



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.

- 1. Complete Special Event Permit Application and provide copy of advertisement for event.
- 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.
- 3. Security Plan. Must provide names of security personnel, ages and contact information.
- 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.)
- 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.)
- 6. Proof of Park Reservation ([Call Town Clerk](tel:435-877-1190)) 435-877-1190.
- 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: _____
Insurance Received: _____

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 checked="" 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 type="checkbox"/> Other: _____ | | | | | |

Please print or type

EVENT NAME: Hurricane Mountain Bike Festival

1. Location of Event: Gooseberry Lodges: 1752 W Plains Dr., Apple Valley, UT 84737

2. Name of Organization: Hurricane Mountain Bike Festival

3. Date(s) of Event: April 5 - 7, 2024

4. EVENT DETAILS:

Set-up	Date: April 4, 2024	Start time: 12 pm MT	End time: 6 pm MT
Event	Date: April 5 - 7, 2024	Start time: 7 am MT	End time: 9 pm MT
Clean-up	Date: April 7, 2024	Start time: 7 am MT	End time: 2 pm MT

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

Is this an Annual Event? Yes _____ If yes; same date and place? No _____

5. PARTICIPANTS

of Participants & Attendees expected: 300 # of Volunteers/Event Staff: 20

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: DJ Morisette

Address: 76E 100S Hurricane UT 84737

Day Phone: _____ **Cell/Other:** (435)990-1292 **E-mail:** humtbfestival@gmail.com

Mailing Address (if different): _____

Event Web Address (if applicable): www.hurricanemtbfestival.com

Alternate Contact For Event: Wendy Halitzer

Day Phone: _____ **Cell/Other:** (720)313-2290 **E-mail:** wendy.halitzer@me.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: Catered and Food Trucks
 If yes, Is the food (please check all that apply)
 Given away/pre-packaged Catered by: Lonny Boy's BBQ 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? 40-50
 Dimensions of Tents/Pop-up Canopies: 10x10-10;
 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:

\$75.00 for attendance under 300

\$150.00 for attendance over 300

Total: \$ TBD (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.

DJ Luther Morissette  5/25/23

Applicant's Name [PRINT] Applicant's Signature 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.*
-

Annual mountain bike meet-up where riders get to gather for demo bikes, first-look at new industry launches from bikes to components to apparel and everything in between. Two days of shuttle vans provide transportation along with local riders leading trail rides. There are clinics for different levels of riders, education about trail etiquette, music, games, and give-aways. Catered dinner on Friday night dinner and Saturday breakfast, other meals will be provided by local food establishments and/or food trucks. Venue will be located at Gooseberry Lodges.

Three days of shuttles. Group rides with locals sharing some of there favorite trails. Skills clinics.

