

Date Received Application: 9/8/2021 Date Paid: _____
 Receipt Number: _____ Amount Paid: _____

APPROVALS:
 City: _____
 Date: _____
 Fire: _____ Date: _____
 Conditions of approval:

 Other Staff Approval: _____
 Date: _____

**SPECIAL EVENT PERMIT
 APPLICATION
 CITY OF MOAB**



City of Moab Special Events
 217 East Center Street
 Moab, UT 84532

Phone: 435-259-5121
 E-mail:
 events@moabcity.org

TYPE OF ACTIVITY check all that apply:

<input type="checkbox"/> Cycling	<input type="checkbox"/> 5K	<input type="checkbox"/> Training Event	<input type="checkbox"/> Festival
<input type="checkbox"/> Film Production	<input type="checkbox"/> Parade	<input type="checkbox"/> Sporting	<input type="checkbox"/> 10K
<input type="checkbox"/> Block Party	<input type="checkbox"/> Religious	<input type="checkbox"/> Outdoors Sales	<input type="checkbox"/> Fun Run
<input type="checkbox"/> Dance	<input checked="" type="checkbox"/> Other <u>Trunk Or Treat.</u>		

Please print or type

EVENT NAME: Family Support Center Trunk or Treat

1. Location of Event: Swanny City Park

2. Location of Event:

3. Name of Organization: "Grand County Family Support Center at The Christmas Box House"

4. Date (s) of Event: October 30, 2021 Start Date: 10/30/21 Start Time: 2:00 PM - 5:00 PM

5. EVENT DETAILS

Event Location 1	Date(s):	Start time:	End time:
Set-up	Date(s): <u>10/30/21</u>	Start time: <u>10 AM</u>	End time: <u>2 PM</u>
Clean-up	Date(s): <u>10/30/21</u>	Start time: <u>5 PM</u>	End time: <u>6 PM</u>
Event Location 2	Date(s):	Start time:	End time:
Set-up	Date(s):	Start time:	End time:
Clean-up	Date(s):	Start time:	End time:

Is this a recurring event? yes If yes; daily, weekly or other? annual

Is this an Annual Event? yes If yes; same date and place? possibly, we are interested.

5. PARTICIPANTS

Number of participants expected: ~ 3,000 Number of Volunteers/Event Staff: ~ 60
 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
No Fee.

6. APPLICANT INFORMATION

Name of Applicant: Grand County Family Support Center

Address: 180 South 300 East, Moab, UT

Day Phone: (435) 259-1658 Cell/Other: NA E-Mail: ssowell@grandcountyutah.net

Mailing Address (if different): 125 E. Center Street, Moab, UT

Event Web Address (if applicable): NA

Alternate Contact For Event: Sherilyn Sowell Cell Phone/Other:

Cell/other: (970) 986-9766 E-mail: ssowell@grandcountyutah.net

7. VENDORS/FOOD/ALCOHOL *check all that apply*

Vendors/Merchants Are Vendors Merchants Selling Products or Services? Yes No

If yes, Temporary Sales Tax Numbers are required from State Special Event Tax Division 801-297-6303

Is Food available at the event Yes No

Is the food *(please check all that apply)*

Given away Catered by restaurants/Vendors Prepared on site

Events which have Food available must contact the SE Utah Health Dept., for approval 435-259-5602

Alcoholic Beverages will be available at the event Yes No

Please check applicable

Beer Stands Fenced in Beer Garden

Selling, Serving, Giving Away, Alcohol at an event requires City Council, and State Of Utah Department of Alcoholic Beverage Licensing for state approval 801-977-6800

8. TENTS/STAGES/STRUCTURES *(include details on site map)*

Tents/Pop-up Canopies Yes No How many Tents/Pop-up Canopies will be used for the event? 1

Dimensions of Tents/Pop-up Canopies: TBA (Haunted House)

All Enclosed Tents and Pop-up Canopies require inspections from the Moab Valley Fire Department 435-259-5557 and may be staked into the ground with Parks Superintendents permission.

