



Logan County Board of Commissioners
Logan County Courthouse, 315 Main Street, Sterling, Colorado
Tuesday, November 5, 2024 - 9:30 a.m.

Call to Order
Pledge of Allegiance
Revisions to Agenda
Consent Agenda

Approval of the Minutes of the October 29, 2024, meeting.

Acknowledge receipt of the Landfill Supervisor Report for the month of October, 2024.

Unfinished Business
New Business

The Board will conduct a Budget Hearing to consider the Proposed Logan County Budget for fiscal year 2025

The Board will conduct a Budget Hearing to consider the Proposed Logan County Pest District Budget for fiscal year 2025.

The Board will open a public hearing to consider the approval of an application submitted by Merino Ram Booster Club for a Special Events Liquor License for an event to be held at the Mitchek Events Center, 1120 Pawnee Avenue, Sterling, Colorado on November 23, 2024.

Consideration of the approval of the following Secure Transportation Vehicle Permits on behalf of Centennial Mental Health:

- Permit #2024-1 2024 Ford Explorer VIN 1FMSK8DH5RGA61944.
- Permit #2024-2 2024 Ford Explorer VIN 1FMSK8DH5RGA62012.
- Permit #2024-3 2022 Ford Explorer VIN 1FMS8KDXNGA51923.
- Permit #2024-4 2022 Ford Explorer VIN 1FMSK8DH6NGB19540.
- Permit #2024-5 2023 Toyota Sienna VIN 5TDKSKFC4PS086050.
- Permit #2024-6 2020 Toyota Sienna VIN 5TDKZ3DC5LS048664.
- Permit #2024-7 2014 Toyota Sienna VIN 5TDKK3DC9ES511316.

Consideration of the approval of Resolution 2024-32 establishing the date, time and location for a public hearing on the consideration of the approval of a service plan for the proposed Sage Pointe Metropolitan District.

Other Business
Miscellaneous Business/Announcements

The next regular meeting will be scheduled for Tuesday, November 19, 2024, at 9:30 a.m. at the Logan County Courthouse.

County Offices will be closed on Monday, November 11, 2024 in observance of Veteran's Day. We take this time to honor all those who have served our country in any branch of the military and give them our deepest gratitude and thanks.

Executive Session as Needed
Adjournment

October 29, 2024

The Logan County Board of Commissioners met in regular session with the following members present constituting a quorum of the members thereof:

Mike Brownell	Chairman
Joseph A. McBride	Commissioner
Jerry A. Sonnenberg	Commissioner

Also present:

Alan Samber	Logan County Attorney
Jennifer Crow	Administrative Support Specialist
Debbie Unrein	Logan County Finance
Marilee Johnson	Logan County Public Information Officer
Rob Quint	Logan County Planning and Zoning
Rick Cullip	Logan County Buildings and Grounds Supervisor
Jeff Rice	Journal Advocate

Chairman Brownell called the meeting to order at 9:38 a.m. and opened the meeting with the Pledge of Allegiance.

Chairman Brownell asked if there were any revisions for the agenda. Hearing none, Chairman Brownell continued with the Consent Agenda.

The Board continued with the Consent Agenda items:

- Approval of the Minutes of October 15, 2024, meeting.
- Acknowledgment of the receipt of the Sheriff's Fee report for the month of September 2024.

Commissioner McBride moved to approve the Consent Agenda. Commissioner Sonnenberg seconded, and the motion carried, 3-0.

Chairman Brownell continued with New Business:

The Board tabled Resolution 2024-29 amending Special Use Permit (SUP) #240 for the construction, maintenance and operation of a Solar Energy Facility operated by Pivot Energy 54 LLC, which was to correct the permit term to forty years.

Commissioner Sonnenberg moved to approve Resolution 2024-30 and an application for Vacation of a Subdivision Exemption on behalf of Jason and Tracey Hovey to vacate Subdivision Exemption Plat No. 2015-11, recorded at Reception No. 723974, Book 1012, Page 147, of the records of the Logan County Clerk and Recorder. Commissioner McBride seconded, and the motion carried, 3-0.

Commissioner Sonnenberg moved to approve Resolution 2024-31 and an application for Subdivision Exemption on behalf of Donald R. and Barbara A. Korrey and Jason and Tracey Hovey to create a 5.89-acre parcel from a 12.21-acre parcel in an Agriculture (A) zone district located in the Northeast Quarter (NE1/4) of Section 8, Township 9 North, Range 51 West of the 6th Principal Meridian, Logan County, Colorado. Commissioner McBride seconded, and the motion carried, 3-0.

Miscellaneous Business/Announcements

The next regular meeting will be scheduled for Tuesday, November 5, 2024, at 9:30 a.m. at the Logan County Courthouse.

Notice is hereby given that a proposed budget has been submitted to the Board of Logan County Commissioners for Logan County and also the Logan County Pest Control District for fiscal year 2025. A copy of the proposed budget has been filed in the Office of the County Commissioners where it is open for public inspection. The proposed budget is also available on the Logan County website. The proposed budgets will be considered at a regular meeting of the Board of County Commissioners, Tuesday, November 5, 2024 at 9:30 a.m. Any person within Logan County may at any time prior to the final adoption of the budgets, file or register his/her objections thereto at the office of the Logan County Commissioners.

