

Date Received Application: July 23, 2025
Insurance Received: Pending

Permit No: _____
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):

- 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: 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: 10/3/25

4. EVENT DETAILS:

Set-up	Date: <u>10/3/25</u>	Start time: <u>5:00AM</u>	End time: <u>7:00AM</u>
Event	Date: <u>10/3/25</u>	Start time: <u>7:30AM</u>	End time: <u>11:30AM</u>
Clean-up	Date: <u>10/3/25</u>	Start time: <u>11:30AM</u>	End time: <u>2:30PM</u>

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: 750 # 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

Applicant's Name [PRINT]

Josh Oliveri

Applicant's Signature

7/23/25

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.*
-

PLEASE SEE ATTACHMENTS

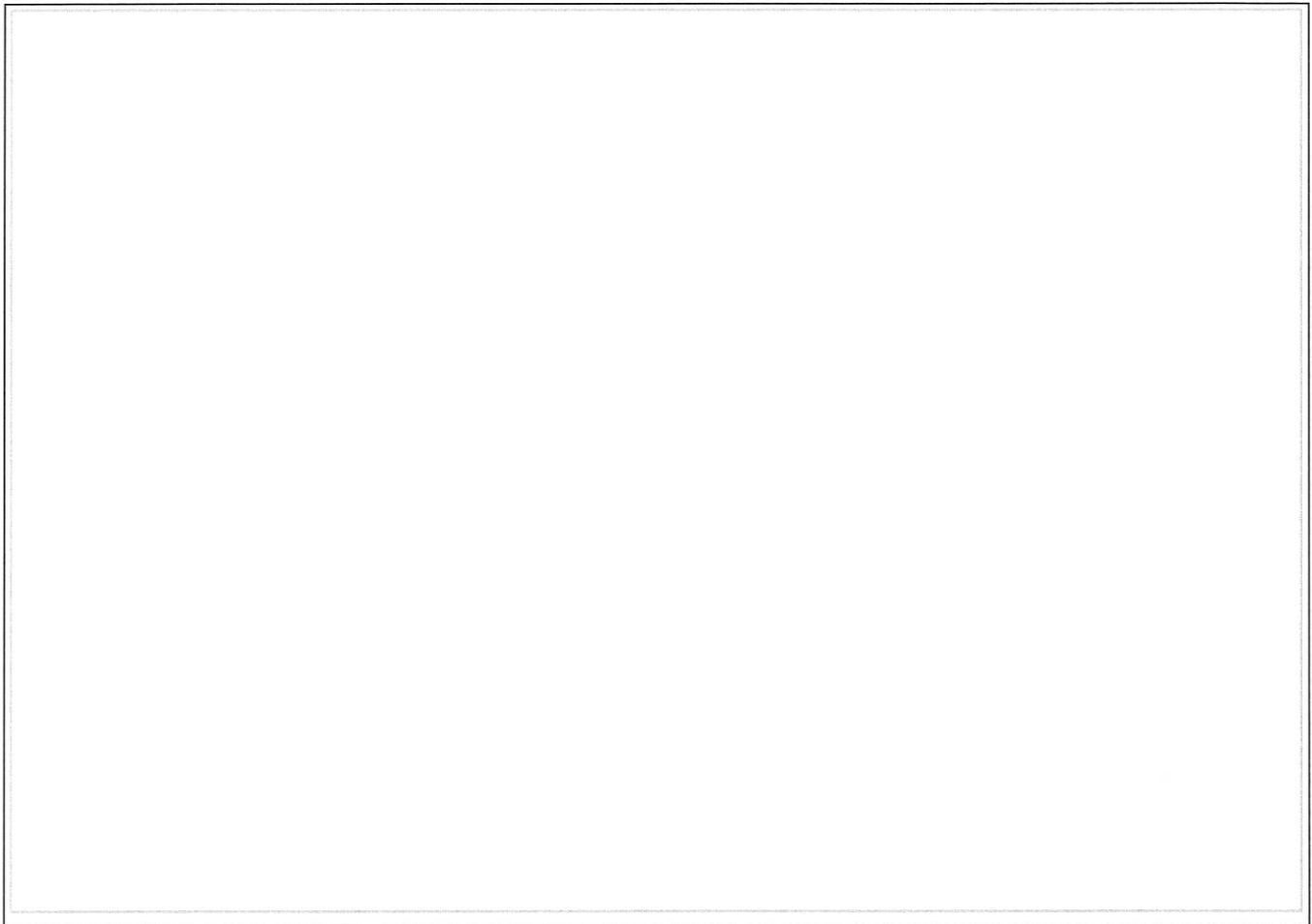
DETAILED SITE PLAN/MAP

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): 10/3/25 **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	NO VENDORS AT SITE			
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: Trail Running Event

Date of Event: 10/3/25

Hours of Event: 7:30am-11:30am

Number of Expected Attendance: 400

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: Matt Clifford **Cell Number:** 435-703-4721

E-mail: Matt@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:** 7/23/25

SECURITY PLAN INFORMATION

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

First	Last	Age	Cell Phone Number
Matt	Clifford	39	435-703-4725
Rick	Visser	60	801-510-6814
Shane	Johnson	45	435-229-9855
Richard	Jessup	59	480-647-1206

2. Please indicate the number of security personnel that will be roaming on the premises of the event: 4.

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:

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 LTR	ADD'L 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	Type of Insurance and included Coverage			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, IF 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

TOWN OF APPLE VALLEY

SPECIAL EVENT PERMIT APPLICATION

ATTACHMENT A

Day 2 – Zion | Friday, October 3, 2025

Location: Ruby Rider Ranch to Wire Mesa Trail, Apple Valley, UT

Start Time: 7:30 AM | Distance: 10.4 Miles | Participants: ~400

Event Description – Grand Circle Trailfest Day 2:

The second day of the 2025 Grand Circle Trailfest will take place on Friday, October 3, 2025, and features a 10.4-mile trail run beginning at Ruby Rider Ranch in Apple Valley, Utah, and continuing along the scenic Wire Mesa Loop Trail. This portion of the event highlights the stunning red rock landscapes and mesa views near Zion National Park, with approximately 650 participants expected.

Event Timing & Structure:

- The race will begin at 7:30 AM and conclude by 11:30 AM.
- A **rolling start** format will be used to disperse runners and minimize congestion.
- Participants will park and gather at Ruby Rider Ranch, then run on the shoulder of Bench Road to the Wire Mesa trailhead before completing the loop.
- Upon completion, runners will be shuttled back to their vehicles.

Emergency Medical Services:

- A licensed **Medical Director**, Chad Oliphant (435-862-5222), will oversee emergency services.
- **Medical personnel** will be stationed at both the start and finish areas.
- All race crew and aid stations are equipped with **cell phone and radio communication** to respond to emergencies.

Potable Water & Aid:

- A fully stocked **aid station** will be located at mile 7.3 of the course, offering potable water, electrolytes, and snacks.
- Additional water and hydration options are available at the start and finish.

Dust Control:

- Minimal vehicle traffic is anticipated on race day, with primary course use limited to foot traffic.
- Any necessary support vehicle movement will be slow and limited to reduce dust.
- If required, water trucks or other mitigation measures can be coordinated.

Security Plan:

- Designated **security personnel** will be positioned along the course and at staging areas to help ensure safety and maintain order.
- Security staff will maintain communication via radio and cell phone with race officials.

Toilets:

- Portable toilets will be provided at the start line/parking area, the aid station, and the finish line. All units will be serviced and removed promptly after the event concludes.

This day of Trailfest is designed to showcase the natural beauty of the Zion area while ensuring a safe, well-managed experience for all participants and the surrounding community.

ATTACHMENT B

RUBY RIDER SITE MAP