Temporary Stage Dimensions:

Description of Tents/Canopies/Stage, etc.: Haunted House

9. SITE SETUP/SOUND *check all that apply (please include details on site map)*

Fencing/Scalloping	<u>NA</u>	<i>(must obtain privately)</i>
Barricades	<u>NA</u>	<i>(must obtain privately)</i>
Portable Sanitary Units	<u>NA</u>	<i>(must obtain privately)</i>
Music <i>if yes, check all that apply</i>	<input type="checkbox"/> Acoustic <input type="checkbox"/> Amplified	
<input checked="" type="checkbox"/> PA/Audio System	Type/Description: <u>music in individual cars, haunted house</u>	
Fireworks / Fire Performances / Open Flame	<u>NA</u>	Requires approval from Moab Valley Fire Dept. (435) 259-5557
Propane/Gas On site	<u>NA</u>	Requires approval from Moab Valley Fire Dept. (435) 259-5557
Trash/Recycle Bin coordination On Site	<u>NA</u>	Monument Waste (435) 259-6314

10. ROAD & SIDEWALK USE *please include details on site map*

Will Roads & Sidewalks Be Used? Yes No
 Are you requesting Road Closures? Yes No

An Encroachment Permit is required for Road Closures and Sidewalk Use. To obtain the permit, please contact Moab City Public Works Dept., 435-259-7485.

<input checked="" type="checkbox"/> Road Use and Closure	Location: <u>W. Park Dr. along Swanny City Park border.</u>	<input type="checkbox"/> Will stay on sidewalks and follow pedestrian laws
<input type="checkbox"/> Sidewalk Use	Location: <u>(Turner Lumber side.)</u>	
<input type="checkbox"/> Parade	Location: <u>NA</u>	Number of Floats:

11. Application fee is based on attendance as followed: Due at time of submittal

(Other fees may apply after review by Events Committee)

- \$466.00 for attendance under 300
- \$820.00 for attendance over 300

Total: \$

By submitting a signed application, the applicant certifies that falsifying any information on this application constitutes cause for rejection or revocation of the Permit.

Grand County Family Support Center
 Print Applicant's Name

Applicants Signature

8/25/21
 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. A time-line of the event would also be helpful.

Pre-registered community members arrive and set up decorated vehicles or other stations to distribute candy. A haunted house is set up for older children. Fun costumes are worn, and scary sound effects or music might be played at individual decorated "trunks" or floats. Volunteers and various community agencies assist in guiding and supervising participants. The event offers a safe place for children to trick-or-treat, and for the community to share their costumes and creative Halloween-themed decorations.

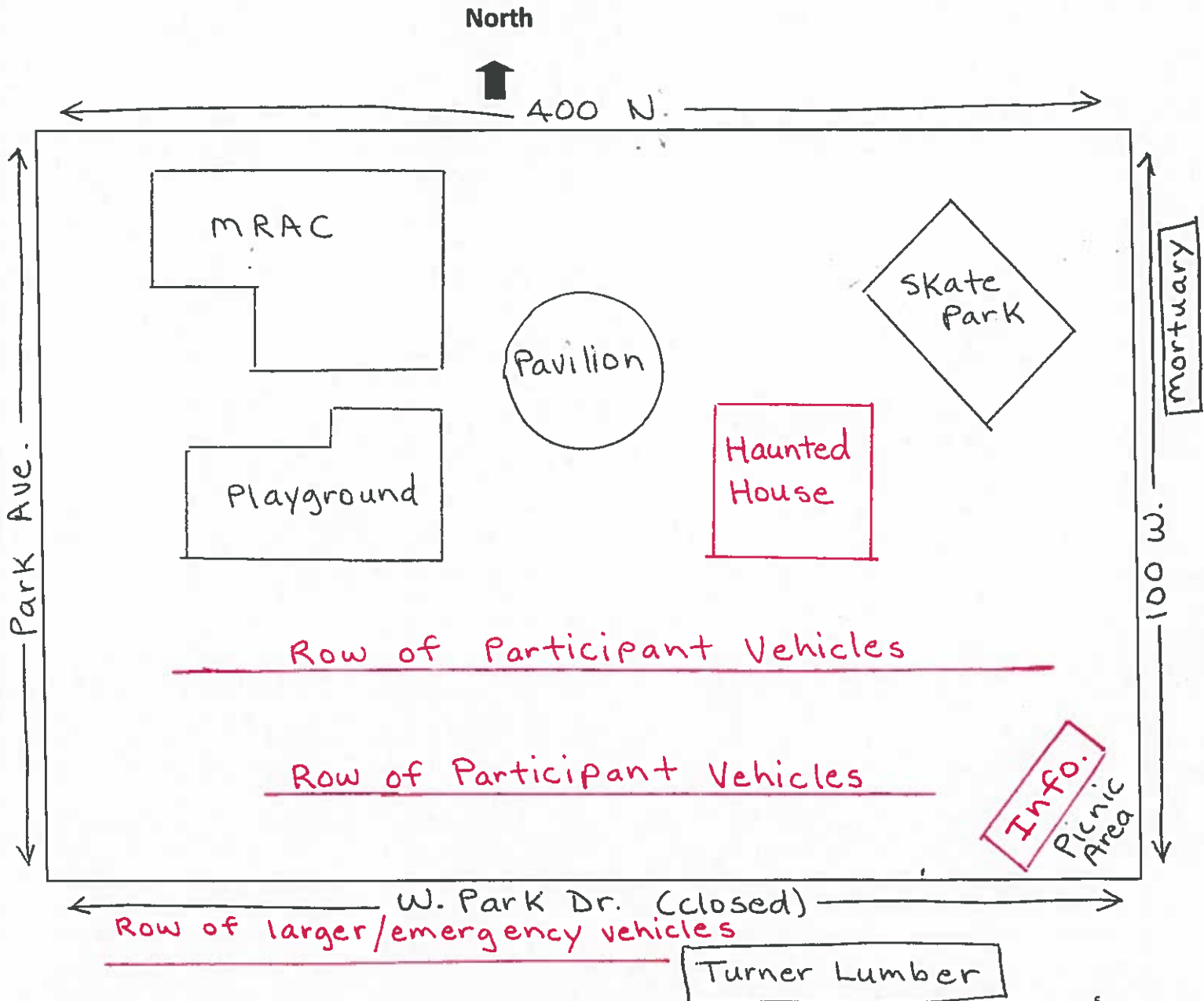
In past years the local EMS, Moab Valley Fire Department and Classic Air Med have participated in our event.

