SPECIAL EVENT PERMIT CHECKLIST
1777 N. Meadowlark Dr., Apple Valley, Utah 84737

Complete applications must be submitted to the Town **forty-five (45) days before the event** is scheduled to take place. Applications submitted to the Town less than forty-five (45) days may not be accepted by the Town.

- [x] 1. Complete Special Event Permit Application and provide copy of advertisement for event.
- [x] 2. Detailed Event Site Plan. Must include Street Names, Placement of Barricades, Road/Sidewalk Closures, Vendor/Merchant Parking, Vendor Booth Placement, Inflatables, Amusement Devices, Table Placement, Portable Toilet Placement, Fencing, Tent(s) Placement, etc. Also an aerial view must be submitted.
- [x] 3. Security Plan. Must provide names of security personnel, ages and contact information.
- [x] 4. Proof of Insurance naming the Town of Apple Valley as additional insured.
  Insurance is required when the event is held at a Town Facility, Park, Road Closure or Sidewalk Closure.
  (Please see the example insurance certificate for amounts of coverage and language required to be on the insurance certificate.)
- [x] 5. Proof of Insurance for each Vendor naming the Town of Apple Valley as additional insured.
  Insurance is required when the Vendor is vending at a Town Facility or Park.
  (Please see the example insurance certificate for amounts of coverage and language required to be on the insurance certificate.)
- [NA] 6. Proof of Park Reservation (Call Town Clerk) 435-877-1190.
- [NA] 7. Encroachment Permit Application and Plan. Submit on-line application https://www.applevalleyut.gov/building/page/encroachment-permit-application *(Required for Road/Sidewalk Closures)*
- [ ] 8. Written Authorization for Events held on Private Property from the Property Owner.
- [ ] 9. Temporary Sales Tax Number for Event and Vendors. Please contact State of Utah Special Event Tax Division -210 North 1950 West, Salt Lake City, UT 84134, 801-297-6303.
- [ ] 10. Health Department Approval for Any Food Provided at the event.
  Please contact Southwest Utah Health Dept. - 620 South 400 East #400, St. George, UT 84770, 435-986-2580.
- [ ] 11. Town Use Agreement *(Is required for certain Town properties. Town will provide the Agreement, if required.)*
- [ ] 12. Applicable Fees.
- [ ] 13. Other Requirements: _____

Review Process Information

The application will be submitted to the Town Administrator for their recommendation of approval. The applicant will be contacted by the Town Administrator with comments/concerns. Comments/concerns must be resolved by the applicant prior to the Town Administrator approving the event permit. Town Council approval is required for Single Event Alcohol Permits. Questions, please contact Jenna Vizcardo at 435-877-1190 or by e-mail at clerk@applevalleyut.gov.

Date Received Application: 02/26/2025 Permit No: _____
Insurance Received: 02/26/2025 Date Issued: _____

APPROVALS:
Mayor [redacted] _____
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):*
☐ Cycling ☐ 5K ☐ Training Event ☐ Festival
☐ Film Production ☐ Parade ☐ Sporting ☐ 10K ☐ Block Party ☐ Religious
☐ Outdoors Sales ☐ Fun Run ☐ Dance ☒ Other: Trail Running Event

Please print or type
EVENT NAME: Zion Ultras

1. **Location of Event:** Town of Virgin and surrounding trails
2. **Name of Organization:** Vacation Races
3. **Date(s) of Event:** April 11-13, 2025
4. **EVENT DETAILS:**

Set-up	Date: April 11, 2025	Start time: 7:00am	End time: 12:30pm
Event	**Date:** April 11-13, 2025	**Start time:** 1:00pm	**End time:** 5:00pm
Clean-up	Date: April 13, 2025	Start time: 3:00pm	End time: 8:00pm

Is this a Recurring Event? No **If yes; daily, weekly or other?**
Is this an Annual Event? Yes **If yes; same date and place?** same location but different dates

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: Josh Oliveri (Event Director) - Vacation Races
Address: 5904 Warner Ave, Unit 475, Huntington Beach, CA 92649
Day Phone: 503-926-2497 **Cell/Other:** 503-926-2497 **E-mail:** Josh@vacationraces.com
Mailing Address (if different):
Event Web Address (if applicable): https://www.vacationraces.com/ultras/zion/
Alternate Contact For Event: Richard Jessup - (Permitting Coordinator) Vacation Races
Day Phone: 480-647-1206 **Cell/Other:** 480-647-1206 **E-mail:** permitting@vacationraces.com

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

☐ Yes ■ No **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

☐ Yes ■ No **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
Events which have Food available must contact the SW Utah Health Department for approval 435-986-2580

☐ Yes ■ No **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)*

☐ Yes ■ No **Tents/Pop-up Canopies?**
How many Tents/Pop-up Canopies will be used for the event? _____
Dimensions of Tents/Pop-up Canopies: _____
All large or enclosed tents/canopies require Inspections from the AV Fire Department 435-877-1194

☐ Yes ■ No **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**		*(must obtain privately)*
☐ **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)*

☐ Yes ■ No **Will Roads & Sidewalks Be Used?**
☐ Yes ☐ No **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:**

☐ **$200.00 for attendance under 100** **$800.00 for attendance 401-999** ***See Fee Schedule for additional fees (following page)**
☐ **$500.00 for attendance 101-400** **$1,200.00 for attendance over 999**

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.