There being no further business to come before the Board, the meeting adjourned, at 9:54 a.m.

Submitted by:



Administrative Support Specialist

Approved: November 5, 2024

BOARD OF COUNTY COMMISSIONERS
LOGAN COUNTY, COLORADO

(seal)

By: _____
Mike Brownell, Chairman

Attest:

Administrative Support Specialist

LOGAN COUNTY SOLID WASTE DEPARTMENT--JOSH KLEIN, SUPERVISOR

315 Main Street Sterling, CO 80751
(970)522-8657 Fax---(970)522-1995

FOR OCTOBER 2024		TONS	PRICE	CHARGES
Area Town Clean-ups	CPC		@ \$1.30	\$0.00
City of Sterling Clean-up	SFCC	250.59	@ \$1.30	\$325.77
City of Sterling Packers	SF	488.04	@ \$26.30	\$12,835.45
City of Sterling Dump Trucks	CL	115.71	@ \$26.30	\$3,043.17
General Public	A,CDBD,G,Y	25.15	@ \$26.30	\$661.45
Commerial (Packers & Roll Offs)	C	809.73	@ \$26.30	\$21,295.90
>5 Tons on Free Certificates	XTON		@ \$26.30	\$0.00
Indust. Waste>5 Tons on Free Cert.	IDXTON		@ \$39.30	\$0.00
Industrial Waste	All other ID	1177.64	@ \$39.30	\$46,281.25
Industrial Petroleum Contaminated Soil	IDPCS		@ \$39.30	\$0.00
Out of County	OC	65.65	@ \$49.47	\$3,247.71
Industrial Waste Out of County	IDOC	3.63	@ \$75.47	\$273.96
Rural Free Certificates	NC	49.24	NC	
All County Vehicles	NCC	36.76	NC	
No Charge Tire Weight	NCTW	3.14	NC	
TOTAL TONS		3025.28		
\$15.00 MINIMUM DIFFERENTIAL				\$846.35
\$30.00 MINIMUM DIFFERENTIAL				\$22.80
E-Waste Recycling		21 items		\$105.00
E-Waste Recycling	NCEW		NC	
Recycled E-Waste (Landfill)	REW		NC	
Outgoing Recycled Tires/Metal	RT/RM	9.92	NC	
R & B Illegally Disposed Tires & Matts	RBT		NC	
Car Tires (CHG)		69	@ \$5.00	\$345.00
Truck Tires (CHG)		25	@ \$8.00	\$200.00
Tractor Tires (CHG)		7	@ \$12.00	\$84.00
Earth Moving Tires (CHG)			@ \$20.00	\$0.00
Appliances (CHG)		10	@ \$5.00	\$50.00
Analytical Reviews	ARV		@ \$180.00	\$0.00
Unsecured/Unauthorized LDS	UNSEC/AUTH		@ \$15.00	\$0.00
Pulloff Loads	PULLOFF		@ \$15.00	\$0.00
Total # of Vehicles		1046		
TOTAL OC & IDOC				\$3,544.46
TOTAL IN COUNTY				\$86,073.34
GRAND TOTAL				\$89,617.80

SIGNED BY: Pam Judig
DATE: Nov. 1, 2024

LOGAN COUNTY SOLID WASTE SUR-CHARGE REPORT

Oct-24	TONS	CPC (CLOSURE)	GRAND TOTAL
CASH	317.53	905.22	\$11,370.90
CHARGE	1853.41	3678.00	\$61,915.54
CITY OF STERLING	854.34	1736.40	\$16,331.36
TOTALS	3025.28	\$6,319.62	\$89,617.80

TONS THAT ARE SHIPPED OFF:	
RECYCLED METAL (SWAN)	
RECYCLED METAL (BOHM)	
RECYCLED TIRES (RM)	9.92
SHIPPED OFF TOTALS	9.92

EWASTE TONS SHIPPED OFF:	
GEW	
RECYCLED EWASTE (LF)	
SHIPPED OFF EW TOTAL	0.00

SIGNED BY: *Pam Jerdig*
 DATE: *11-1-2024*

Application for a Special Events Permit

Liquor Permit Number (Do Not Fill Out)

In order to qualify for a Special Events Permit, You **Must Be a Qualifying Organization Per 44-5-102 C.R.S. and One of the Following (See back for details.)**

- Social Athletic Philanthropic Institution
 Fraternal Chartered Branch, Lodge or Chapter Political Candidate
 Patriotic National Organization or Society Municipality Owned Arts Facilities
 Political Religious Institution

LIAB Type of Special Event Applicant is Applying for:

- 2110 Malt, Vinous And Spirituous Liquor \$25.00 Per Day
2170 Fermented Malt Beverage \$10.00 Per Day

Name of Applicant Organization or Political Candidate

State Sales Tax Number (Required)

Mailing Address of Organization or Political Candidate

City	State	ZIP Code
Merino	CO	80751

Address of Place to Have Special Event

City	State	ZIP Code
Sterling	CO	80751

Authorized Representative of Qualifying Organization or Political Candidate

Date of Birth (MM/DD/YY)

Phone Number

Authorized Representative's Mailing Address (if different than address provided in Question 2.)

