

Date Received Application: January 17, 2024
Insurance Received: _____

Permit No: _____
Date Issued: _____

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

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

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: _____

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: 4/12, 4/13, 4/14 (2024)

4. EVENT DETAILS:

Set-up	Date: 4/12	Start time: 8:00 am	End time: 8:00 pm
Event	Date: 4/12, 4/13, 4/14 (2024)	Start time: 4:00 am	End time: 8:00 pm
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?

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: Josh Oliveri

Day Phone: _____ Cell/Other: 503-926-2497 E-mail: josh@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: We provide food for runners
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? 20
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:

\$75.00 for attendance under 300
 \$150.00 for attendance over 300
Total: \$ 450.00 (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.

Bridgette Barney
Applicant's Name [PRINT]
Bridgette Barney
Applicant's Signature
1/3/2024
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.

April 13th - 14th we will be hosting our Zion Ultra Event. Participants will be running either 100 miles, 100K, 50K, Half marathon. Packet Pickup will be on 4/12. 100 miles and 100K will start on 4/13 with the 50K and half on 4/14. All runners will be done on 4/14 by 6:00pm. Again we would like to provide campin on our property.

- 150 maximum
- Will Follow Fire restrictions
- We will provide toilets/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.

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.

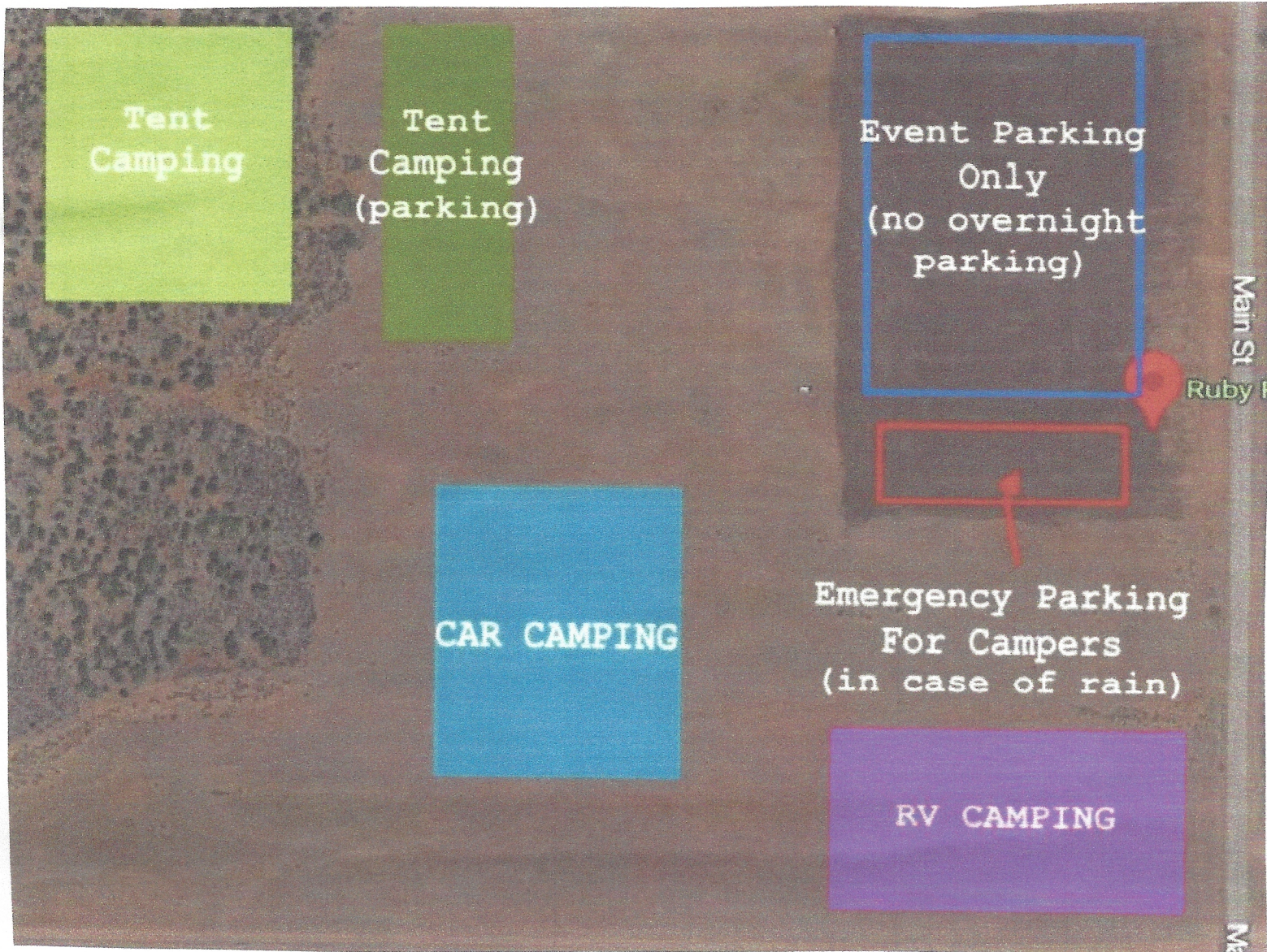
Your map should include:

- The names of streets, placement of barricades, and/or road/sidewalk closures
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- 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



*Camping



Date Received Vendor List: January 17, 2024

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): 4/12, 4/13, 4/14 (2024) 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: January 17, 2024
Police Approved: _____

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Date Issued: _____

Approval with Comments:

Rev. 7-01-22

SECURITY PLAN APPROVAL REQUEST FORM



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: 4/12, 4/13, 4/14 (2024)

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"/> 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 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: _____