Josh Oliveri (Event Director) - Va	Josh Oliveri	2/20/25
Applicant's Name [PRINT]	Applicant's Signature	Date

Additional fees that may be charged for your event. Please indicate what other fee's pertain to your event.

Drone License Fee..... $250.00 per day
Drone Violation Fee..... $1,000 per violation
Non-Asphalt Road Access Fee..... $250.00 per day
Dust Violation Fee.....$1,000 per day
Sub-License Fee (Vendors).....$25.00
Fire Personnel/Fire Equipment.....$750.00 per day
Encroachment Permit.....$200.00

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.*

Event Description – Zion Ultras 2025

The **Zion Ultras 2025** is a premier trail running event hosted by **Vacation Races**, taking place on **April 11-13, 2025**, at **Ruby Rider Ranch in Apple Valley, UT**, and surrounding trails. This event attracts ultra-runners from across the country to experience the stunning desert landscape near Zion National Park.

Race Distances & Schedule

- **Packet Pickup:** April 11, 2025
- **Race Start Times:**
  - **April 12:** 100-Mile & 100K races
  - **April 13:** 50K & Half Marathon
- **Cutoff Time:** All runners will complete their race by **6:00 PM on April 13**

Participant & Event Logistics

- **Expected Attendance:** 1,300 runners + volunteers & spectators
- **Volunteers & Staff:** Approximately 50 event staff and volunteers
- **Public Access:** This is a ticketed event, open to registered participants and crew

Camping & Accommodations

To accommodate runners and crew, **Ruby Rider Ranch** will provide on-site **tent and vehicle camping for up to 150 people**.

- Campers must **follow fire restrictions** as set by local authorities.
- **Portable toilets and potable water** stations will be provided.
- **Emergency access routes** will be maintained throughout the event.

This event is designed to provide a **safe, organized, and memorable race experience** while respecting the **natural beauty of the Apple Valley area**.

