



2019 Colorado Mountain Winefest Winery Invitation

You are invited to complete the enclosed application for the **28th Annual Colorado Mountain Winefest "Festival in the Park"**, scheduled for **Saturday, September 21st, 2019** from 10:30 am – 5:00 pm, at Riverbend Park in Palisade, Colorado.

Colorado Mountain Winefest presented by Alpine Bank is the largest wine festival in the state and is the only one held in the heart of wine country. Colorado Mountain Winefest is a fundraiser for the trade organization of Colorado grape growers and winemakers, CAVE (Colorado Association for Viticulture and Enology), a 501(c)(6) non-profit organization. All proceeds go towards education and research to improve the grape growing and winemaking of Colorado wines and to draw national attention to agriculture in Colorado. In 2017 Mountain Winefest was named Best Wine Festival in the Nation by USA Today and has sold out to a crowd of over 6,600 for the past four years.

- Festival hours and wine sales will be from 10:30 am - 5:00 pm.
- Wine tastings will be offered free of charge from 10:30 am – 5:00 pm.
- One 10' X 20' booth space for CAVE member wineries is \$100.
- Non-CAVE members will pay the vendor booth fee of \$300. (To join CAVE go to www.winecolorado.org)
- One 20' X 20' booth space is \$500. **NEW THIS YEAR – Ten (10) double booth spaces are available on a first come, first served basis.** If we are unable to accommodate your request Winefest staff will contact you regarding your alternative booth preference.
- A limit of up to 8 staff members in a single booth or 16 for a double booth are included with your booth fee.
- Additional staff will be charged \$25/brand extra fee and **NEW THIS YEAR – must be paid in advance.**
- You are required to provide a Certificate of Liability Insurance showing CAVE/Colorado Winefest as "Certificate Holder" (sample attached).
- You must provide your Colorado Winery License number on the application.
- If you plan to sell any kind of food you are required to get a Mesa County Health Dept. Temporary Event Food Vendor Approval Letter and need to state that you will give out or sell food on your Application.
- Please consider presenting an attractive booth appearance to differentiate your winery.
- All wine being featured in the VIP tent must have received a Silver medal or better in a 2019 wine competition.

Thank you very much for your interest and we hope you join us for our 28th annual event. **We need to have your completed application and fees no later than March 15th by 5:00pm. Late applications will not be accepted.** You will receive a packet with final instructions that will include set up, take down, park access and parking information in August.

Thank you for your continued support. We look forward to sharing another fun-filled day in the Park with you!

Sincerely,

Cassidee Shull
Executive Director
Colorado Association for
Viticulture & Enology



2019 Colorado Mountain Winefest Winery Application

Colorado Mountain Winefest 'Festival in the Park' is September 21st, 2019 at Riverbend Park in Palisade. **All applications are due by March 15th, 2019 by 5:00pm. Late applications will not be accepted.** Please provide the following information, some of which will be used in Winefest promotional materials.

- Winery Name _____
- Primary Contact Name _____
- Mailing Address _____
- City, State, Zip Code _____
- Contact number () _____ Tasting Room Number () _____
- Website _____ Email _____
- Colorado Winery License # _____

******ALL FEES, LICENSES AND PERMITS ARE DUE WITH COMPLETED APPLICATION******

- _____ \$500.00 for 20' X 20' double booth space \$ _____
(Ten (10) double booths are available at a first come, first served basis)
- _____ \$100.00 for 10' X 20' booth space (I am a 2019 winery member of CAVE) \$ _____
- _____ \$300.00 for 10' X 20' booth space (I am NOT a 2019 winery member of CAVE) \$ _____
- _____ \$400.00 for additional 10 ft x 20 ft booth space \$ _____
(Additional 10 x 20 booths *will not* be placed together and must be listed under separate labels ie: Talon and St. Kathryn Cellars) Additional Label Name: _____
- _____ I am not a member of CAVE, and have enclosed the \$300 booth fee for a 10' X 20'space \$ _____
- _____ \$10 for a One Day Palisade Business License payable to CAVE \$ 10
(*Required of all businesses that do NOT have an annual Palisade Business License.*)
- _____ \$35.00 for electricity (late requests may not be accommodated) \$ _____

Total Enclosed \$ _____

- _____ Certificate of Liability insurance (Sample attached)
- _____ I plan on serving or selling food at my booth and have obtained a Mesa County Health Dept. Temporary Event Food Service Approval Letter.
- _____ I pledge to bring only Colorado AVA or Colorado Appellation wine. (Includes special designation in event program and banners)
- _____ My Tasting Room will be open on Sunday, September 22nd, 2019 from 10 am – 5 pm.

Payment: Payable to CAVE (Check# _____)

Credit Card # _____ Exp. Date _____ Security Code# _____ Zip _____

Print Name (as it appears on the card) _____

Signature _____

OVER



Important Signature Page

Agreement:

- I agree to offer all wine tastes free of charge.
- You are responsible for obtaining a Special Event Sales Tax license (DR0589) collecting sales tax of 7.27% and reporting it on CO Dept. of Revenue Special Event Retail Sales Tax Return (DR0098).
- Certificate of Liability Insurance is required showing CAVE as "Certificate Holder". (Sample attached)
- Security – Festival officials assume no responsibility for the security of items on display or personal items.
- Vendors are responsible for the delivery, handling, take down and removal of their display and personal items.
- Vendors must provide their own tent, tables and chairs.
- Vendor vehicles are NOT permitted in the Festival area between 8:30 am and 5:30 pm on Saturday, September 21st for safety reasons. Vehicles left within the perimeter will be towed at the owner's expense.
- Upon vacating your booth space(s) please ensure your space is free of trash and in good condition.
- No generators are permitted. A refrigerated truck will be provided for your use Friday after 4:00 pm and all day Saturday.
- Winefest attendees under 21 years of age **will not** be allowed in the park, however you will be allowed to have staff over 18 with a non-drinker band. Please notify the CAVE office of any staff under 21.
- Winefest **will not** be cancelled for inclement weather – so be prepared as Winefest is an outdoor event and held rain or shine.
- This Agreement cannot be reassigned. Subletting all or part of the space is not permitted.
- I understand that if I do not attend for any reason, I will not receive a refund for my booth fee. There are no exceptions.

I agree to abide by the rules and regulations stated in this application and accept total responsibility for my booth space and property while attending the 28th Annual Colorado Mountain Winefest. Further, I agree that photographs taken of me, my booth, products, and/or workers, may be used by the Colorado Mountain Winefest and CAVE for promotional purposes.

Signature: _____ Date: _____

Return by mail to:

CAVE

P.O. Box 1556

Palisade, CO 81526

OR

Fax: (970)464-0999

OR

Email: info@coloradowinefest.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/26/2019

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 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	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		

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

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			02/26/2019	02/26/2020	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY					ANIMAL BAILEE \$
	ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	ALL OWNED AUTOS	SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	HIRED AUTOS	NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
	UMBRELLA LIAB	OCCUR				PROPERTY DAMAGE (Per accident) \$
	EXCESS LIAB	CLAIMS MADE				\$
	DED RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holder had been added as additional insured regarding the above mentioned policy per attached Additional Insured-Vendors (CG 20 15 Ed. 04 13)

CERTIFICATE HOLDER **CANCELLATION**

CAVE 124 West 3rd St Palisade, CO 81526	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 <i>Amelia Slaffer</i>

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