) 242 5827

email

TDM1231@protonmail.com

Type of Booth (Circle one)

Food truck

Food Alcohol General Retail Charity Services Informational Other [ ] Please check box if you would like to  
request park utilities. Please Describe: Need access to water spigot

\*Food/Drink Vendors must provide a copy of their license(s) with this booth registration, as well as have their licenses  
displayed during the event.

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that the space can be made available to another vendor in time for the event.

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Penrose Park, is done so on a strictly volunteer basis, and that the representatives of each individual, business and/or  
organization ran booth takes all responsibility for any and all inherent risks associated with such participation. Each  
person who participates holds Penrose Park & Recreation District, it's Board Members, its representatives and its  
volunteers harmless.

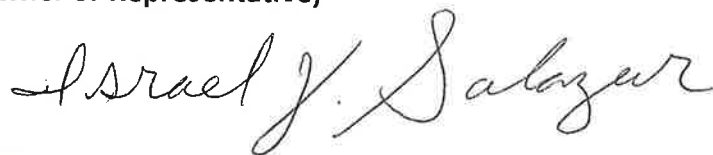
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**Signature:**

**(Individual Participant, Team Captain, or Business Owner or Representative)**

**2025 Apple Day Vendors at Penrose Park**

A handwritten signature in black ink that reads "Israel J. Salazar". The signature is written in a cursive style with a large, stylized 'S' at the end.

Please bring your own set-ups including: tents/canopies,  
chairs,  
tables,  
generators,  
extension cords,  
signs

There will be volunteers at the park helping with setup if you have questions. Please be patient and kind as they are volunteers!

Please have your booth set up by noon. Gates will be unlocked by 8am.

You are responsible for your own set up, and break down.

You are responsible for your own tax calculations and collection.

Please clear out all trash before you leave. If the park dumpster is full, please take your trash with you.

The park, and its board members, and volunteers are not responsible for any lost, misplaced or stolen items.

Penrose Park and Recreation, it's Board Members and their representatives reserves the right to change, rearrange, and/or eliminate vendor reservations and or designated spots.

Kettle Corn, Hand Shaved Ice, mini Donuts



Apple Day, Saturday October 5th, 2024

Penrose Park & Recreational District

401 Park Place, Penrose Colorado 81240

Registration Deadline: August 9th, 2025

Booth Registration – Please email completed form back to

[treasurer@penroseparkrec.com](mailto:treasurer@penroseparkrec.com)

Name

Jennifer Trusty

Type of Organization (Sole Proprietorship, LLC, S-Corp, Charity, 501-C3, Community Club, etc.)

8yours2 Kettle Corn LLC

Contact Person

Jennifer

Phone Number

714-246-5547

Email

~~jennifer@8yours2.com~~ jenlovesken1979@gmail.com

Type of Booth (Circle one)

Food

Alcohol

General Retail

Charity

Services

Informational Other

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Signature

Jennifer Trusty

(Individual Participant, Team Captain, or Business Owner or Representative)





## 2025 License to Operate: Retail Food Establishment

License must be posted at the following location in a conspicuous place:

License #RFE26453

8yours2kettle.com  
910 Tennessee Ave  
Cañon City CO 81212

**Non-Transferable License valid until: 12/31/2025**

This certifies that licensee shown herein is authorized and licensed to engage in business in accordance with the provisions of the laws and regulations of the Colorado Department of Public Health and Environment. Any alterations to this license will automatically make it null and void.

License Type: zFremont - Mobile Unit (limited/prepackaged TCS)  
Issued by: Fremont County Department of Public Health & Environment



Apple Day, Saturday October 4th, 2025

Penrose Park & Recreational District

401 Park Place, Penrose Colorado 81240

Registration Deadline: August 9th, 2025

Booth Registration – Please email completed form back to

[treasurer@penroseparkrec.com](mailto:treasurer@penroseparkrec.com)

NEED  
License

Name Dad's Kitchen Craves

Type of Organization (Sole Proprietorship, LLC, S-Corp, Charity, 501-C3, Community Club, etc.)

Sole Proprietorship

Contact Person

Phone Number

Jessica Mills

719 406 4789

Email

djkcs2025@gmail.com

canned goods?

Type of Booth (Circle one)

☒ Food ☐ Alcohol ☐ General Retail ☐ Charity ☐ Services ☐ Informational Other

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Signature: Jessica Mills

(Individual Participant, Team Captain, or Business Owner or Representative)

## **2025 Apple Day Vendors at Penrose Park**

Please bring your own set-ups including:  
tents/canopies,  
chairs,  
tables,  
generators,  
extension cords,  
signs

There will be volunteers at the park helping with setup if you have questions. Please be patient and kind as they are volunteers!

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You are responsible for your own tax calculations and collection.

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# Certificate of Training

Awarded to

**Jessica Mills**

For successfully completing the

## Food Handler Essentials Course

1j8e82-k66e6bc

Certificate Verification Number  
Verify at [www.statefoodsafety.com/Verify](http://www.statefoodsafety.com/Verify)

Mar 4, 2025

Issue Date (valid for 3 years)

*John Comly*

John Comly  
CEO Certus  
225 E Robinson Rd; Orlando, FL



Scan with a smart device to verify.

