

Date Received Application: _____
Receipt Number: _____

Date Paid _____
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: Cycling 5K Training Event Festival
 Film Production Parade Sporting 10K Block Party Religious
 Outdoors Sales Fun Run Dance Other Car Show

Please print or type

EVENT NAME: April Action Car Show

1. Location of Event: Swanny City Park

2. Location of Event:

3. Name of Organization: Rotary Club of Moab

4. Date (s) of Event: April 29 & 30, 2022

Start Date: ~~04/29/22~~ ~~1200 - 1600~~
~~04/30/22~~ ~~0600 - 1800~~

5. EVENT DETAILS

Event Location 1	Date(s): 04/29 & 04/30	Start time: 04/29 - 1200 to 1600	End time: 04/30 - 0600 to 1600
Set-up	Date(s): 04/29	Start time: 1200	End time: 1600
Clean-up	Date(s): 04/30	Start time: 1600	End time: 1800
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? No

If yes; daily, weekly or other?

Is this an Annual Event? Yes

If yes; same date and place?

Yes - last full weekend in April

5. PARTICIPANTS

Number of participants expected: 500

Number of Volunteers/Event Staff: 20

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

6. APPLICANT INFORMATION

Name of Applicant: Rotary Club of Moab - Dave Bierschied

Address: 301 S. 400 East - Suite 201 Moab, UT 84532

Day Phone: (435) 260-1968 **Cell/Other:** same **E-Mail:** dave@moabrealty.com

Mailing Address (if different):

Event Web Address (if applicable): moabcarshow.org

Alternate Contact For Event: Britta Kingsley **Cell Phone/Other:** (727) 656-3633

Cell/other: **E-mail:** moabqueen@gmail.com

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.

Please contact 801-297-6303, specialevent@utah.gov

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

All food vendors must have a valid food permit from the Southeast Utah Health Department. A Temporary Food Establishment Permit is required for all food vendors, events are subject to Health Department inspections. Food vendors operating without a permit may be subject to closure and eviction from the event.

Events which have Food available must contact the SE Utah Health Dept., for permit & 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? _____

Dimensions of Tents/Pop-up Canopies:

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.:

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

Fencing/Scaffolding *(must obtain privately)*

Barricades *(must obtain privately)*

Portable Sanitary Units *(must obtain privately)*

Music *if yes, check all that apply* | Acoustic Amplified

PA/Audio System Type/Description: DJ

Fireworks / Fire Performances / Open Flame Requires approval from Moab Valley Fire Dept. (435) 259-5557

Propane/Gas On site Requires approval from Moab Valley Fire Dept. (435) 259-5557

Trash/Recycle Bin coordination On Site 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.

Road Use and Closure Location: Use - Park Avenue and Park Drive for registrant entrance/exit in to park (between 0600 and 0800 to enter and 1600 to 1800 to exit)

Sidewalk Use Location: Will stay on sidewalks and follow pedestrian laws

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)

\$466.00 for attendance under 300

\$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.