City	State	ZIP Code
Sterling	CO	80751

Event Manager

Jada Gettman

Date of Birth (MM/DD/YY)

Phone Number

970-466-2555

Event Manager Home Address

120 Logan Ave.

City

State

ZIP Code

Merino

CO

80471

Email Address of Event Manager

jada.gettman@gmail.com

1. Is the place to have the Special Event located on State-owned property?

Yes No

2. Has Applicant Organization or Political Candidate been issued a Special Event Permit this Calendar Year?

No Yes, How many days?

1

3. Is the premises for which your event is to be held currently licensed under the Colorado Liquor or Beer codes?

No Yes, License Number

4. Does the Applicant Have Possession or Written Permission for the Use of The Premises to be Licensed?

Yes No

List Below the Exact Date(s) for Which Application is Being Made for Permit

Date
Saturday, November 23, 2024

From: 05:00 pm To: 11:00 pm

Date

From: To:

Date

From: To:

Date

From: To:

Date

From: To:

Date

From: To:

Date

From: To:

Date

From: To:

Date

From: To:

Date

From: To:

Date

From: To:

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From: To:

Date

From: To:

Date

From: To:

Date

From: To:

Date

From: To:

Oath of Applicant

I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.

Title

Erin L. Owens, Secretary, Merino Ram Booster Club

Signature

Erin L. Owens

Date (MM/DD/YY)

10/10/24

Report and Approval of Local Licensing Authority (City or County)

The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the provisions of Title 44, Article 5, C.R.S., as amended.

Therefore, this Application is Approved.

Local Licensing Authority (City or County)

City County

Telephone Number of City/County Clerk

Title

Signature

Date (MM/DD/YY)

Do Not Write in this Space - For Department of Revenue Use Only

Liability Information

License Account Number

Liability Date

State

Total

-750 (999)

\$

.00

Application Information and Checklist

The following supporting documents must be attached to this application for a permit to be issued:

- Appropriate fee.
 - Diagram of the area to be licensed (not larger than 8 1/2" X 11" reflecting bars, walls, partitions, ingress, egress and dimensions. **Note:** If the event is to be held outside, please submit evidence of intended control, i.e., fencing, ropes, barriers, etc.
 - Copy of deed, lease, or written permission of owner for use of the premises.
 - Certificate of good corporate standing (NONPROFIT) issued by Secretary of State within last two years; or
 - If not incorporated, a NONPROFIT charter; or *N/A*
 - If a political Candidate, attach copies of reports and statements that were filed with the Secretary of State. *N/A*
-
- Application must first be submitted to the Local Licensing Authority (city or county) at least thirty (30) days prior to the event.
 - Public notice of the proposed event and procedure for protesting issuance of the permit shall be conspicuously posted at the proposed location for at least (10) days before approval of the permit by Local Licensing Authority. (44-5-106 C.R.S.)
 - State Licensing Authority must be notified of approved applications by Local Licensing Authorities within ten (10) days of approval.
 - Check payable to the Colorado Department Of Revenue

Qualifications for Special Events Permit

(44-5-102 C.R.S.)