Powered by StateFoodSafety

225 E Robinson Rd; Orlando, FL

John Comly  
CEO Certus

*John Comly*

The holder of this Food Handlers Card has successfully completed the StateFoodSafety Food Handler Essentials course. This card is valid for three (3) years.

### StateFoodSafety Food Handlers Card

Issued to: Jessica Mills

Completion Date: Mar 4, 2025  
Valid for 3 years

Verification: 1j8e82-k66e6bc  
Verify card at [www.statefoodsafety.com/Verify](http://www.statefoodsafety.com/Verify)



StateFoodSafety

Scan with a smart device to verify.

Your copy/Su copia

Powered by StateFoodSafety

225 E Robinson Rd; Orlando, FL

John Comly  
CEO Certus

*John Comly*

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Issued to: Jessica Mills

Completion Date: Mar 4, 2025  
Valid for 3 years

Verification: 1j8e82-k66e6bc  
Verify card at [www.statefoodsafety.com/Verify](http://www.statefoodsafety.com/Verify)



StateFoodSafety

Scan with a smart device to verify.

Manager Copy/Copia del gerente





Apple Day, Saturday October 5th, 2024  
Penrose Park & Recreational District  
401 Park Place, Penrose Colorado 81240  
Registration Deadline: August 1<sup>st</sup>, 2025

Booth Registration – Please email completed form back to [treasurer@penroseparkrec.com](mailto:treasurer@penroseparkrec.com)

Name (Individual, Business, Organization)

The Artful Platter Charcuterie

Type of Organization (Sole Proprietorship, LLC, S-Corp, Charity, 501-C3, Community Club, etc.)

LLC

Contact Person

Kelsey Hanenberg

Phone Number

719-431-1625

Email

theartfulplattercharcuterie@gmail.com

Type of Booth (Circle one)



Alcohol

General Retail

Charity

Services

Informational

Other

[X] Please check box if you would like to request park utilities. Please Describe: one plug

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Signature:

(Individual Participant, Team Captain, or Business Owner or Representative)



FREMONT COUNTY COLORADO  
Department of Public  
Health & Environment

This license must be posted at the following location, in a conspicuous place:

6005 State Highway 115  
Canon City, CO 81212

SPECIAL EVENT LICENSE

Limited Food Service

The Artful Platter  
233 West Harmony Dr  
Pueblo West, CO 81007

Fremont County Temporary / Special Event License

This certifies that license holder is in compliance with the provisions of the health regulations of the Fremont County Department of Public Health & Environment. Any alteration of this license will automatically make it null and void.

Subject Tax ID: 14-1111111-1111  
License Type: 123456789  
Issue Date: 12/31/2023

License Valid Until: 12/31/2023

This license is issued for Fremont County, unless otherwise noted above.  
Issued By: Fremont County Department of Public Health & Environment



**FREMONT COUNTY COLORADO**  
Department of Public  
Health & Environment

### Fremont County Temporary / Special Event License

License must be posted at the following location, in a conspicuous place:

6655 State Highway 115  
Canon City, CO 81212

The Artful Platter  
237 West Harmony Dr  
Pueblo West, CO 81007

#### SPECIAL EVENT LICENSE

#### Limited Food Service

This certifies that licensee shown hereon is authorized and licensed to engage in business in accordance with the provisions of the laws and regulations of the Fremont County Department of Public Health & Environment. Any alterations to this license will automatically make it null and void.

Sales Tax ID	
License Type	MULTIPLE EVENT
Issue Date	5/22/2025
License Valid Until	12/31/2025

This license is issued for Fremont County, unless otherwise noted above.  
Issued By: Fremont County Department of Public Health & Environment





## **Fremont County Department of Transportation**

1170 Red Canyon Road • Cañon City, Colorado 81212  
Phone: 719-276-7430 • Fax: 719-275-2120

9.10.2025

Planning & Zoning  
615 Macon, Room 210  
Cañon City, CO 81212

RE: TUP 2025 Penrose Apple Day

Dear Mr. Victoria:

This communication is to confirm receipt of notice for the road closures for the Apple Day celebration to be held on October 4, 2025. We do not foresee any issues with the closures of Broadway from Fremont to Hawkins St, and Grant intersection north.

Disposal of trash and debris from the event will be the responsibility of the applicant. Road closures, signs, and cones are the responsibility of the applicant.

Sincerely,

*Michael Whitt*

Michael Whitt  
FCDOT Director

Cc: Penrose Park & Recreation District  
Roberta Newton

**From:** Hunt - CDPS, Chad <chad.hunt@state.co.us>  
**Sent:** Tuesday, September 2, 2025 11:47 AM  
**To:** Planning; Mike Fowler  
**Cc:** Chad Hunt - CDPS  
**Subject:** Apple Days, October 4th, 2025

**CAUTION:** This sender is located outside of your organization.

To whom it may concern,

The CSP Troop 2A office has received your letter regarding Apple Days in Penrose on October 4th, 2025. The State Patrol has no concerns with this event and hopes it will be successful and safe.

