

Date Received Application: February 23, 2023  
Insurance Received: February 23, 2023

Permit No: \_\_\_\_\_  
Date Issued: \_\_\_\_\_

**APPROVALS:**

Town Administrator \_\_\_\_\_  
Date: \_\_\_\_\_

Fire: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions of approval: \_\_\_\_\_  
\_\_\_\_\_

Police: Please see the Security Plan Request Application for approval and conditions.

Other Staff Approval: \_\_\_\_\_  
Date: \_\_\_\_\_

Rev. 07-01-22

# SPECIAL EVENT PERMIT APPLICATION



Town of Apple Valley  
1777 N Meadowlark Dr.  
Apple Valley, UT 84737

Phone: 435-877-1190  
E-mail: clerk@applevalleyut.gov

**TYPE OF ACTIVITY** (check all that apply):

- Film Production       Parade       Sporting       10K  
 Outdoors Sales       Fun Run       Dance       Other: Running Event
- Cycling       5K       Training Event       Festival  
 Block Party       Religious

Please print or type

**EVENT NAME:** Zion Ultra

**1. Location of Event:** Ruby Rider Ranch

**2. Name of Organization:** Vacation Races

**3. Date(s) of Event:** 4/14, 4/15, 4/16

**4. EVENT DETAILS:**

Set-up	Date: 4/14	Start time: 8:00 am	End time: 8:00 pm
Event	Date: 4/14, 4/15, 4/16	Start time: 4:00 am	End time:
Clean-up	Date:	Start time: 12:00 pm	End time: 8:00 pm

Is this a Recurring Event? \_\_\_\_\_ If yes; daily, weekly or other?

Is this an Annual Event? yes If yes; same date and place? Different dates, same place

**5. PARTICIPANTS**

# of Participants & Attendees expected: 1,300 # of Volunteers/Event Staff: 50

Open to the Public       Private Group/Party

If event is open to the public, is it:  Entrance Fee/Ticketed Event;  Fee for Participants/Racers/Runners Only;  Free.

**6. APPLICANT INFORMATION**

**Name of Applicant:** Bridgette Barney

**Address:** 1201 S. Hillcrest Dr. Washington Utah 84780

**Day Phone:** \_\_\_\_\_ **Cell/Other:** 435-668-1189 **E-mail:** bridgette@vacationraces.com

**Mailing Address (if different):** \_\_\_\_\_

**Event Web Address (if applicable):** \_\_\_\_\_

**Alternate Contact For Event:** Lyle Anderson

**Day Phone:** \_\_\_\_\_ **Cell/Other:** 435-313-0019 **E-mail:** lyle@vacationraces.com

7. VENDORS/FOOD/ALCOHOL (check all that apply)

Are Vendors/Merchants selling products or services?
If yes, Temporary Sales Tax Numbers are required from the Utah State Special Event Tax Division 801-297-6303
Is Food available at the event? Description:
If yes, Is the food (please check all that apply)
Given away/pre-packaged Catered by: Prepared on site
Will Alcoholic Beverages be available at the event?
If yes, please check all that apply
Beer Stands Fenced-in Beer Garden
Selling, Serving, Giving Away, Alcohol at an event requires Town Council Approval, Town Business License and State Of Utah Department of Alcoholic Beverage Licensing approval 801-977-6800

8. TENTS/STAGES/STRUCTURES (include details on site map)

Tents/Pop-up Canopies?
How many Tents/Pop-up Canopies will be used for the event? 20
Dimensions of Tents/Pop-up Canopies:
All large or enclosed tents/canopies require Inspections from the AV Fire Department 435-877-1194
Temporary Stage? Dimensions of Stage:
Description of Tents/Canopies/Stage, etc.:

9. SITE SETUP/SOUND (check all that apply - please include details on site map)

Fencing/Scaffolding
Barricades
Portable Sanitary Units (must obtain privately)
Inflatable/Bounce House(s) Generator(s) & Certificate of Liability Insurance are required (must obtain privately)
Music If yes, check all that apply: Acoustic Amplified
PA/Audio System Type/Description:
Fireworks/Fire Performances/Open Flame Requires approval from AV Fire Dept. 435-877-1194
Propane/Gas On-site Requires approval from AV Fire Dept. 435-877-1194
Trash/Recycle Bin coordination On-site WCSW 435-673-2813