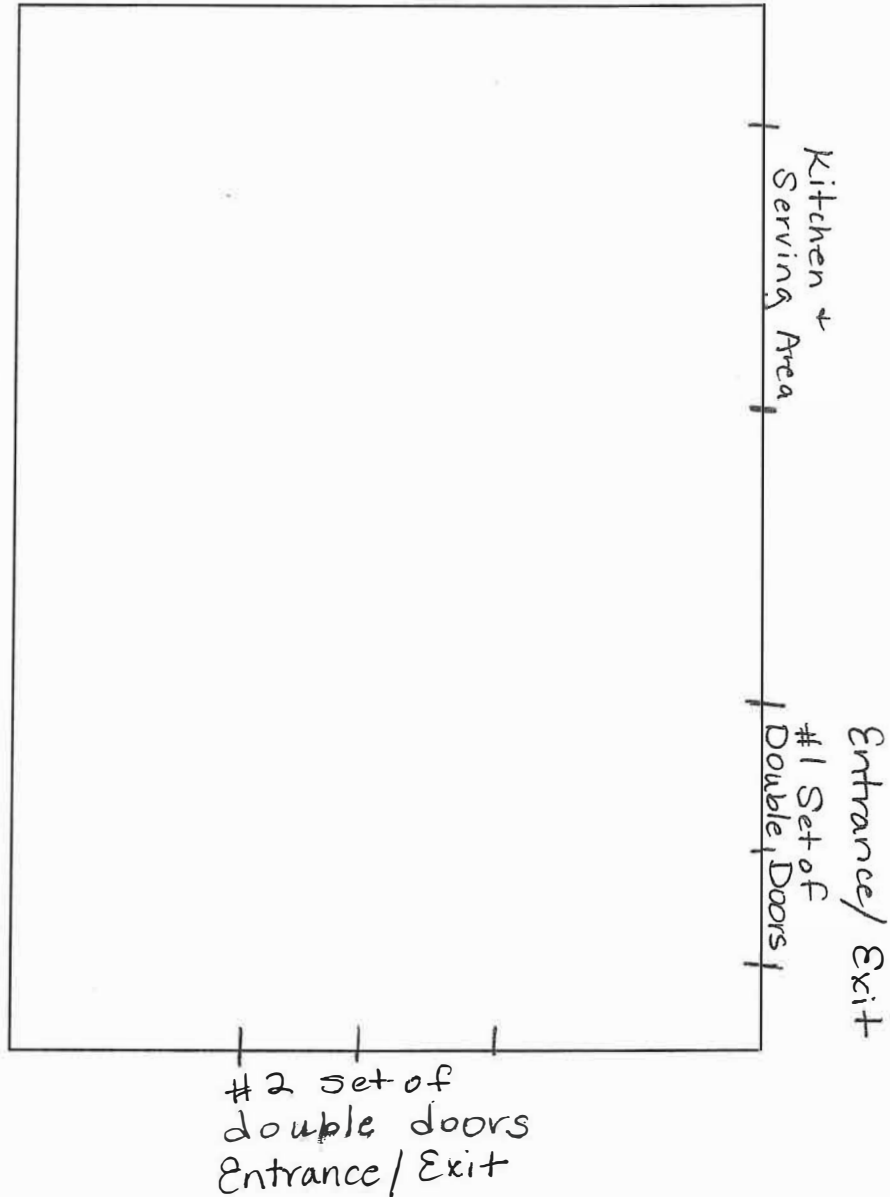
A Special Event Permit issued under this article may be issued to an organization, whether or not presently licensed under Articles 4 and 3 of this title, which has been incorporated under the laws of this state for the purpose of a social, fraternal, patriotic, political or athletic nature, and not for pecuniary gain or which is a regularly chartered branch, lodge or chapter of a national organization or society organized for such purposes and being non profit in nature, or which is a regularly established religious or philanthropic institution, and to any political candidate who has filed the necessary reports and statements with the Secretary of State pursuant to Article 45 of Title 1, C.R.S. A Special Event permit may be issued to any municipality owning arts facilities at which productions or performances of an artistic or cultural nature are presented for use at such facilities.

Application for a Special Event Permit - Diagram

By the Merino Ram Booster Club

Event to be held at the Mitchek Events Center, Logan County Fairgrounds in Sterling, Co

*Private security firm has been contracted to provide security for this event. They will be stationed at both sets of doors to the Mitchek Events Center to prevent alcohol from leaving the building.



Instructions for Application for Secure Transportation Vehicle Permit

1. Enter the name under which the secure transportation service will be licensed.
2. Check the type of permit requested for this vehicle. Only check one.
3. Complete the contact information for the registered owner of the secure transportation vehicle.
4. Complete the contact information for the person applying for the permit.
5. Complete the information for the secure transportation vehicle.

VIN is the vehicle identification number assigned by the manufacturer. Generally, it can be found on the number plate visible through the lower corner of the windshield on the driver side.

Briefly describe the secure transportation vehicle color scheme. Examples: black, white over silver with blue beltline stripe, red with gold lettering.

Describe any other significant distinguishing characteristics. For example: yellow sunburst logo, green and blue logo showing mountain lake scene.

Attachments required for all applications:

- Proof of motor vehicle insurance.
- Certificate of mechanical inspection.

Application for Secure Transportation Vehicle Permit

Name of Secure Transportation Service: Centennial Mental Health Center, Inc.

Type of Permit (check one):

- Type 1 (Partitioned)
 Type 2 (Non-Partitioned)

Contact Information for Secure Transportation Vehicle Owner:

Name: Dante Gonzales

Address: 211 W Main Street

City/State/Zip: Sterling, CO 80751

Telephone: 970-522-4549 ext 3062 (business)

_____ (mobile)

Email Address: Dante.Gonzales@Centennialmhc.org

Contact Information for the Person Applying for the Secure Transportation Vehicle Permit:

Name: Same

Physical Address: _____

City/State/Zip: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____ (business)

_____ (mobile)

Email Address: _____

Secure Transportation Vehicle Information:

Chassis year: 2024

Make: Ford

Model: Explorer

VIN: 1FMSK8DH5RGA61944

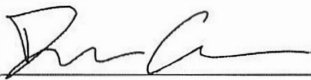
Colorado License Plate Number: DFJ-Y81

Date in Service: 9-9-24

Color: Blue

Other Distinguishing Characteristics: _____

Submitted by:

Signature:  _____

Printed Name: Dante Gonzales, CEO

Date: 10/1/24

Attachments Required for All Applications:

- Proof of motor vehicle insurance
- Certificate of Mechanical Inspection

✓		Fire extinguisher
✓		Wireless two-way communication
✓		Biohazard bags
✓		Personal protective equipment for each vehicle occupant
✓		Map of service area
✓		All equipment and supplies on the vehicle are properly secured, maintained, and stored in accordance with manufacturer recommendations

YES	NO	ADDITIONAL REQUIREMENTS FOR TYPE 1 SECURE TRANSPORTATION VEHICLES:
✓		Permanent safety partition between driver and passenger compartments
✓		Safety partition between passenger compartment and cargo area (if applicable)

YES	NO	ADDITIONAL REQUIREMENTS FOR CLASS A SECURE TRANSPORTATION VEHICLES:
		Automated external defibrillator
		Soft restraints
		Device to prevent spitting or biting that does not restrict airway or breathing ability and does not pose a ligature risk

Additional Comments: NO comments

Inspector Certification: By completing this inspection, I certify that I do not have any disclosed or undisclosed, actual or potential conflicts of interest with the Secure Transportation Service or inspection process.

