



## SPECIAL EVENT PERMIT CHECKLIST

**1777 N. Meadowlark Dr., Apple Valley, Utah 84737**

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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: \_\_\_\_\_

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### 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](mailto: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 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:**

1. Location of Event:

2. Name of Organization:

3. Date(s) of Event:

**4. EVENT DETAILS:**

Set-up	Date:	Start time:	End time:
Event	Date:	Start time:	End time:
Clean-up	Date:	Start time:	End time:

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

Is this an Annual Event? **If yes; same date and place?**

**5. PARTICIPANTS**

# of Participants & Attendees expected: \_\_\_\_\_ # of Volunteers/Event Staff: \_\_\_\_\_

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:

Address:

Day Phone: \_\_\_\_\_ Cell/Other: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address (if different):

Event Web Address (if applicable):

Alternate Contact For Event:

Day Phone: \_\_\_\_\_ Cell/Other: \_\_\_\_\_ E-mail: \_\_\_\_\_

**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? \_\_\_\_\_  
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: \$ \_\_\_\_\_ (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.

\_\_\_\_\_  
Applicant's Name [PRINT]

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## EVENT DESCRIPTION

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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.*
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## DETAILED SITE PLAN/MAP

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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: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

EVENT DATE(S): \_\_\_\_\_ EVENT LOCATION: \_\_\_\_\_

## 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:**

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## 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:** \_\_\_\_\_

**Event Location:** \_\_\_\_\_

**Type of Event:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_

**Hours of Event:** \_\_\_\_\_

**Number of Expected Attendance:** \_\_\_\_\_

**Occupancy Load:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_

**Cell/Other:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

- 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"/> <b>Police Officers</b> (must coordinate w/Washington County	<b>2 Police Officers per</b>	<b>1 to 300 People</b>
<input type="checkbox"/> <b>Security Officers in Uniform</b>	<b>3 Security Officers per</b>	<b>1 to 300 People</b>
<input type="checkbox"/> <b>Private Citizens in Security Shirts or Vests</b>	<b>4 Private Citizens per</b>	<b>1 to 300 People</b>

**Name of On-site Security Director:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Comments:**

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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

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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:

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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 #

Table with columns: INSURERS AFFORDING COVERAGE, NAIC #. Rows for INSURER A through 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.

Main coverages table with columns: INSR ADD'L LTR INSRD, TYPE OF INSURANCE, POLICY, POLICY EFFECTIVE DATE, POLICY EXPIRATION DATE, LIMITS. Includes sections for General Liability, Automobile Liability, Garage Liability, Excess/Umbrella Liability, and Workers Compensation.

Type of Insurance and included Coverage

Limits of Coverages

Descriptions of Operations Verbiage

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