10. ROAD & SIDEWALK USE (please include details on site map)

Will Roads & Sidewalks Be Used?
Are you requesting Road &/or Sidewalk Closures?
An Encroachment Permit is required for Road Closures and Sidewalk Use.
To obtain the permit, https://www.applevalleyut.gov/building/page/encroachment-permit-application
Road Use and Closure Location:
Sidewalk Use Location: Will stay on sidewalks and follow pedestrian laws.
Parade Location: Number of Floats:

11. SECURITY/OTHER (please complete and sign the Security Plan Approval Request Form, for approval of Security)

12. Application Fee is based on attendance, and charged per day, as follows:

\$75.00 for attendance under 300
\$150.00 for attendance over 300
Total: \$ (payable to: Town of Apple Valley - Attn: Special Events, 1777 N. Meadowlark Dr, Apple Valley, UT 84737)

By submitting a signed application, the applicant certifies that falsifying any information on this application constitutes cause for rejection or revocation of the Permit.

Bridgette Barney

Applicant's Name [PRINT]

Bridgette Barney
Applicant's Signature

1/31/23
Date

## EVENT DESCRIPTION

PLEASE DESCRIBE YOUR EVENT IN DETAIL; ADD ANY ADDITIONAL INFORMATION OR PAGES.

- Please be sure to include any elements of your event that will help with the approval of the event, including provision of fire and emergency medical services, potable water, dust control, and security plan.

\* On April 15<sup>th</sup> - 16<sup>th</sup> we will be hosting our Zion Ultra Event. Packet Pickup will be on 4/14. Participants will be running either 100 miles, 100K 50K or half marathon. 100 miles and 100K will start on 4/15 with the 50K and half on 4/16. All runners will be done on 4/16 by 6:00pm.

\* We would also like to provide camping on our property.

- 150 maximum
- NO campfires or open flames
- We will provide toilet/water

## DETAILED SITE PLAN/MAP

PLEASE INCLUDE [OR  ATTACH] A DETAILED SITE PLAN AND/OR ROUTE MAP. COMPUTER OR HAND-DRAWN SITE PLANS ARE APPROPRIATE.

Your map should include:

- The names of streets, placement of barricades, and/or road/sidewalk closures
- The areas where participants and vendors/merchants will park
- Parade forming and disbanding areas, bleachers, etc.
- Vendor and booth placement, tables, etc.
- Portable toilets, portable hand-washing stations, fencing
- Location of security personnel, information booth, lost and found booth
- Stage, tents and materials, storage, inflatable amusement devices, table placement, etc. used in the event

\* Event

North



## DETAILED SITE PLAN/MAP

PLEASE INCLUDE [OR  ATTACH] A DETAILED SITE PLAN AND/OR ROUTE MAP. COMPUTER OR HAND-DRAWN SITE PLANS ARE APPROPRIATE.