DETAILED SITE MAP

PLEASE INCLUDE OR ATTACH A DETAILED SITE PLAN AND/OR ROUTE MAP. COMPUTER OR HAND-DRAWN SITE PLANS ARE APPROPRIATE. *Be aware that if you are faxing a map, many elements may not be visible.*

Your map should include:

- The names of streets, placement of barricades, and/or road 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, fencing
- Location of Security Personal, information booth, lost and found booth
- Stage, Tents and materials, storage, etc. used in the event.







CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/31/2021

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 Utah Local Governments Trust 55 S. Highway 89 North Salt Lake UT 84054-2054		CONTACT NAME: Underwriting Department PHONE (A/C, No, Ext): FAX (A/C, No): 801-936-0300 E-MAIL ADDRESS: Underwriting@utahtrust.gov																						
INSURED Grand County 125 E. Center Street Moab UT 84532		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Utah Local Governments Trust</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Utah Local Governments Trust		INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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COVERAGES **CERTIFICATE NUMBER:** AI_11490_2021_06 **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER. <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	11490-LIABILITY	01/01/2021	12/31/2021	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ Deductible \$ 0
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY		11490-LIABILITY	01/01/2021	12/31/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Deductible \$ 0
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 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)


Confirmation of General/Automobile Liability for Grand County in regards to Trunk or Treat event at Swanny Park in Moab City held October 30, 2021.

Certificate holder is named as additional insured (see endorsement).

30 day notice of cancellation will be provided should any of the above described policies be cancelled before the expiration date.

CERTIFICATE HOLDER	CANCELLATION
Moab City 217 E Center Street Moab UT 84532	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

ADDITIONAL INSURED ENDORSEMENT

Named Insured Grand County	Endorsement Number AI_11490_2021_06
Policy Number 11490-LIABILITY	Endorsement Effective 08/31/2021
Countersigned by  (Authorized Representative)	

The above is required to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This Endorsement modifies insurance provided under the following:

COMPREHENSIVE GENERAL LIABILITY

Person or Organization (Additional Insured): Moab City

A. With respect to Comprehensive General Liability only, the "Persons or Entities Insured" is amended to include the person or organization shown above as an Additional Insured with whom you (the Named Insured) has agreed in a written contract or written agreement that such person or organization be added as an Additional Insured to your policy. The coverage provided by this Endorsement extends only to tort liability assumed by the Additional Insured based upon the alleged actionable conduct of the Named Insured resulting in Bodily Injury, Personal Injury or Property Damage. Tort liability means liability that would be imposed by law in the absence of any contract or agreement. The status of a person's or organization's status as an Additional Insured under this Endorsement ends when this policy terminates, or when the contract or agreement between the Named Insured and the Additional Insured terminates, whichever occurs first.

B. The contract or agreement referred to in Paragraph A. above must be:

1. In effect at the inception of the Policy Period or become effective during the Policy Period; and
2. Executed prior to the Bodily Injury, Personal Injury or Property Damage covered under this Endorsement.

C. The coverage provided by this Endorsement to the Additional Insured does NOT apply to any Bodily Injury, Personal Injury or Property Damage arising out of the alleged actionable conduct of the Additional Insured.

