



Financial Services
Purchasing Division
215 N. Mason St. 2nd Floor
PO Box 580
Fort Collins, CO 80522
970.221.6775
970.221.6707- fax
fcgov.com/purchasing

April 14, 2014

Dam Good Tacos
Attn: Michael Falco
120-1/2 West Laurel St.
Fort Collins, CO 80524

RE: Renewal: 7407 Downtown Concession Agreement

Dear Mr. Falco:

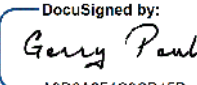
The City of Fort Collins wishes to extend the agreement term for the above captioned proposal per the following terms and conditions:

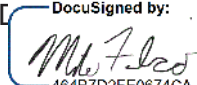
1. The term will be extended for one (1) additional year, June 1, 2014 through May 31, 2015.
2. Previously agreed to minimum days and hours of operation are: 9:00 pm until 2:00 am on Thursday, Friday and Saturday nights.
3. The City recommends the Concessionaire incorporate the Dietary Guidelines for Americans, as outlined on www.health.gov/dietaryguidelines. The Dietary Guidelines encourage Americans to focus on eating a healthy diet — one that focuses on foods and beverages that help achieve and maintain a healthy weight, promote health, and prevent disease.

If the renewal is acceptable to your firm, please sign this letter in the space provided **include a current copy of insurance naming the City as an additional insured** and return all documents to the City of Fort Collins, Purchasing Division, P. O. Box 580, Fort Collins, CO 80522, within the next fifteen days.

If this extension is not agreeable with your firm, we ask that you send us a written notice stating that you do not wish to renew the contract and state the reason for non-renewal.

Please contact Jill Wilson at (970) 221-6216 if you have any questions regarding this matter.

Sincerely, 
A9D0A054C8CB45D...

Gerry S. Paul

464B7D2FE0674CA...
ing and Risk Management

Signature

Date

(Please indicate your desire to renew 7407 Downtown Concession Agreement by signing this letter and returning it to Purchasing Division within the next fifteen days.)

GSP: jw



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/20/2014

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 JOHN C. BECKETT & ASSOCIATES, INC. 220 Smith Street Ft. Collins CO 80524-	CONTACT NAME:		
	PHONE (A/C, No, Ext): (970) 484-2805	FAX (A/C, No): (970) 484-2885	
	E-MAIL ADDRESS: tim@beckettinsurance.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Dam Good Management, LLC DBA DAM GOOD TACOS 120 1/2 West laurel St Larimer Fort Collins CO 80524-	INSURER A: TRAVELERS CASUALTY INSURANCE CO		
	INSURER B: ARTISAN AND TRUCKERS CASUALTY		
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			6809D4506971342	12/06/2013	12/06/2014	EACH OCCURRENCE \$ 500000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 500000 GENERAL AGGREGATE \$ 1000000 PRODUCTS - COMP/OP AGG \$ 1000000 NOWND \$
B	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			01318130-0	01/20/2014	01/20/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$			NO COVERAGE	/ /	/ /	EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			NO COVERAGE	/ /	/ /	WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
				NO COVERAGE	/ /	/ /	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
CITY OF FORT COLLINS IS LISTED AS ADDITIONAL INSURED ON BOTH THE GENERAL LIABILITY AND BUSINESS AUTO POLICIES.

CERTIFICATE HOLDER () - (970) 224-6134 CITY OF FORT COLLINS P.O. BOX 580 FORT COLLINS CO 80522-	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
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