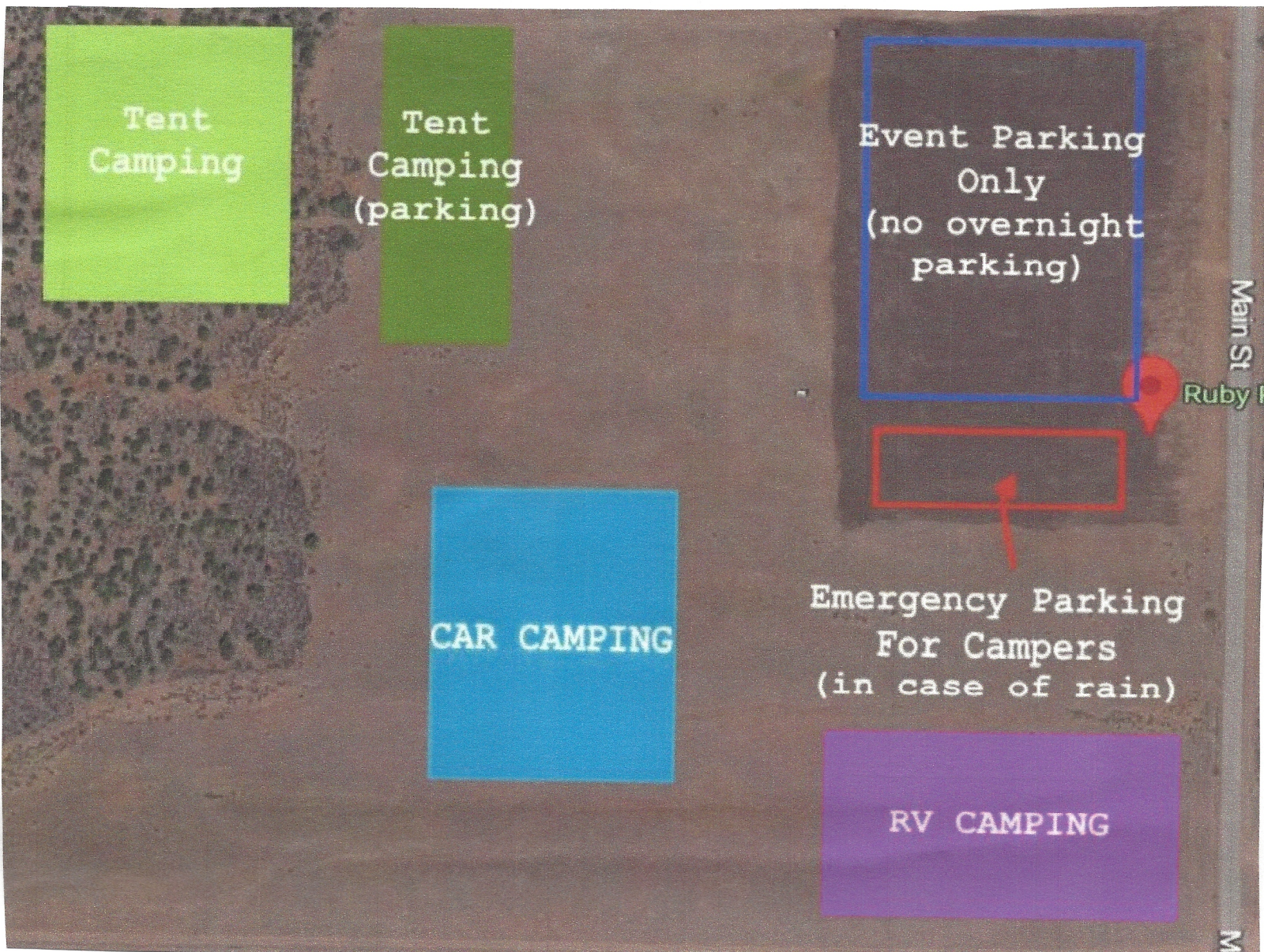
Your map should **include**:

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- Location of security personnel, information booth, lost and found booth
- Stage, tents and materials, storage, inflatable amusement devices, table placement, etc. used in the event.

North



\* Camping



Date Received Vendor List: \_\_\_\_\_ Permit No: \_\_\_\_\_  
 Payment Received: \_\_\_\_\_ Date Completed: \_\_\_\_\_

## SUB-LICENSE FEE(S)



Please make check payable to: Town of Apple Valley

Town of Apple Valley  
 1777 N. Meadowlark Dr  
 Apple Valley, UT 84737

Phone: 435-877-1190  
 E-mail: clerk@applevalleyut.gov

EVENT NAME: Zion Ultra CONTACT PHONE: 435-668-1189

EVENT DATE(S): 4/14, 4/15, 4/16 EVENT LOCATION: Ruby Rider Ranch

## VENDOR INFORMATION

Please provide the following information for all vendors. The sub-license fee for each vendor is \$5.00. Special Event Tax Numbers are required for each Vendor, 801-297-6303. Those Vendors selling, giving away, or preparing food on site are required to obtain approval from the Southwest Utah Public Health Department, 435-986-2580.

#	Vendor Name	Vendor Phone #	Product or Service to be offered at Event	Payment \$5.00
1	Vacation Races	435-668-1189	VR Merchandise	
2				
3				
4				
5				
6				
7				
8				
9				
10				

Date Received: \_\_\_\_\_

Permit No: \_\_\_\_\_

Police Approved: \_\_\_\_\_

Date Issued: \_\_\_\_\_

**Approval with Comments:**

# SECURITY PLAN APPROVAL REQUEST FORM



Rev. 7-01-22

All questions must be answered completely or application will not be considered. Please allow TEN (10) days for approval. Together with this application, please provide a written Security Plan including names of all security personnel.

**EVENT NAME:** Zion Ultra

**Event Location:** Ruby Rider Ranch

**Type of Event:**

**Date of Event:** 4/14, 4/15, 4/16

**Hours of Event:**

**Number of Expected Attendance:**

**Occupancy Load:**

**Name of Applicant:** Vacation Races

**Address:** 1201 S. Hillcrest Dr. Washington Utah 84780

**Day Phone:**

**Cell/Other:** 435-668-1189

**E-mail:** bridgette@vacationraces.com

- Security Personnel must be 21 years old or older;
- A Security Director must be onsite at all times with a cell phone;
- Shirts or Vests must look the same. "SECURITY" must be stated on the shirt or vest so it is visible to the public and the Police Department.