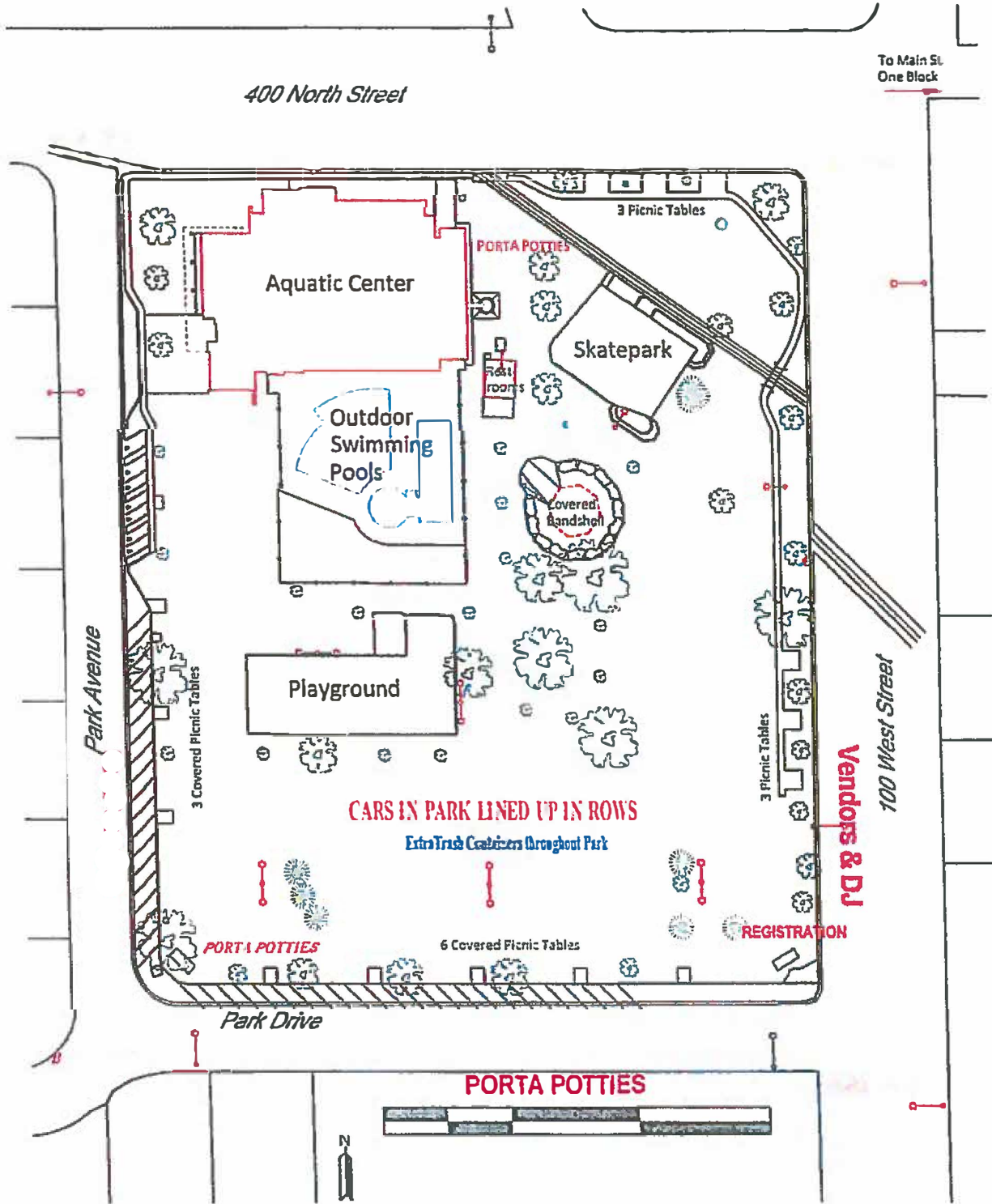
Rotary Car Show - Dave Bierschied

Print Applicant's Name

Applicants Signature

Date

Swanny Park



Swanny Park, located, between 100 and 200 West from 300 to 400 North, is a non-reservation park that is meant to be open to the public on a first-come, first served basis. Special Use of Swanny Park and other non-reservation areas of parks are subject to approval by the Moab City Council. The City Council may approve use applications for events that provide clear benefits to the community. **Requests for usage by private businesses that serve a limited clientele will not be approved.** This application must be submitted, along with any special events license application, to the City Events Coordinator's office at **not less than 90 (ninety) days** prior to the scheduled event. Upon approval of the application by the City Council, a Special Park Use Permit will be issued upon payment of the appropriate fees, provided for in the Schedule of Fees.