D. The coverage provided by this Endorsement to the Additional Insured shall be limited to the lesser of the coverage provided under the Comprehensive General Liability coverage and the coverage required under the written contract or written agreement between the Named Insured and the Additional Insured.

E. The Additional Insured is subject to all of the terms, provisions, conditions, exclusions, definitions and limitations applicable to the Named Insured. The failure of the Named Insured to adhere to any such provisions will defeat coverage under the policy for the Additional Insured.

F. The coverage provided by this Endorsement to the Additional Insured shall not be deemed a waiver of any statutory immunity, protection or limitation of liability, and the Trust does not waive its right to deny coverage by reasons of the same. The coverage provided by this Endorsement to the Additional Insured shall not exceed the coverage available to the Named Insured, nor shall it exceed any statutory immunity, protection or limitation of liability enjoyed by the Named Insured.

All other terms, conditions, limitations and exclusions apply and remain unchanged.



PUBLIC WORKS DEPARTMENT
Encroachment / Excavation Permit Application

YOU ARE REQUIRED TO HAVE THIS PERMIT IF: You plan to conduct work of any kind must within the City's Right-of-Way, dedicated public easements as well as City property, combined and here and after referred to as the City Managed Property, or "CMP". This includes but is not limited to: Flagging Operations, Facility and Utility installations, grading, landscaping, fence installation, tree trimming as well as any other process or procedure that requires access and use of the City CMP. PERMIT INSTRUCTIONS & PROCESS DESCRIPTION ARE INCLUDED ON PAGE 3 & 4 OF THIS FORM.

PERMIT ADDRESS OR LOCATION – Describe the location and the limits of the area where Applicant is requesting to perform work in the CMP: _____
W. Park Drive, along Swanny City Park border. From
N. Park Ave. to 100 W.

This Permit is requested for permission to perform the following activities within the CMP: Grand County Family Support Center is planning to hold its annual trunk or treat event in Swanny City Park on Saturday, Oct. 30. Some large vehicles are too heavy to park on the grass. We want to park them on
PERMIT WINDOW REQUESTED: From: 10/30/21 To: 10/30/21 W. Park Dr.

Hours work will be performed: From- 10:00 am/pm To- 6:00 am/pm

No work will be allowed before 7:00 AM and after 10:00 PM unless emergency conditions exist and are approved in writing by the Public Works Director. Emergency condition approval must be attached to this permit, and a copy of this permit must remain on the job at all times during construction. If emergency is life threatening, verbal permission may be given by the Public Works Director, City Engineer or a City Police Officer if necessary with written documentation of who approved the work, when and what circumstances required emergency work. Send the permission information to the Public Works Department as soon as possible, and attach a copy with the onsite permit.

Project Manager (General Contractor): Grand County Family Support Center Business Phone: (435) 259-1658
Authorized Representative: Sherilyn Sowell Title: Director Mobile Phone: (970) 986-9766
Address: 180 S. 300 E. moab, UT 84532 Email Address: ssowell@grandcountyutah.net

Facilities Owner (Company Name): _____ Business Phone: _____
Owner's Representative: _____ Title: _____ Mobile Phone: _____
Owner's Address: _____ Email Address: _____

Sub-Contractors Name: _____ Business Phone: _____
Representative: _____ Title: _____ Mobile Phone: _____
Applicant's Address: _____ Email Address: _____

List all Sub-Contractors; attach extra pages as needed.

Permit is hereby granted to the applicant subject to the following City of Moab Requirements for the accommodation of utilities and facilities within the CMP: All regulations for the control and protection of City Streets, such as City Design Standards and Construction Specification for excavation of City Streets and other improvements in the CMP, State Occupational Safety and Health Laws, Manual on Uniform Traffic Control Devices (MUTCD) and all other applicable rules and regulations and requirements must be adhered to and maintained at all times.

PRECONSTRUCTION MEETING – The City will reserve a time and the appropriate City personnel will be present for pre-construction meetings which will be held every Thursday at 1:00 pm as needed prior to a permit being issued and prior to any work within the CMP. The only exception to this requirement will be minor projects with minor impacts which may only require a site visit with the applicant as approved by the Public Works Director. Even in this case, the meeting must be documented on this permit. For larger projects, notify all affected entities/utilities of the preconstruction meeting date and time with a documented request that a representative of each entity be present for larger projects. If the pre-construction meeting date and or time needs to be changed after application is approved, it must be re-scheduled with the Public Works Department prior to any work being conducted in the CMP.

PRECONSTRUCTION MEETING DATE: _____ TIME: _____ am/pm LOCATION: _____