In the future, feel free to just email the letter

Thank you

--

**Captain Chad J Hunt**  
**Cell 303-903-8482**  
Colorado State Patrol  
Troop 2A Commander  
600 W. 3rd St Suite C  
Florence, CO 81226  
[chad.hunt@state.co.us](mailto:chad.hunt@state.co.us)



[ColoradoStatePatrol.com](http://ColoradoStatePatrol.com)  
[FaceBook.com/ColoradoStatePatrol](https://Facebook.com/ColoradoStatePatrol)  
[Twitter.com/CSP\\_News](https://Twitter.com/CSP_News)



**COLORADO**  
Department of Public  
Health & Environment

## 2025 License to Operate: Retail Food Establishment

License must be posted at the following location in a conspicuous place:

License #RFE27261

Tamale Dream Machine  
653 3rd St  
Penrose CO 81240

**Non-Transferable License valid until: 12/31/2025**

This certifies that licensee shown hereon is authorized and licensed to engage in business in accordance with the provisions of the laws and regulations of the Colorado Department of Public Health and Environment. Any alterations to this license will automatically make it null and void.

License Type: Mobile Unit (full service food)

Issued by: Fremont County Department of Public Health & Environment

# ServSafe® CERTIFICATION

## ISRAEL SALAZAR

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the ANSI (American National Standards Institute) National Accreditation Board (ANAB)-Conference for Food Protection (CFP).

25957691

CERTIFICATE NUMBER

7/21/2024

DATE OF EXAMINATION

Local laws apply. Check with your local regulatory agency for recertification requirements.

10884

EXAM FORM NUMBER

7/21/2029

DATE OF EXPIRATION



#0655

A handwritten signature in blue ink that reads "Sherman Brown".

Sherman Brown  
Executive Vice President, Business Services





Grant St

Closed To Public

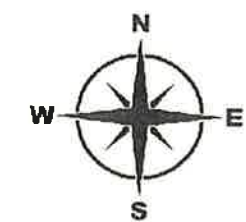
Garage

Pond

Shed

Shed

Vendor  
Parking



Basketball

32 33 34 35 36 37

Vendors

31 30 29 28 27 26

Stage

Chili Contest  
& Cake Walk



Mini-train!

Horseshoes

Picnic

38  
39  
40  
41

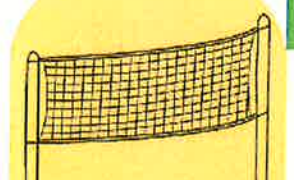
Picnic

Softball Field  
Fireworks  
Show  
8pm

Picnic

Playground  
& Games

Volleyball



PARKING

Illinois

PARKING

11 10 9  
12 13 14 15  
8 7 6 5 4 3

Vendors

16 17  
2 1

Vendors

18 19 20 21 22  
23 24 25

Vendors



Park  
Kitchen

Restrooms

Shed

Dumpster

Picnic

Picnic



Playground

Penrose  
Community  
Building

Cornhole



Bouncehouses!



Semi-Truck Show/  
Fundraiser for  
Family in Need



\*Subject to Change

Reserved for  
Wine Trailer

Park Place

PARKING



Grant St

Closed To Public

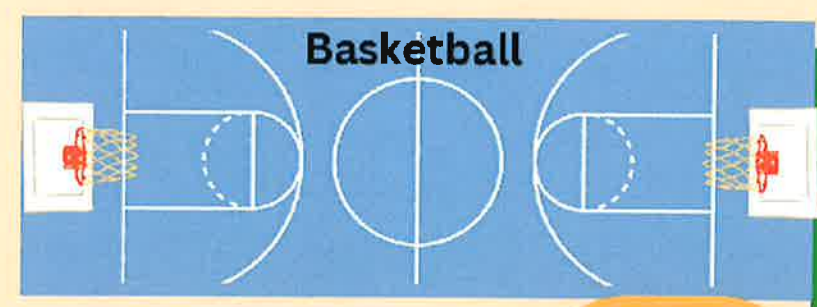
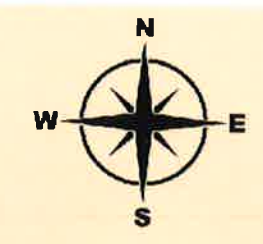
Garage

Pond

Shed

Shed

Vendor  
Parking



Basketball

32 33 34 35 36 37

Vendors

31 30 29 28 27 26

Picnic



Playground  
& Games



Volleyball



Stage

Chili Contest  
& Cake Walk



Mini-train!



Horseshoes

Picnic

38  
39  
40  
41

Picnic



Softball Field  
Fireworks  
Show  
8pm

Sheds

Penrose  
Community  
Building



Playground

Picnic

Picnic

Cornhole



Bouncehouses!



Semi-Truck Show/  
Fundraiser for  
Family in Need



\*Subject to Change

reserved for  
Wine Trailer

Park Place

PARKING

PARKING

Illinois St

PARKING

HAWKINS → | | ← HAWKINS