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:
☐ Film Production
☐ Outdoors Sales
☐ Parade
☐ Fun Run
☐ Cycling
☐ Sporting
☐ 10K
☐ Dance
☐ Other
☐ Training Event
☐ Block Party
☐ Festival
☐ Religious
☐ Film Production
☐ Parade
☐ Sporting
☐ 10K
☐ Dance
☐ Other
☐ Training Event
☐ Block Party
☐ Festival
☐ Religious

Please print or type
EVENT NAME: Family Support Center Trunk or Treat

1. Location of Event:
Swanny City Park

2. Location of Event:
Grand County Family Support

3. Name of Organization:
Center at The Christmas Box House

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

5. EVENT DETAILS

<table>
<thead>
<tr>
<th>Event Location 1</th>
<th>Date(s):</th>
<th>Start time:</th>
<th>End time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set-up</td>
<td>10/30/21</td>
<td>10 AM</td>
<td>2 PM</td>
</tr>
<tr>
<td>Clean-up</td>
<td>10/30/21</td>
<td>5 PM</td>
<td>6 PM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Event Location 2</th>
<th>Date(s):</th>
<th>Start time:</th>
<th>End time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set-up</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean-up</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is this a recurring event? Yes
Is this an Annual Event? Yes

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

<table>
<thead>
<tr>
<th>Name of Applicant:</th>
<th>Grand County Family Support Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>180 South 300 East, Moab, UT</td>
</tr>
<tr>
<td>Day Phone:</td>
<td>(435) 259-1658</td>
</tr>
<tr>
<td>Cell/Other:</td>
<td>NA</td>
</tr>
<tr>
<td>E-Mail:</td>
<td><a href="mailto:ssowell@grandcountyutah.net">ssowell@grandcountyutah.net</a></td>
</tr>
<tr>
<td>Mailing Address (if different):</td>
<td>125 E. Center Street, Moab, UT</td>
</tr>
<tr>
<td>Event Web Address (if applicable):</td>
<td>NA</td>
</tr>
<tr>
<td>Alternate Contact For Event:</td>
<td>Sherilyn Sowell</td>
</tr>
<tr>
<td>Cell/other:</td>
<td>(970) 986-9760</td>
</tr>
<tr>
<td>E-mail:</td>
<td><a href="mailto:ssowell@grandcountyutah.net">ssowell@grandcountyutah.net</a></td>
</tr>
</tbody>
</table>
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

   Alcohol 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 [X] 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/Scaffolding [X] NA (must obtain privately)
   Barricades [X] NA (must obtain privately)
   Portable Sanitary Units [X] NA (must obtain privately)
   Music if yes, check all that apply
   Acoustic Amplified
   PA/Audio System Type/Description: music in individual cars, haunted house
   Fireworks / Fire Performances / Open Flame [X] NA Requires approval from Moab Valley Fire Dept. (435) 259-5557
   Propane/Gas On site [X] NA Requires approval from Moab Valley Fire Dept. (435) 259-5557
   Trash/Recycle Bin coordination On Site [X] NA Monument Waste (435) 259-6314

10. ROAD & SIDEWALK USE please include details on site map
    Will Road & Sidewalks Be Used? [X] Yes [No] No
    Are you requesting Road Closures? [X] Yes [No] No
    An Encroachment Permit is required for Road Closures and Sidewalk Use. To obtain the permit, please contact Moab City Public Works Dept., 435-259-7483.
    [X] Road Use and Closure Location: W. Park Dr. along Swanny City Park border.
    [X] Sidewalk Use Location: (Turner Lumber side)
    [X] Parade Location: 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)
    [X] $466.00 for attendance under 300
    [X] $820.00 for attendance over 300
    Total: $820.00

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 8/25/21
Print Applicant’s Name Applicants Signature Date
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.

North

Row of Participant Vehicles

Row of Participant Vehicles

Row of larger/emergency vehicles

W. Park Dr. (closed)

Park Ave.

Haunted House

MRAC

Pavilion

Skate Park

Playground

Info.

Park

area

Picnic

info

area

Turner Lumber
### CERTIFICATE OF LIABILITY INSURANCE

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CON芙ERS 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

**INSURED**
Grand County  
125 E. Center Street  
Moab  
UT 84532

**COVERAGES**

<table>
<thead>
<tr>
<th>INSR LTR</th>
<th>TYPE OF INSURANCE</th>
<th>ADJ/SUB WRD</th>
<th>POLICY NUMBER</th>
<th>LIMITS</th>
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</thead>
<tbody>
<tr>
<td>A</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td></td>
<td>11490-LIABILITY</td>
<td>EACH OCCURRENCE: $5,000,000</td>
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<tr>
<td>A</td>
<td>GENL AGGREGATE LIMIT APPLIES PER</td>
<td></td>
<td></td>
<td>DED RETENTION $</td>
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<tr>
<td>A</td>
<td>AUTOMOBILE LIABILITY</td>
<td></td>
<td>11490-LIABILITY</td>
<td>COMBINED SINGLE LIMIT (Per Accident): $5,000,000</td>
</tr>
</tbody>
</table>

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, 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**
Moab City  
217 E Center Street  
Moab  
UT 84532

**CANCELLATION**

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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## ADDITIONAL INSURED ENDORSEMENT

<table>
<thead>
<tr>
<th>Named Insured</th>
<th>Endorsement Number</th>
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<tbody>
<tr>
<td>Grand County</td>
<td>AI_11490_2021_06</td>
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<table>
<thead>
<tr>
<th>Policy Number</th>
<th>Endorsement Effective</th>
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</thead>
<tbody>
<tr>
<td>11490-LIABILITY</td>
<td>08/31/2021</td>
</tr>
</tbody>
</table>

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 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 NUMBER: ______________________

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 W. Park Dr.

PERMIT WINDOW REQUESTED: From: 10/30/21 To: 10/30/21

Hours will be performed: From 10:00 am to 6:00 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: (979) 985-9766
Address: 180 S 300 E, Moab, UT 84532  
Email Address: ssowell@grandcountyutah.net

Facilities Owner (Company Name): 
Owner’s Representative: 
Title: 
Mobile Phone: 
Owner’s Address: 
Email Address: 

Sub-Contractors Name: 
Representative: 
Title: 
Mobile Phone: 
Application’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: ____________

LOCATION: ______________________