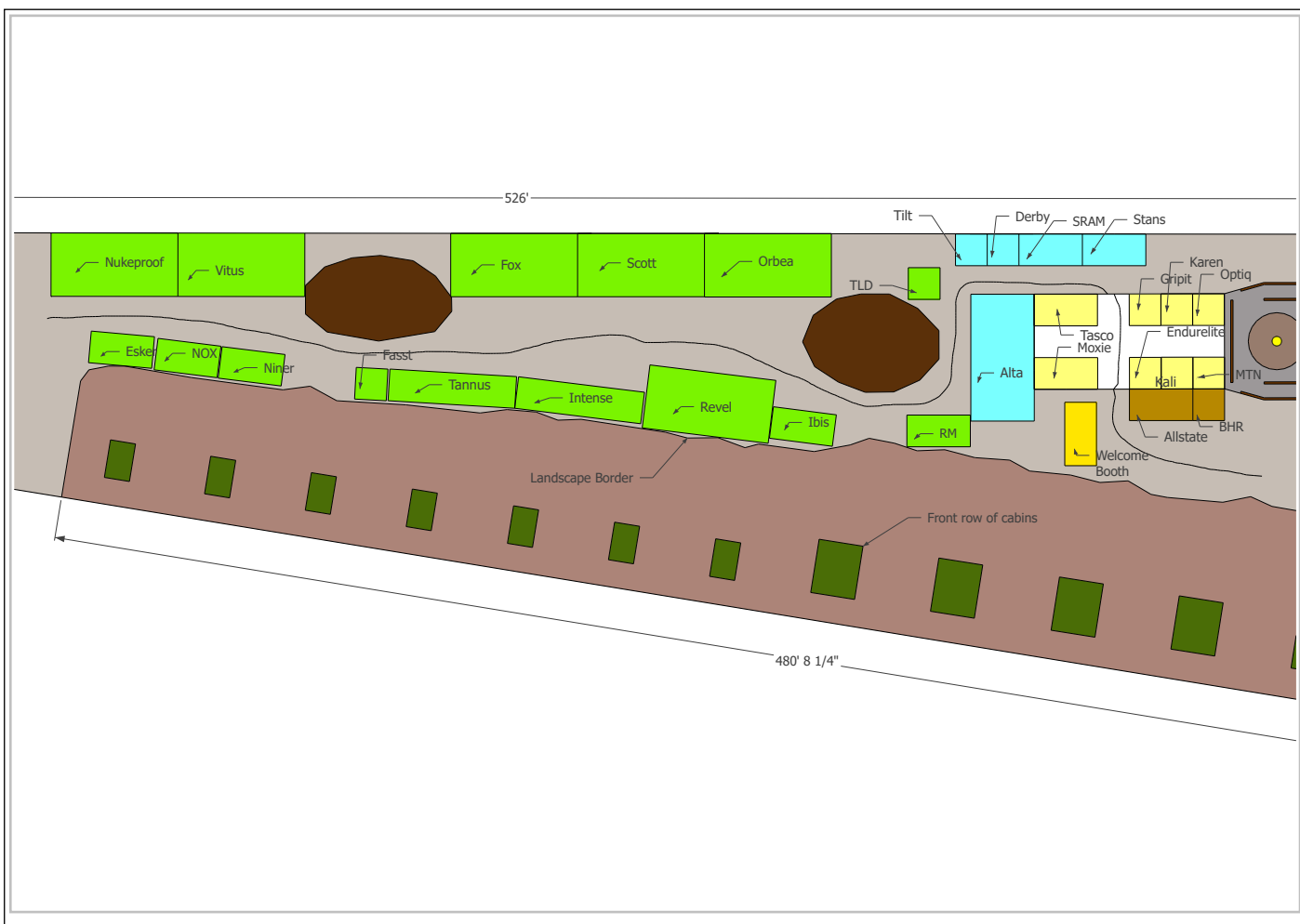
DETAILED SITE PLAN/MAP

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: Hurricane Mountain Bike Festival **CONTACT PHONE:** (435)990-1292

EVENT DATE(S): April 5 - 7, 2024 **EVENT LOCATION:** Gooseberry Lodges: 1752 W Plains Dr., Ar

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				
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: Hurricane Mountain Bike Festival

Event Location: Gooseberry Lodges: 1752 W Plains Dr., Apple Valley, UT 84737

Type of Event: Annual Gathering for MTB Riders

Date of Event: April 5 - 7, 2024 **Hours of Event:** FRI/SAT 7:30 am - 9 pm; SUN 9 am - 2 p

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

Name of Applicant: Hurricane Mountain Bike Festival

Address:

Day Phone: **Cell/Other:** (435)990-1292

E-mail: humtbfestival@gmail.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 checked="" 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: Dane Womack **Cell Number:** 435-592-0650

E-mail: Dane@onsiteprivatesecurity.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: **Date:** 5/25/23

SECURITY PLAN INFORMATION

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

First	Last	Age	Cell Phone Number

2. Please indicate the number of security personnel that will be roaming on the premises of the event: 3-6.

3. Please provide a detailed Security Plan:

One security personal will be at the entrance/exit of Gooseberry Lodges, one at the West end of the venue

One at the east end and the rest roaming the venue.

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

PRODUCER
Insurance Producer Name, Address, Phone number

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT MEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Insured name or DBA with address

Agency Information with NAIC #

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Name of Insurance Company	# must be included
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY	POLICY EFFECTIVE DATE MM/DD YY	POLICY EXPIRATION DATE MM/DD YY	LIMITS
X	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC	Type of Insurance and included Coverage			Limits of Coverages EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Each occurrence) \$ 295,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO EA ACC \$ ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY OCCUR CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Descriptions of Operations Verbiage			WC STATU- TORY LIMITS OTH- ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EAEMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER:				

DESCRIPTION OF OPERATIONS LOCATIONS VEHICLES EXCLUSIONS ADDED BY ENDORSEMENT / ECI & PROVISIONS
Town of Apple Valley is listed as an additional insured with respect to (name of insured) participation in: (name, date, and location of event). The Town of Apple Valley is Primary & Non-Contributory for Ongoing & Complete Operations: a Waiver of Subrogation applies in favor of the Town of Apple Valley. A 30 day Notice of Cancellation will be provided should any of the above described policies be cancelled before the expiration date.

CERTIFICATE HOLDER	CANCELLATION
Town of Apple Valley 1777 N. Meadowlark Dr Apple Valley, UT 84737	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	Signature of Agent AUTHORIZED REPRESENTATIVE

AGENCY Horizon Agency, Inc.		NAMED INSURED Hurricane Mountain Bike Festival Inc.	
POLICY NUMBER S0019GL000001-03		76 E 100 S Hurricane, UT, 84737	
CARRIER Accelerant Specialty Insurance Company	NAIC CODE 16890	EFFECTIVE DATE: 04/04/2024	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

negligent acts or omissions of the Named Insured and only with respect to the Operations of the Insured during the coverage period.
RE: Registered Mountain Biking - Recreational, XC, Trail riding participants: 04/04/2024 - 04/07/2024;



**GOOSEBERRY
LODGES**

November 28, 2023

To Whom It May Concern,

This letter is to grant permission to the Hurricane Mountain Bike Festival and its partners/vendors the use of Gooseberry Lodges property located at 1752 W Plains Dr for their 2024 Hurricane MTB Festival held on April 4-7, 2024. In addition, we as owners grant permission for the use of parcel AV-1335 to be used as a parking area for festival attendees and vendors during the dates of the festival. The organizers of the festival shall have full access to all facilities and amenities at the properties during the festival.

Sincerely,

Aaron Stout

Owner/Operator

Gooseberry Lodges

Gooseberry Lodges
1752 W Plains Dr
Apple Valley, UT 84737
435-703-8500



Festival Hurricane <humtbfestival@gmail.com>

(no subject)

Matthew Rhodes <mrhodes@utah.gov>
To: Festival Hurricane <humtbfestival@gmail.com>
Cc: Jeff Bunker <jbunker@utah.gov>

Mon, Dec 18, 2023 at 9:45 AM

Wendy,

If you are not using the State for your event, which includes traffic control. You will not need a UDOT permit.

Matt Rhodes

Region Right Of Way Control Coordinator

Utah Department of Transportation

1470 North Airport Rd • Cedar City, UT 84721

office: (435) 865-5500 • cell: (435) 590-8897

email: mrhodes@utah.gov



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