**Please check applicable Security:**

The following will allow for the calculation of security required. The calculations will change depending on the type of event.

- |  |                                |                        |
|--|--------------------------------|------------------------|
| <input type="checkbox"/> <b>Police Officers</b> (must coordinate w/Washington County | <b>2 Police Officers per</b>   | <b>1 to 300 People</b> |
| <input type="checkbox"/> <b>Security Officers in Uniform</b>                         | <b>3 Security Officers per</b> | <b>1 to 300 People</b> |
| <input type="checkbox"/> <b>Private Citizens in Security Shirts or Vests</b>         | <b>4 Private Citizens per</b>  | <b>1 to 300 People</b> |

**Name of On-site Security Director:** Lyle Anderson

**Cell Number:** 435-313-0019

**E-mail:** lyle@vacationraces.com

**Comments:**

I understand that falsifying any information on this application constitutes sufficient cause for rejection or revocation of the Special Event Permit. I also understand that the Sheriff Department may require additional information as permitted by Ordinance, and also agree to supply the same.

**Applicant Signature:**

*Bridgette Barry*

**Date:**

1/31/23

# SECURITY PLAN INFORMATION

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1. Please list the names of the security personnel, age, and cell phone number:

First	Last	Age	Cell Phone Number
Bridgette	Barney	45	435-668-1189
Lyle	Anderson	46	435-313-0019
Rick	Visser	65	801-510-6814
Craig		55	702-379-5354
Terry	Maurer	55	702-497-3385

2. Please indicate the number of security personnel that will be roaming on the premises of the event: 20.

3. Please provide a detailed Security Plan:

**We have staff/crew that will be roaming around the entire event.**

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4. Please mark on the site plan the locations of each security person:



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/6/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>		<b>CONTACT NAME:</b> Kaleb DeMille	
Main Street Insurance		<b>PHONE (A/C, No, Ext):</b> (435) 674-2221	<b>FAX (A/C, No):</b>
780 N 2860 E		<b>E-MAIL ADDRESS:</b> kaleb@msiagency.com	
STE 101		<b>INSURER(S) AFFORDING COVERAGE</b>	
St George UT 84790		<b>INSURER A:</b> MESA UNDERWRITERS SPECIALTY INS CO	<b>NAIC #</b>
<b>INSURED</b>		<b>INSURER B:</b> WCF Mutual Insurance Company	36838
Vacation Races, Inc		<b>INSURER C:</b> PRINCETON EXCESS & SURPLUS LINES INS	10033
842 E APACHE DR		<b>INSURER D:</b>	
Washington UT 84780		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

