

Date Received Application: 2/12/2026
Insurance Received: 2/11/2026

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):

- | | | | | | |
|---|----------------------------------|-----------------------------------|------------------------------|---|------------------------------------|
| <input type="checkbox"/> Film Production | <input type="checkbox"/> Parade | <input type="checkbox"/> Sporting | <input type="checkbox"/> 5K | <input type="checkbox"/> Training Event | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Outdoors Sales | <input type="checkbox"/> Fun Run | <input type="checkbox"/> Dance | <input type="checkbox"/> 10K | <input type="checkbox"/> Block Party | <input type="checkbox"/> Religious |
| <input checked="" type="checkbox"/> Other: <u>Trail Running Event</u> | | | | | |

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 & 12, 2026

4. EVENT DETAILS:

Set-up	Date: April 10, 2026	Start time: 8:00am	End time: 6:00pm
Event	Date: April 11 & 12, 2026	Start time: 5:00am 4/11	End time: 5:00pm 4/12
Clean-up	Date: April 12, 2026	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: 1,200 # 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? 10-20
Dimensions of Tents/Pop-up Canopies: 10'x10'
 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: \$ 2,400.00 (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

Applicant's Name [PRINT]

Josh Oliveri

Applicant's Signature

12/17/25

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.*
-

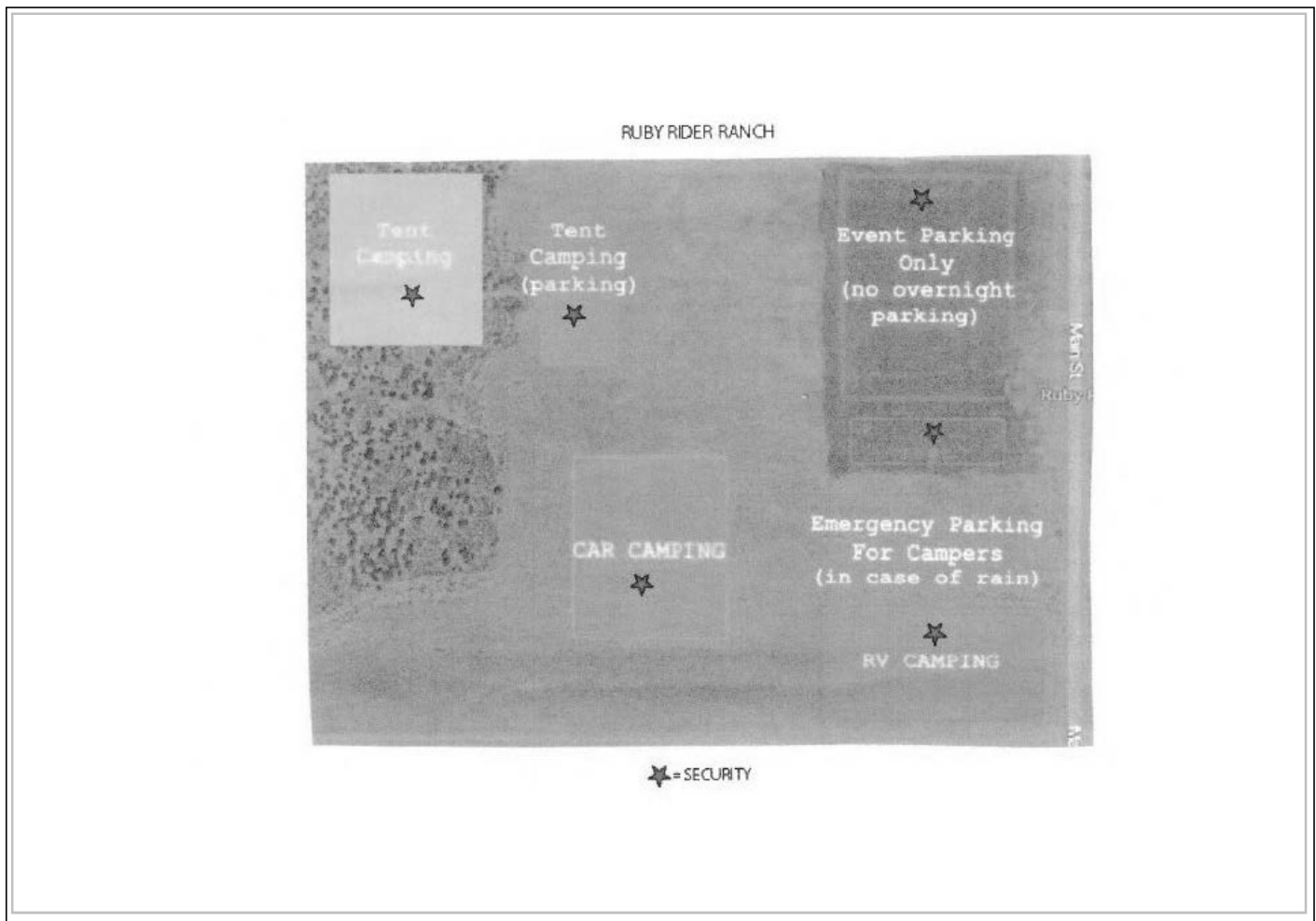
DETAILED SITE PLAN/MAP

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: _____
 Payment Received: _____

Permit No: _____
 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 & 12, 2026 **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 & 12, 2026

Hours of Event: 5:00AM 4/11 - 5:00PM 4/12

Number of Expected Attendance: 1200

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.

- | | | |
|---|--------------------------------|------------------------|
| <input type="checkbox"/> Police Officers (must coordinate w/Washington County | 2 Police Officers per | 1 to 300 People |
| <input type="checkbox"/> Security Officers in Uniform | 3 Security Officers per | 1 to 300 People |
| <input checked="" type="checkbox"/> 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: 12/17/25

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	37	503-926-2497
Richard	Jessup	59	480-647-1206
Rick	Visser	66	801-510-6814
Terry	Maurer	56	702-497-3385
Matt	Clifford	40	435-703-4721
Shane	Johnson	46	435-229-9855

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

3. Please provide a detailed Security Plan:

We will have security patrolling the area.

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