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.
- [ ] 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.)
- [ ] 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) 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: July 7, 2026 Permit No: _____
Insurance Received: July 9, 2026 Date Issued: _____

APPROVALS:

Mayor: _____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	☐ Cycling	☐ 5K	☐ Training Event	☐ Festival
☐ Outdoors Sales	☐ Fun Run	☐ Sporting	☐ 10K	☐ Block Party	☐ Religious
		☐ Dance	☒ Other: Trail Running Event		

Please print or type

EVENT NAME: Grand Circle Trailfest

1. **Location of Event:** Ruby Rider Ranch - Main Street, Apple Valley, Utah 84737

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

3. **Date(s) of Event:** 10/2/26

4. **EVENT DETAILS:**

Set-up	Date: 10/2/26	Start time: 5:00AM	End time: 7:00AM
Event	**Date:** 10/2/26	**Start time:** 7:30AM	**End time:** 11:30AM
Clean-up	Date: 10/2/26	Start time: 11:30AM	End time: 2:30PM

Is this a Recurring Event? YES **If yes; daily, weekly or other?** Annually

Is this an Annual Event? **If yes; same date and place?** First weekend in October

5. **PARTICIPANTS**

# of Participants & Attendees expected: 350-400 # of Volunteers/Event Staff: 25

☒ 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

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):

Alternate Contact For Event: Richard Jessup

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:** Pre-packaged, shelf stable snacks
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? 2
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: $ 500.00 *(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	Josh Oliveri	7/7/26
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.*

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: Grand Circle Trailfest **CONTACT PHONE:** 503-926-2497

EVENT DATE(S): 10/2/26 **EVENT LOCATION:** Ruby Rider Ranch - Main Street, Apple Va

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: Grand Circle Trailfest

Event Location: Ruby Rider Ranch - Main Street, Apple Valley, Utah 84737

Type of Event:

Date of Event: 10/2/26 **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: _____ **Cell Number:** _____

E-mail: _____

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:** 7/7/26

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. Please provide a detailed Security Plan:

_____

_____

_____

_____

_____

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