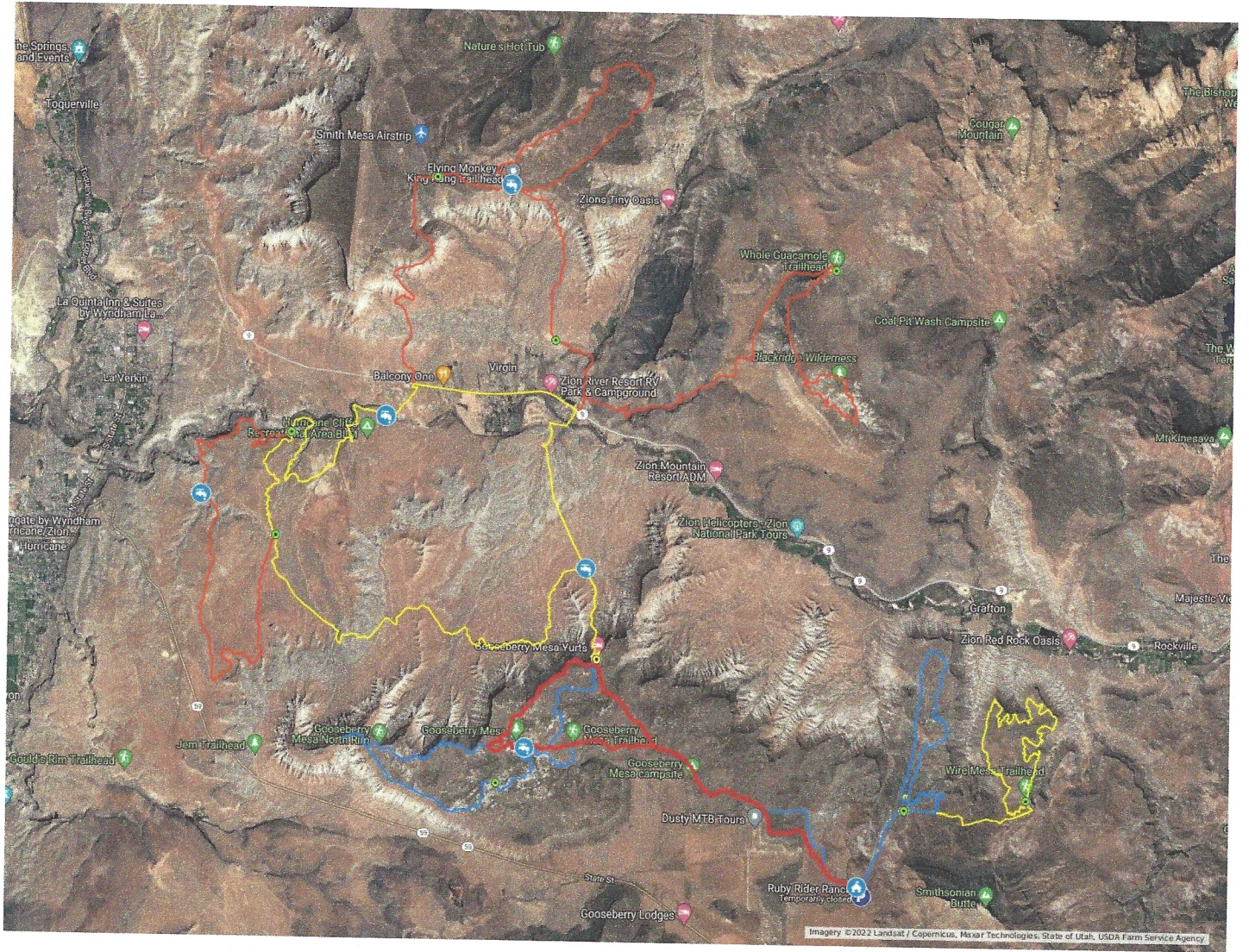
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			MP0005003006805	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
	<input checked="" type="checkbox"/> Event Liability						MED EXP (Any one person) \$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 3,000,000	
	OTHER:						PRODUCTS - COMP/OP AGG \$ Included	
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$	
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$	
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$	
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR					\$	
C	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE		82A3FF000383000	1/10/2023	1/1/2025	EACH OCCURRENCE \$ 5,000,000	
	DED	RETENTION \$					AGGREGATE \$ 5,000,000	
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			Y/N			E.L. EACH ACCIDENT \$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below			Y	N/A	4002710	10/10/2022	10/10/2023
								E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

Town of Apple Valley	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1777 North Meadowlark Dr	
Apple Valley, UT 84737	AUTHORIZED REPRESENTATIVE
	Kaleb DeMille



the Springs and Events  
Toguerville

Nature's Hot Tub

Smith Mesa Airstrip

Elvino Monkey King Kong trailhead

Zions Tiny Oasis

Cougar Mountain

La Quinta Inn & Suites by Wyndham La

La Verkin

Balcony One

Virgin

Zion River Resort RV Park & Campground

Whole Guacamole trailhead

Coal Pit Wash Campsite

Blackridg Wilderness

Hurricane Cliffs Recreation Area Bldg

Zion Mountain Resort ADM

Zion Helicopters- Zion National Park Tours

Gate by Wyndham Hurricane, Zion

Hurricane

Gooseberry Mesa Yurts

Grafton

Zion Red Rock Oasis

Rockville

Goold's Rim Trailhead

Jam Trailhead

Gooseberry Mesa North Rim

Gooseberry Mesa

Gooseberry Mesa Trailhead 1

Gooseberry Mesa Campsite

Dusty MTB Tours

Wire Mesa Trailhead

Ruby Rider Ranch Temporarily closed

Smithsonian Butte

Gooseberry Lodges

Imagery ©2022 Landsat / Copernicus, Maxar Technologies, State of Utah, USDA Farm Service Agency

**Town of Apple Valley**  
**1777 N. Meadowlark Dr.**  
**Apple Valley UT 84737**  
**435-877-1190**

**Receipt No: 43534**

Receipt Date: 02/07/2023

Time of Receipt: 02/23/2023 10:56 AM

1807 - Payment	<u>450.00</u>
	<b>\$450.00</b>

Check: 2128	<u>450.00</u>
	<b>\$450.00</b>