

Date Received Application: August 12, 2024
Insurance Received: August 19, 2024

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):

- Film Production Parade Sporting 10K Block Party Religious
 Outdoors Sales Fun Run Dance Other: Trail Run

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: 10/4/24

4. EVENT DETAILS:

Set-up	Date: 10/4/24	Start time: 5:00 AM	End time: 7:00 Am
Event	Date: 10/4/24	Start time: 7:30 AM	End time: 11:30 AM
Clean-up	Date: 10/4/24	Start time: 11:30 AM	End time: 2:00 PM

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

Is this an Annual Event? Yes 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: 842 E Apach Dr., Washington, UT 84780

Day Phone: _____ **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: _____ **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? 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

8/4/24
 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.*
-

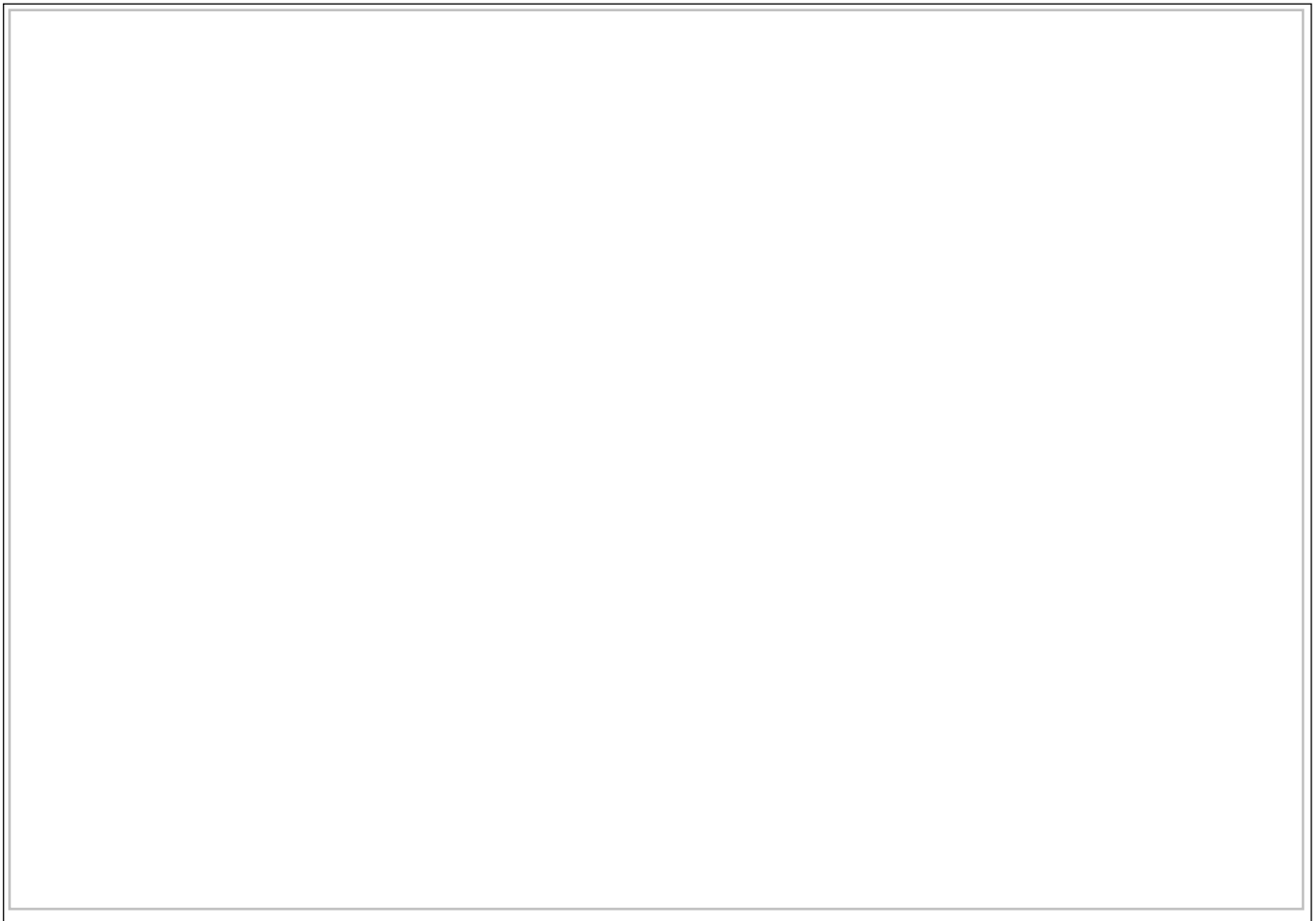
DETAILED SITE PLAN/MAP

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

EVENT DATE(S): 10/4/24 EVENT LOCATION: Ruby Rider Ranch - Main Street, Apple Val

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: Trail Run

Date of Event: 10/4/24 **Hours of Event:** 7:30 am - 11:30 am