Date: _____

SECURITY PLAN INFORMATION

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

First	Last	Age	Cell Phone Number
Bridgette	Barney	46	435-668-1189
Josh	Oliveri	35	503-926-2497
Rick	Visser	65	801-510-6814
Craig		55	702-379-5354
Terry	Maurer	55	702-497-3385
Harrelsen	Nez	35	928-785-6327

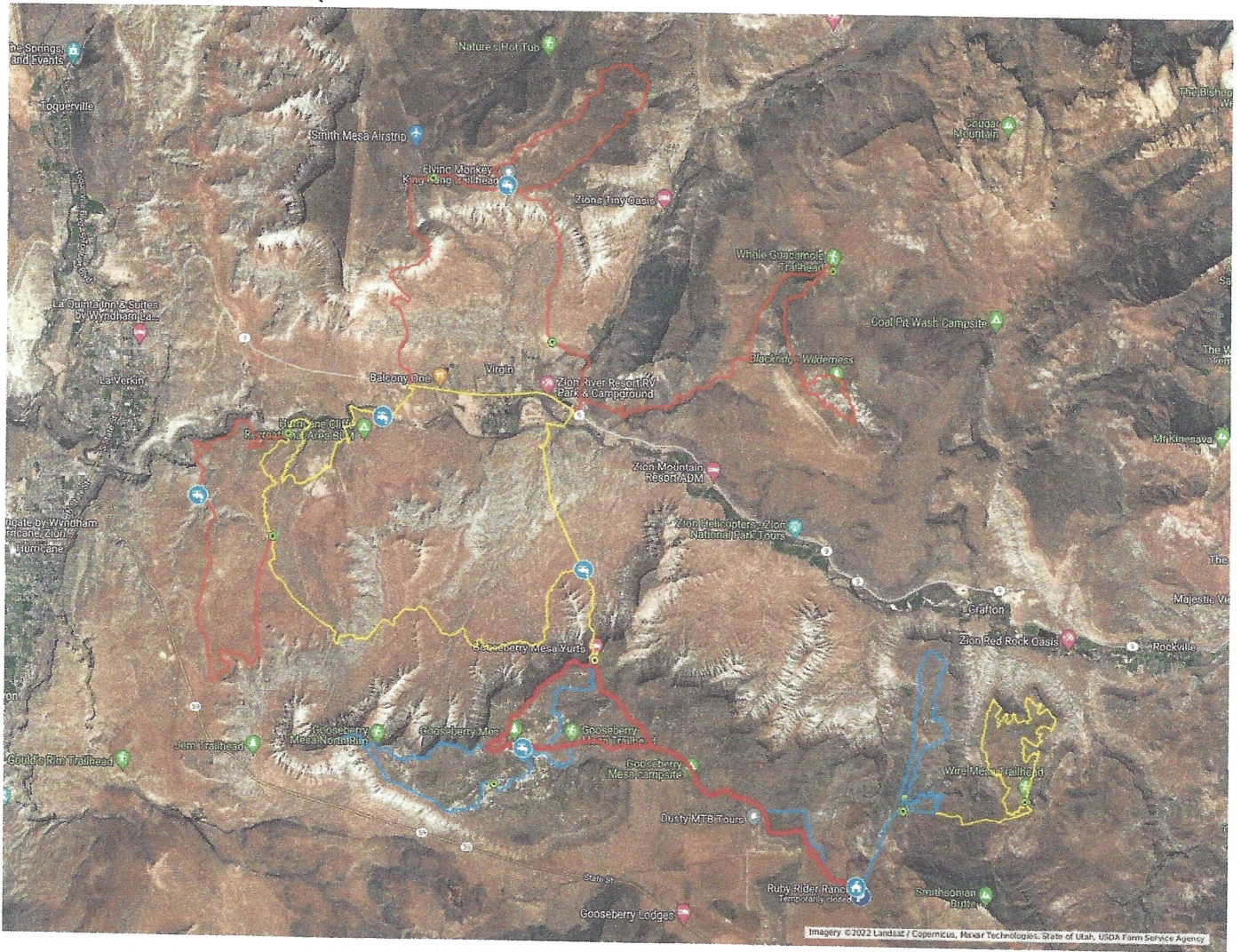
2. Please indicate the number of security personnel that will be roaming on the premises of the event: 20.

3. Please provide a detailed Security Plan:

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

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

Course Map





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/30/2024

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 East Main Street Insurance Services, Inc. Will Maddux PO Box 1298 Grass Valley CA 95945		CONTACT NAME: Will Maddux PHONE (A/C. No. Ext): (530) 477-6521 E-MAIL ADDRESS: info@theeventhelper.com FAX (A/C. No.):	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Evanston Insurance Company	NAIC # 35378
INSURED Vacation Races, Inc c/o Josh Oliveri 1201 S Hillcrest Dr Washington UT 84780		INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

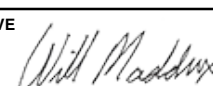
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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			3DS5474-M3889741	04/12/2024 12:01 AM	04/15/2024 12:01 AM	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"/> Host Liquor Liability						MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/> Retail Liquor Liability	Y	N				PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						Deductible \$ 1,000
	AUTOMOBILE LIABILITY						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) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

Certificate holder listed below is named as additional insured per attached MEGL 2217 01 19. Attendance: 1400, Event Type: Marathon - Walking or Running Event.

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, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

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

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule of this endorsement, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by the acts or omissions of any insured listed under Paragraph 1. or 2. of Section II – Who Is An Insured:

- 1. In the performance of your ongoing operations; or
- 2. In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All other terms and conditions remain unchanged.

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

Receipt No: 48670

Receipt Date: 01/17/2024

Time of Receipt: 01/17/2024 11:08 AM

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

Check: 2411	450.00
	<u>\$450.00</u>