Inspector Signature: Mark W. [Signature]

Date: 10.24.24

CO

INSURANCE IDENTIFICATION CARD

BI(X) PD(X) (STATE)

COMPANY NUMBER

COMPANY

COMMERCIAL

PERSONAL

22276

Berkshire Hathaway Specialty Insurance Company

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

47RWS25497008

7/1/2024

7/1/2025

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2024 Ford

Explorer

1FMSK8DH5RGA61944

AGENCY/COMPANY ISSUING CARD

Leavitt Group of Colorado

119 N 3rd Ave

PO Box 1707

Sterling

CO 80751

(970) 522-4840

INSURED

Centennial Mental Health Center, Inc.

Sterling

CO 80751

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

Application for Secure Transportation Vehicle Permit

Name of Secure Transportation Service: Centennial Mental Health Center, Inc.

Type of Permit (check one):

- Type 1 (Partitioned)
 Type 2 (Non-Partitioned)

Contact Information for Secure Transportation Vehicle Owner:

Name: Dante Gonzales

Address: 211 W Main Street

City/State/Zip: Sterling, CO 80751

Telephone: 970-522-4549 ext 3062 (business)

_____ (mobile)

Email Address: Dante.Gonzales@Centennialmhc.org

Contact Information for the Person Applying for the Secure Transportation Vehicle Permit:

Name: Same

Physical Address: _____

City/State/Zip: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____ (business)

_____ (mobile)

Email Address: _____

Secure Transportation Vehicle Information:

Chassis year: 2024

Make: Ford

Model: Explorer

VIN: 1FMSK8DH5RGA62012


Colorado License Plate Number: DFJ-Y80

Date in Service: 9-9-24

Color: Green

Other Distinguishing Characteristics: _____

Submitted by:

Signature:  _____

Printed Name: Dante Gonzales, CEO

Date: 10/1/24

Attachments Required for All Applications:

- Proof of motor vehicle insurance
- Certificate of Mechanical Inspection

✓		Fire extinguisher
✓		Wireless two-way communication
✓		Biohazard bags
✓		Personal protective equipment for each vehicle occupant
✓		Map of service area
✓		All equipment and supplies on the vehicle are properly secured, maintained, and stored in accordance with manufacturer recommendations

YES	NO	ADDITIONAL REQUIREMENTS FOR TYPE 1 SECURE TRANSPORTATION VEHICLES:
✓		Permanent safety partition between driver and passenger compartments
✓		Safety partition between passenger compartment and cargo area (if applicable)

YES	NO	ADDITIONAL REQUIREMENTS FOR CLASS A SECURE TRANSPORTATION VEHICLES:
		Automated external defibrillator
		Soft restraints
		Device to prevent spitting or biting that does not restrict airway or breathing ability and does not pose a ligature risk

Additional Comments: No comments

Inspector Certification: By completing this inspection, I certify that I do not have any disclosed or undisclosed, actual or potential conflicts of interest with the Secure Transportation Service or inspection process.

Inspector Signature: Mark Maxwell

Date: 10-24-24

CO

INSURANCE IDENTIFICATION CARD

BI(X) PD(X) (STATE)

COMPANY NUMBER

COMPANY

COMMERCIAL

PERSONAL

22276

Berkshire Hathaway Specialty Insurance Company

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

47RWS25497008

7/1/2024

7/1/2025

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2024 Ford

Explorer

1FMSK8DH5RGA62012

AGENCY/COMPANY ISSUING CARD

Leavitt Group of Colorado

119 N 3rd Ave

PO Box 1707

Sterling

CO 80751

(970) 522-4840

INSURED

Centennial Mental Health Center, Inc.

Sterling

CO 80751

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Address: 211 W Main Street

City/State/Zip: Sterling, CO 80751

Telephone: 970-522-4549 ext 3062 (business)

_____ (mobile)

Email Address: Dante.Gonzales@Centennialmhc.org

Contact Information for the Person Applying for the Secure Transportation Vehicle Permit:

Name: Same

Physical Address: _____

City/State/Zip: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____ (business)

_____ (mobile)

Email Address: _____

Secure Transportation Vehicle Information:

Chassis year: 2022

Make: Ford

Model: Explorer

VIN: 1FMSK8DH6NGB19540

Colorado License Plate Number: DQO-T77

Date in Service: 10/12/23

Color: Silver

Other Distinguishing Characteristics: _____

Submitted by:

Signature:  _____

Printed Name: Dante Gonzales, CEO

Date: 10/1/24

Attachments Required for All Applications:

- Proof of motor vehicle insurance
- Certificate of Mechanical Inspection

<input checked="" type="checkbox"/>		Fire extinguisher
<input checked="" type="checkbox"/>		Wireless two-way communication
<input checked="" type="checkbox"/>		Biohazard bags
<input checked="" type="checkbox"/>		Personal protective equipment for each vehicle occupant
<input checked="" type="checkbox"/>		Map of service area
<input checked="" type="checkbox"/>		All equipment and supplies on the vehicle are properly secured, maintained, and stored in accordance with manufacturer recommendations

YES	NO	ADDITIONAL REQUIREMENTS FOR TYPE 1 SECURE TRANSPORTATION VEHICLES:
<input checked="" type="checkbox"/>		Permanent safety partition between driver and passenger compartments
<input checked="" type="checkbox"/>		Safety partition between passenger compartment and cargo area (if applicable)

YES	NO	ADDITIONAL REQUIREMENTS FOR CLASS A SECURE TRANSPORTATION VEHICLES:
		Automated external defibrillator
		Soft restraints
		Device to prevent spitting or biting that does not restrict airway or breathing ability and does not pose a ligature risk

Additional Comments: _____

Inspector Certification: By completing this inspection, I certify that I do not have any disclosed or undisclosed, actual or potential conflicts of interest with the Secure Transportation Service or inspection process.

Inspector Signature: *[Signature]*

Date: 10-24-24

INSURANCE IDENTIFICATION CARD

CO

BI(X) PD(X) (STATE)

COMPANY NUMBER

COMPANY

COMMERCIAL

PERSONAL

22276

Berkshire Hathaway Specialty Insurance Company

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CO 80751

(970) 522-4840

INSURED

Centennial Mental Health Center, Inc.

Sterling

CO 80751

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IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

Secure Transportation Vehicle Information:

Chassis year: 2022

Make: Ford

Model: Explorer

VIN: 1FMSK8DHXNGA51923


Colorado License Plate Number: DQ●-T76

Date in Service: 10/12/23

Color: White

Other Distinguishing Characteristics: _____

Submitted by:

Signature:  _____

Printed Name: Dante Gonzales, CEO

Date: 10/1/24

Attachments Required for All Applications:

- Proof of motor vehicle insurance
- Certificate of Mechanical Inspection

<input checked="" type="checkbox"/>		Fire extinguisher
<input checked="" type="checkbox"/>		Wireless two-way communication
<input checked="" type="checkbox"/>		Biohazard bags
<input checked="" type="checkbox"/>		Personal protective equipment for each vehicle occupant
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Additional Comments: _____

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Inspector Signature: *[Signature]*

Date: 10-24-24

CO

INSURANCE IDENTIFICATION CARD

BI(X) PD(X) (STATE)

COMPANY NUMBER

COMPANY

COMMERCIAL

PERSONAL

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Berkshire Hathaway Specialty Insurance Company

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VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

Application for Secure Transportation Vehicle Permit

Name of Secure Transportation Service: Centennial Mental Health Center, Inc.

Type of Permit (check one):

- Type 1 (Partitioned)
 Type 2 (Non-Partitioned)

Contact Information for Secure Transportation Vehicle Owner:

Name: Dante Gonzales

Address: 211 W Main Street

City/State/Zip: Sterling, CO 80751

Telephone: 970-522-4549 ext 3062 (business)

_____ (mobile)

Email Address: Dante.Gonzales@Centennialmhc.org

Contact Information for the Person Applying for the Secure Transportation Vehicle Permit:

Name: Same

Physical Address: _____

City/State/Zip: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____ (business)

_____ (mobile)

Email Address: _____

Secure Transportation Vehicle Information:

Chassis year: 2023

Make: Toyota

Model: Sienna

VIN: 5TDKZ3DC5LS048664


Colorado License Plate Number: AHT-Z24

Date in Service: 9/11/23

Color: White

Other Distinguishing Characteristics: ADA

Submitted by:

Signature:  _____

Printed Name: Dante Gonzales, CEO

Date: 10/1/24

Attachments Required for All Applications:

- Proof of motor vehicle insurance
- Certificate of Mechanical Inspection

Secure Transportation Vehicle Inspection Report

Name of the Secure Transportation Service: Centennial Mental Health Center,

Inc. Vehicle: 2023 Toyota Sienna Van AHT-Z24

Type of Permit (check one): Type 1 (partitioned)

Type 2 (non-partitioned)

Class of License (check one):

Class A (physical restraints may be used)

Class B (no physical restraints)