Number of Expected Attendance: 650 **Occupancy Load:** 800

Name of Applicant: Vacation Races

Address: 842 E Apach Dr., Washington, UT 84780

Day Phone: _____ **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:** 503-926-1497

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:** 8/4/24

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:



GRAND CIRCLE TRAILFEST

DAY 2 EVENT OVERVIEW

EVENT PROPOSAL AND SUGGESTED OPERATING PLAN

EVENT OVERVIEW

This race is part of a trail running event that is based out of Kanab, UT. This day's race starts in Apple Valley and ends in BLM managed land. The event will take place on Friday, 10/4/2024.

The event will start at 7:30am and be finished by 11:30am.

Expected number of participants: 650 runners

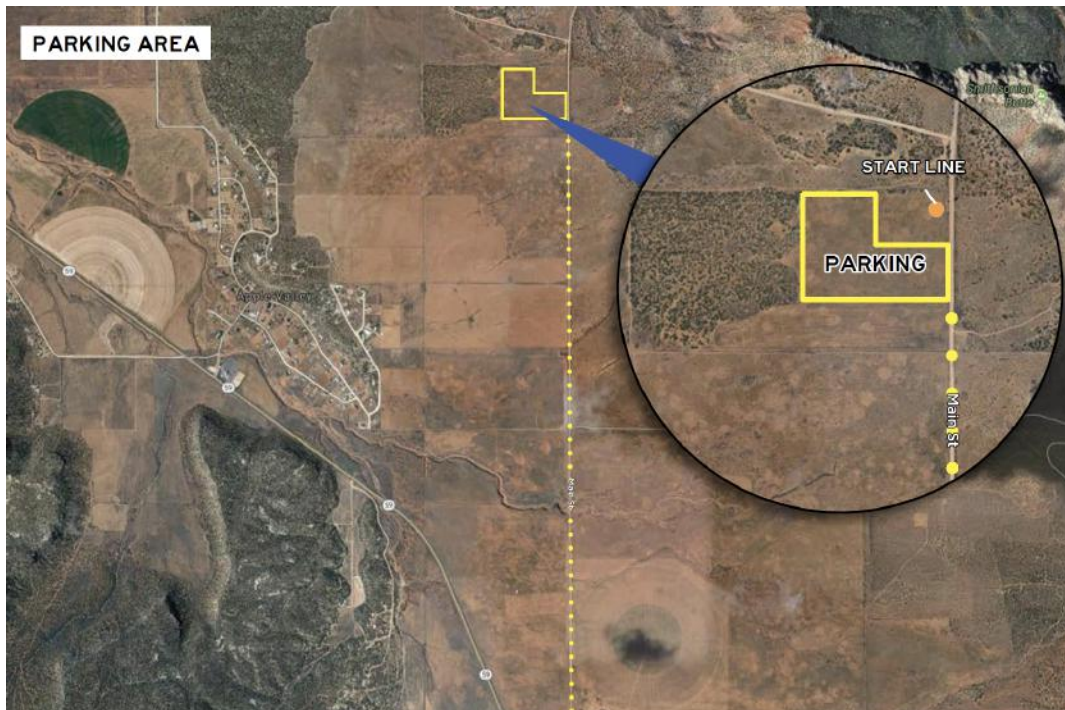
Grand Circle Trailfest is a 3-day running event which showcases some of the best trails of Southern Utah and Arizona. Participants get to run on cherry-picked trails near Bryce Canyon, Zion, and Horseshoe Bend. This is the 7th annual event, hosted in Kanab, Utah. Our "Day 2" of Grand Circle Trailfest will have participants running from Ruby Rider Ranch to the Wire Mesa trail northeast of Smithsonian Butte. The start line being staged at Ruby Rider Ranch.