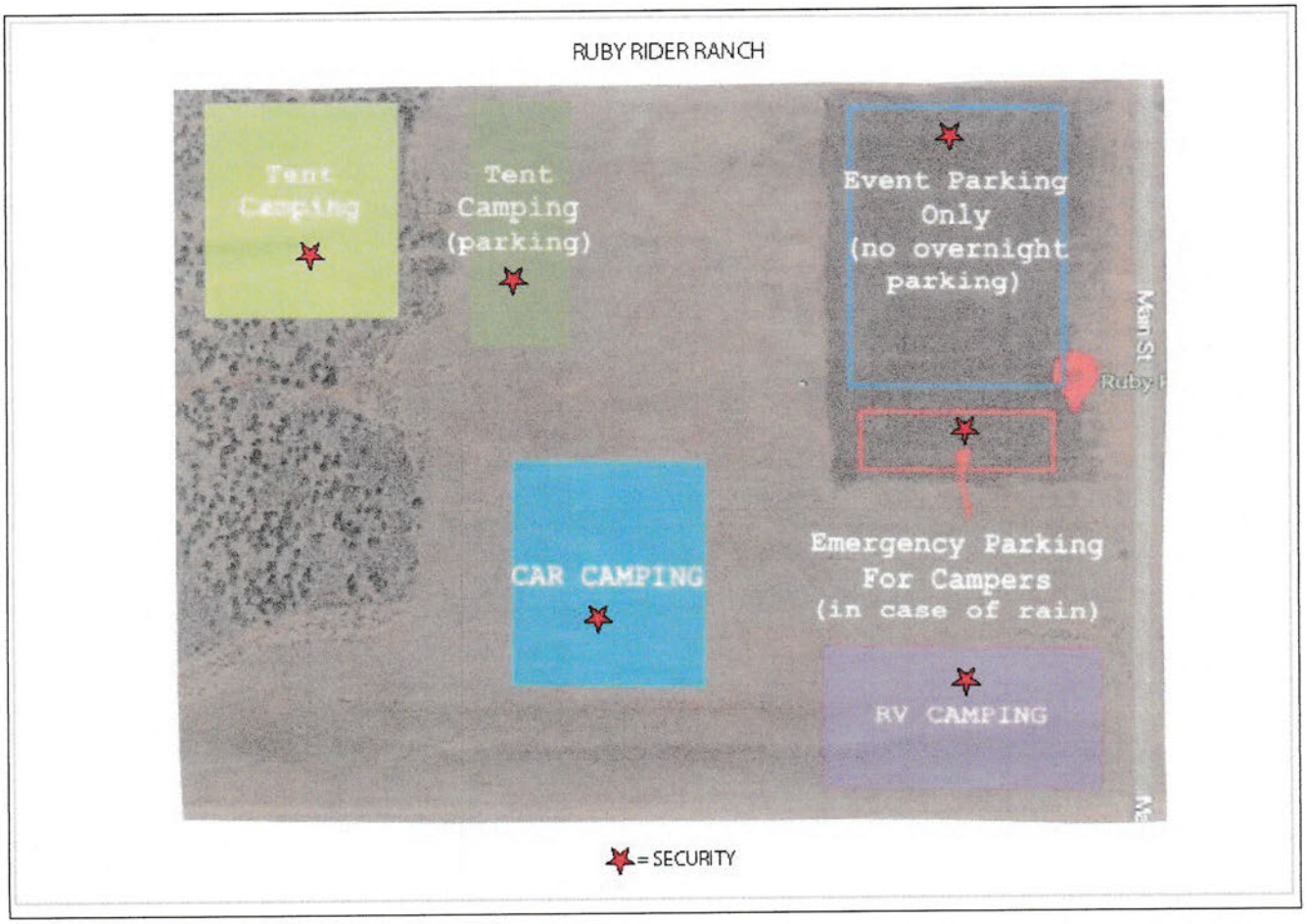
DETAILED SITE PLAN/MAP

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.

North



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 Ultras **CONTACT PHONE:** 503-926-2497

EVENT DATE(S): April 11-13, 2025 **EVENT LOCATION:** Town of Virgin and surrounding trails

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	503-926-2497	Race 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 Ultras

Event Location: Town of Virgin and surrounding trails

Type of Event:

Date of Event: April 11-13, 2025 **Hours of Event:**

Number of Expected Attendance: **Occupancy Load:**

Name of Applicant: Vacation Races

Address: 5904 Warner Ave, Unit 475, Huntington Beach, CA 92649

Day Phone: 503-926-2497 **Cell/Other:** 503-926-2497

E-mail: Josh@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.

☐ **Police Officers** (must coordinate w/Washington County	**2 Police Officers per**	**1 to 300 People**
☐ **Security Officers in Uniform**	**3 Security Officers per**	**1 to 300 People**
☐ **Private Citizens in Security Shirts or Vests**	**4 Private Citizens per**	**1 to 300 People**

Name of On-site Security Director: Josh Oliveri **Cell Number:** 503-926-2497

E-mail: Josh@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: Josh Oliveri **Date:** 2/25/25

SECURITY PLAN INFORMATION

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

First	Last	Age	Cell Phone Number
Josh	Oliveri	36	503-926-2497
Richard	Jessup	58	480-647-1206
Rick	Visser	65	801-510-6814
Terry	Maurer	55	702-497-3385
Matt	Clifford	39	435-703-4721
Shane	Johnson	45	435-229-9855

2. Please indicate the number of security personnel that will be roaming on the premises of the event: 6.

3. Please provide a detailed Security Plan:

We will have staff and crew patrolling the area.

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/22/2025

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).

PRODUCER JD Fulwiler & Co., Insurance 5727 S Macadam Ave Portland OR 97239	**CONTACT NAME:** Margaret McGuire **PHONE (A/C, No, Ext):** 503-977-5726 **FAX (A/C, No):** 503-977-5726 **E-MAIL ADDRESS:** mmcguire@jdfulwiler.com
INSURED MOTISPO-01 VR Sports LLC Motiv Servicing Company LLC 5904 Warner Ave Unit #475 Huntington Beach CA 92649	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Tokio Marine Specialty Ins Co — 23850 **INSURER B :** United Financial Casualty Co — 11770 **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 1319213946 **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	X **COMMERCIAL GENERAL LIABILITY** [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y		PPK2642218	1/5/2025	1/5/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 1,000,000
B	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			990509259	12/12/2024	12/12/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	X **UMBRELLA LIAB** [X] OCCUR **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000			PUB896193	1/5/2025	1/5/2026	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $

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

Re: 2025 Zion Ultras April 12-13 2025
Certificate Holder is added as additional insureds but only as respects operations of the named insured in accordance with the policy terms, conditions & exclusions.

CERTIFICATE HOLDER

Town Of Apple Valley
1777 N Meadowlark Drive
Apple Valley UT 84737

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – CERTIFICATE HOLDERS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SECTION II – WHO IS AN INSURED is amended to include any Certificate Holder, identified as an additional insured, on a Certificate of Insurance issued by Philadelphia Indemnity Insurance Company or our authorized representative, but only for liability arising out of the negligence of the named insured.

The limits of insurance applicable to these additional insureds are the lesser of the policy limits or those limits specified in a contract or agreement. These limits are inclusive of and not in addition to the limits of insurance shown in the declarations.