Date and location of inspection: 10-24-24 CMH

YES	NO	REQUIREMENTS FOR ALL SECURE TRANSPORTATION VEHICLES:
<input checked="" type="checkbox"/>		Certification of compliance with Federal Motor Vehicle Safety Standards
<input checked="" type="checkbox"/>		Four door body configuration
N/A	N/A	Ligature risk reduction measures
<input checked="" type="checkbox"/>		Child safety door locks for passenger compartment
<input checked="" type="checkbox"/>		Window safety interlocks for passenger compartment
<input checked="" type="checkbox"/>		Global Positioning System tracking
<input checked="" type="checkbox"/>		Seat belt for each seating position
<input checked="" type="checkbox"/>		Manufacturer's supplemental inflatable restraints operational
N/A	N/A	Child safety seat in appropriate sizes for client population (if applicable)
<input checked="" type="checkbox"/>		●perational temperature control and ventilation system
<input checked="" type="checkbox"/>		Secure area clear of any item that may be used to inflict harm
<input checked="" type="checkbox"/>		Mirror or video camera to visually observe and monitor client
<input checked="" type="checkbox"/>		First aid kit
(YES)	NO	REQUIREMENTS FOR ALL SECURE TRANSPORTATION VEHICLES:

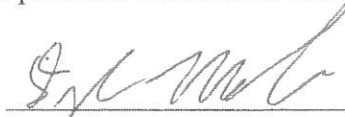
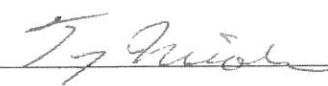
X		Fire extinguisher
X		Wireless two-way communication
X		Biohazard bags
X		Personal protective equipment for each vehicle occupant
X		Map of service area
X		All equipment and supplies on the vehicle are properly secured, maintained, and stored in accordance with manufacturer recommendations

YES	NO	ADDITIONAL REQUIREMENTS FOR TYPE 1 SECURE TRANSPORTATION VEHICLES:
X		Permanent safety partition between driver and passenger compartments
X		Safety partition between passenger compartment and cargo area (if applicable)

YES	NO	ADDITIONAL REQUIREMENTS FOR CLASS A SECURE TRANSPORTATION VEHICLES:
		Automated external defibrillator
		Soft restraints
		Device to prevent spitting or biting that does not restrict airway or breathing ability and does not pose a ligature risk

Additional Comments: ADA van

Inspector Certification: By completing this inspection, I certify that I do not have any disclosed or undisclosed, actual or potential conflicts of interest with the Secure Transportation Service or inspection process.

Inspector Signature:  

Date: 10/24/2024

CO

INSURANCE IDENTIFICATION CARD

BI(X) PD(X) (STATE)

COMPANY NUMBER

22276

COMPANY

Berkshire Hathaway Specialty Insurance Company



COMMERCIAL



PERSONAL

POLICY NUMBER

47RWS25497008

EFFECTIVE DATE

7/1/2024

EXPIRATION DATE

7/1/2025

YEAR

2023

MAKE/MODEL

Toyota

Sienna

VEHICLE IDENTIFICATION NUMBER

5TDKSKFC4PS086050

AGENCY/COMPANY ISSUING CARD

Leavitt Group of Colorado

119 N 3rd Ave

Sterling

PO Box 1707

CO 80751

(970) 522-4840

INSURED

Centennial Mental Health Center, Inc.

Sterling

CO 80751

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IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
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Application for Secure Transportation Vehicle Permit

Name of Secure Transportation Service: Centennial Mental Health Center, Inc.

Type of Permit (check one):

- Type 1 (Partitioned)
 Type 2 (Non-Partitioned)

Contact Information for Secure Transportation Vehicle Owner:

Name: Dante Gonzales

Address: 211 W Main Street

City/State/Zip: Sterling, CO 80751

Telephone: 970-522-4549 ext 3062 (business)

_____ (mobile)

Email Address: Dante.Gonzales@Centennialmhc.org

Contact Information for the Person Applying for the Secure Transportation Vehicle Permit:

Name: Same

Physical Address: _____

City/State/Zip: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____ (business)

_____ (mobile)

Email Address: _____

Secure Transportation Vehicle Information:

Chassis year: 2020

Make: Toyota

Model: Sienna

VIN: 5TDKZ3DC5LS048664

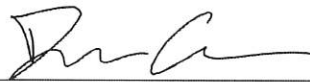
Colorado License Plate Number: CGP-934

Date in Service: 12-13-19

Color: White

Other Distinguishing Characteristics: _____

Submitted by:

Signature:  _____

Printed Name: Dante Gonzales CEO

Date: 10/1/24

Attachments Required for All Applications:

- Proof of motor vehicle insurance
- Certificate of Mechanical Inspection

X		Fire extinguisher
X		Wireless two-way communication
X		Biohazard bags
X		Personal protective equipment for each vehicle occupant
X		Map of service area
X		All equipment and supplies on the vehicle are properly secured, maintained, and stored in accordance with manufacturer recommendations

YES	NO	ADDITIONAL REQUIREMENTS FOR TYPE 1 SECURE TRANSPORTATION VEHICLES:
X		Permanent safety partition between driver and passenger compartments
X		Safety partition between passenger compartment and cargo area (if applicable)

YES	NO	ADDITIONAL REQUIREMENTS FOR CLASS A SECURE TRANSPORTATION VEHICLES:
		Automated external defibrillator
		Soft restraints
		Device to prevent spitting or biting that does not restrict airway or breathing ability and does not pose a ligature risk

Additional Comments: _____

Inspector Certification: By completing this inspection, I certify that I do not have any disclosed or undisclosed, actual or potential conflicts of interest with the Secure Transportation Service or inspection process.