PARKING

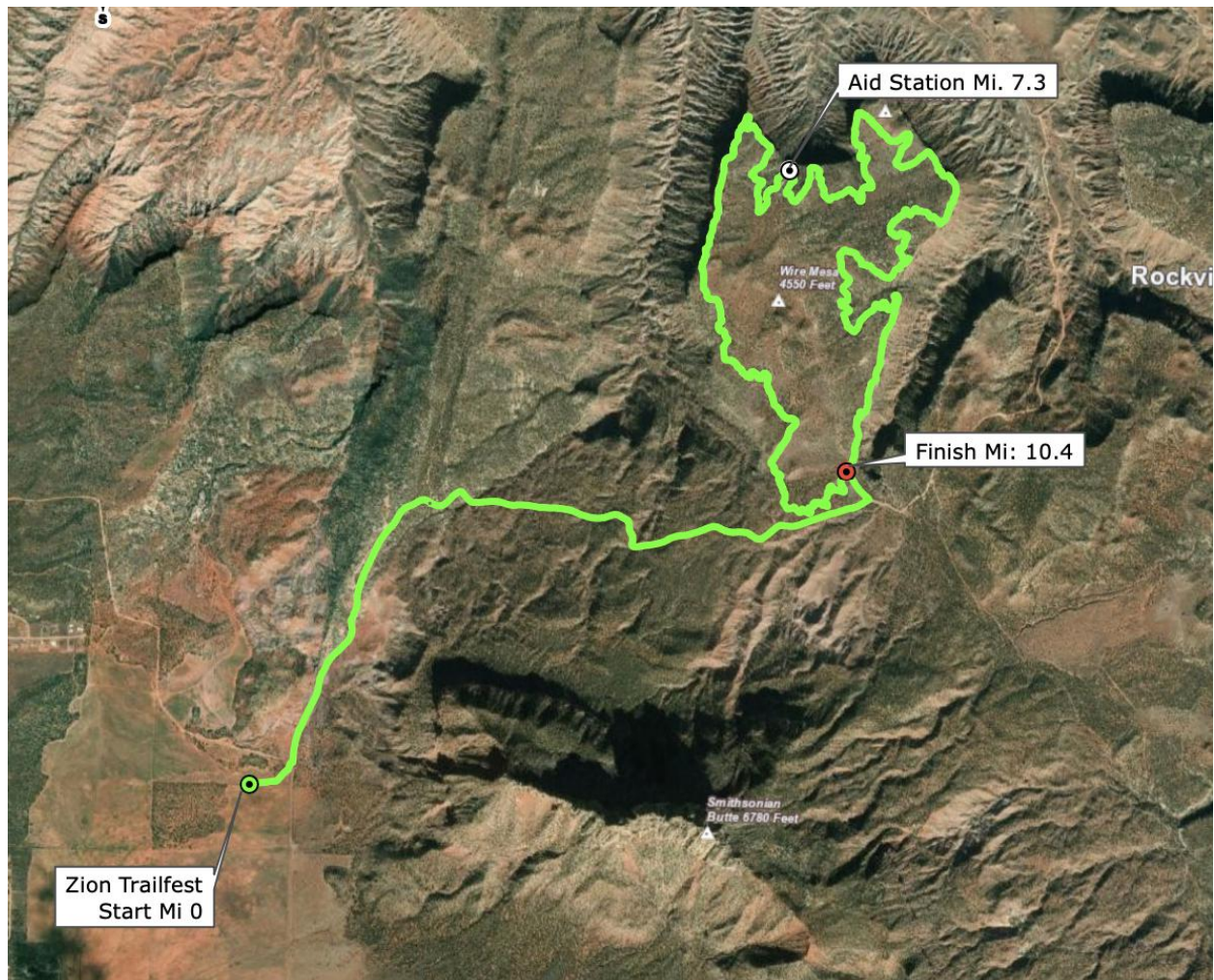
Participants will park at the Ruby Rider Ranch located on Main St., Apple Valley UT. From there, they will gather and start the race from the north corner of the property. Runners will run on the shoulder of the road heading down Bench Rd. until they approach the Wire Mesa trailhead.

They will turn left to the trailhead and run the Wire Mesa loop trail. This is a 10.4 mile race.

Upon completing the race, runners will be shuttled back to their vehicles where they parked.



COURSE MAP



RACE DETAILS

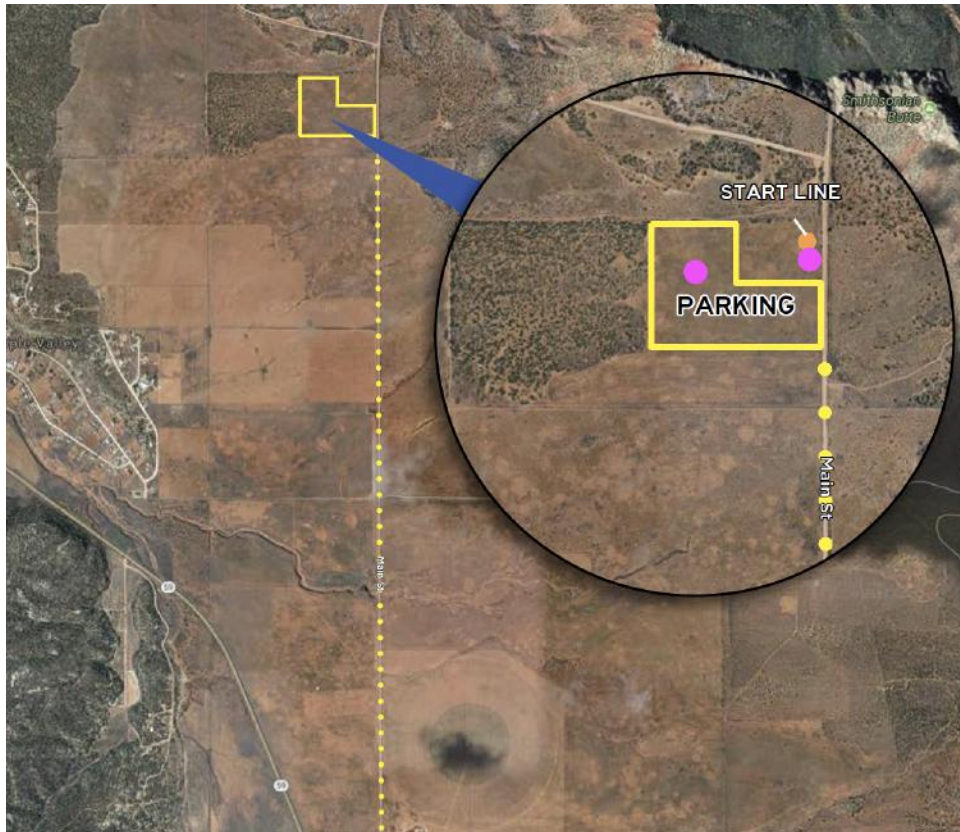
AID STATIONS: We will have one aid station where runners can refuel and replenish. This is located on the north end of the loop at approximately mile 7.3.

ROLLING START: Runners will begin the race with a rolling start. This rolling start helps keep participants moving through the start line corral vs. waiting to start all at once. This also helps spread out any crowds and will limit any congestion along the course route.

COMMUNICATION: Aid stations and race crew will be able to communicate via cell phone and Radios.

SECURITY: Security personnel will be strategically placed to help maintain expected behavior and civility. Security team will be able to communicate via cell phone or radio to one another or

race officials. Please see the map below for security placement. The areas are indicated with the pink dots.



EMERGENCY AND MEDICAL: Vacation Races will contract to have medical professionals at

the start line and then the finish line of the race. The medical director for this event is Chad Oliphant (435) 862-5222

TOILETS: There will be toilets located at the parking area where participants will park, which is the same location as the start line. There will also be toilets placed at the aid station and the finish line. Toilets will be cleaned up and removed upon completion of the event that day.

Placement of toilets are indicated below:



Zion Finish Line
Stalls: 8

Wire Mesa Trailhead





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/16/2024

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 c/o Josh Oliveri 842 E Apache Dr Washington UT 84780		INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

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

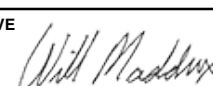
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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			3DS5475-M3418324	10/03/2024 12:01 AM	10/06/2024 12:01 AM	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (other than fire) \$ 1,000,000
	<input checked="" type="checkbox"/> Host Liquor Liability	Y	N				MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/> Retail Liquor Liability						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)	<input type="checkbox"/> Y / <input type="checkbox"/> 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: 400, Event Type: Marathon - Walking or Running Event.

CERTIFICATE HOLDER**CANCELLATION**

Town of Apple Valley 1777 N Meadowlark Drive 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 Drive
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.