Inspector Signature: *[Signature]* *[Signature]*

Date: 10/24/2024

CO

INSURANCE IDENTIFICATION CARD

BI(X) PD(X) (STATE)

COMPANY NUMBER

COMPANY

COMMERCIAL

PERSONAL

22276

Berkshire Hathaway Specialty Insurance Company

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

47RWS25497008

7/1/2024

7/1/2025

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2020

Toyota

Sienna LE

5TDKZ3DC5LS048664

AGENCY/COMPANY ISSUING CARD

Leavitt Group of Colorado

119 N 3rd Ave

PO Box 1707

Sterling

CO 80751

(970) 522-4840

INSURED

Centennial Mental Health Center, Inc.

Fort Morgan

CO 80701

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
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IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

Secure Transportation Vehicle Information:

Chassis year: 2014

Make: Toyota

Model: Sienna

VIN: 5TDKK3DC9ES511316


Colorado License Plate Number: 915-QVM

Date in Service: 9/3/2014

Color: Silver

Other Distinguishing Characteristics: _____

Submitted by:

Signature:  _____

Printed Name: Dante Gonzales, CEO

Date: 10/1/24

Attachments Required for All Applications:

- Proof of motor vehicle insurance.
- Certification of Mechanical Evaluation.
- Vehicle Inspection Report.

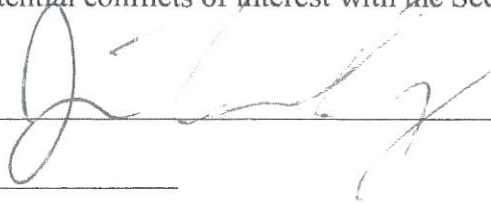
✓		Fire extinguisher
		Wireless two-way communication
✓		Biohazard bags
✓		Personal protective equipment for each vehicle occupant
✓		Map of service area
✓		All equipment and supplies on the vehicle are properly secured, maintained, and stored in accordance with manufacturer recommendations

YES	NO	ADDITIONAL REQUIREMENTS FOR TYPE 1 SECURE TRANSPORTATION VEHICLES:
✓		Permanent safety partition between driver and passenger compartments
✓		Safety partition between passenger compartment and cargo area (if applicable)

YES	NO	ADDITIONAL REQUIREMENTS FOR CLASS A SECURE TRANSPORTATION VEHICLES:
		Automated external defibrillator
		Soft restraints
		Device to prevent spitting or biting that does not restrict airway or breathing ability and does not pose a ligature risk

Additional Comments: _____

Inspector Certification: By completing this inspection, I certify that I do not have any disclosed or undisclosed, actual or potential conflicts of interest with the Secure Transportation Service or inspection process.

Inspector Signature: 

Date: 10/24/24

CO

INSURANCE IDENTIFICATION CARD

BI(X) PD(X) (STATE)

COMPANY NUMBER

COMPANY

COMMERCIAL

PERSONAL

22276

Berkshire Hathaway Specialty Insurance Compan

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

47RWS25497008

7/1/2024

7/1/2025

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2014 Toyota

Sienna

5TDDK3DC9ES511316

AGENCY/COMPANY ISSUING CARD

Leavitt Group of Colorado

119 N 3rd Ave

PO Box 1707

Sterling

CO 80751

(970) 522-4840

INSURED

Centennial Mental Health Center, Inc.

Sterling

CO 80751

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IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

**RESOLUTION
NO. 2024 -32**

A Resolution of the Board of County Commissioners of Logan County, Colorado, establishing the date, time and location for a public hearing on the consideration of the approval of a service plan for the proposed Sage Pointe Metropolitan District.

WHEREAS, Sage Pointe HOA has submitted a proposed service plan for consideration by the Board of County Commissioners which, if approved, will create the Sage Pointe Metropolitan District; and

WHEREAS, the purpose of the proposed District will be to plan, design, finance, acquire, construct, install, operate and maintain certain public improvements to supply water, sanitation, street and drainage services for the residents of the District; and

WHEREAS, C.R.S. section 32-1-202 provides that the proposed service plan will be submitted for approval by the Board of County Commissioners, after a public hearing, the time, date and location of which being established by the Board with prior public notice provided.

NOW THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Logan County, Colorado, that the date, time and location for the public hearing on the proposed Sage Pointe Metropolitan District Service Plan shall be December 6, 2024 at 9:30 a.m. in the Commissioner’s Meeting Room, Logan County Courthouse, 315 Main Street, Sterling, Colorado.

Done and Signed this 5th day of November, 2024.

BOARD OF COUNTY COMMISSIONERS OF
LOGAN COUNTY, COLORADO

_____(Aye)(Nay)
Mike Brownell, Chairman

_____(Aye)(Nay)
Joseph A. McBride

_____(Aye)(Nay)
Jerry A. Sonnenberg

I, Pamela M. Bacon, County Clerk and Recorder in and for the County of Logan, State of Colorado, do hereby certify that the foregoing Resolution was duly adopted by the Board of County Commissioners of the County of Logan and State of Colorado, in regular session on the 5th day of November, 2024.

County Clerk and Recorder