PLEASE PRINT OR FILL ELECTRONICALLY

Applicant Information

Name of Person Responsible for Use of Park: Dave Bierschied
Name of Organization and Event if applicable: Rotary Club of Moab
Address: 301 S 400 E Ste 203, Moab, UT 84532
Day Phone: 435-260-1968 Email: dave@moabrealty.com

Proposed Park Usage Information

Which park do you intend to use? Swanny Park: Other (please indicate name of park): _____

Please indicate the proposed dates and times of use:

Proposed Start Date: 4-30-2022 Start Time: 6 AM am/pm End Time: 5 PM am/pm
Proposed End Date: _____ Start Time: _____ am/pm End Time: _____ am/pm

Please specify what areas of the park are proposed for use: Car Show

For Swanny Park, please show in detail on the attached diagrams, which areas of the park are proposed to be used. Show locations of all structures and facilities.

Number of participants you expect: 400-500 Number of spectators that you expect: 2000

Please describe structures, tents, canopies, portable restrooms, etc. that you propose to set up at the park:

Vendors will have Trailers and Booths. Rotary will supply portable restrooms and additional trash containers.

Will amplification be required for your event? Yes No _____

Please specify any electrical needs for your event: Some vendors will us power on East side of Park! Rotary supplies generators on West side of Park.

Please describe the parking and traffic plan for your event. Location of parking, signage, traffic control devices, use of volunteers, etc. should be described.

Parking will be outside of Park area in the HMK parking lot.

If you anticipate any street closures for your event, please describe below, and show on the accompanying diagram.

We will close Streets on East, West and South side of park.

PLEASE COMPLETE OTHER SIDE

Do you intend for the park to be open to the public during your event? Yes _____ No X

Do you intend to serve/sell alcohol (if so, additional requirements and fees apply) Yes _____ No X

For non-Swanny Park events: Do you plan to charge for admission to the park? Yes _____ No _____

Please describe any security or crowd control measures you plan for use of the park:
We will be paying Moab City Police During event on Saturday.

For groups over 100 people, please describe your refuse control and recycling plan:

We provide Trash Containers throughout the Park and empty during event into Large containe we provide

Please describe your clean-up plan during and after the event:

We police the park during the event and do a totl cleanup on Saturday after the event

Please describe your restroom facility plan:

We provide several Porta potties and monitor the Restrooms during the event.

Other Information

Please describe how your organization, your event, and/or your use of the park will provide broad-based benefits to the community:

This is the Rotary Club of Moab's major fund raiser event. We partner with the Moab Free Health Clinic. Also provide scholarships, provide funding for the Multi-cultural center and Seekhaven. We give dictionaries to all 3rd grader and do BBQ's for 6th graders and seniors. There are several other things we donate to. 100% percent of funds raised go back into the Moab Community.

Please specify and describe other community or city facilities that you plan to use:

Have you applied for a Special Event Permit for this use? Yes X No _____

Will you be able to provide proof of insurance, showing the City as an additional insured? Yes X No _____

I certify that the information contained in this application is true and correct. I agree to abide by the City of Moab Parks Policies and any conditions attached to this permit.

Signature of Contact Person: 

Date. 1-13-2022

Office Use Only

Public Works Review: _____ Police Department Review: _____ Administrative Review: _____

Park Use Fee: _____ Date Fee Paid: _____ Date of City Council Approval: _____

Insurance Received: _____ Final Set up Diagram Received: _____

Special Conditions or Requirements:

Other Required Permits and Approvals



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/01/2022

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 Arthur J. Gallagher Risk Management Services, Inc. 2850 Golf Road Rolling Meadows IL 60008	CONTACT NAME: Ali Sulita	
	PHONE (A/C, No, Ext): 1-833-3ROTARY E-MAIL ADDRESS: rotary@ajg.com	FAX (A/C, No): 630-285-4062
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Lexington Insurance Company		19437
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 899307648 **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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		015375594	7/1/2021	7/1/2022	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COM/OP AGG \$4,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			015375594	7/1/2021	7/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			NOT APPLICABLE			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	NOT APPLICABLE			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)

The Certificate Holder is included as an additional insured where required by written contract or permit subject to the terms and conditions of the general liability policy, but only to the extent bodily injury or property damage is caused in whole or in part by the acts or omissions of the insured.

CERTIFICATE HOLDER

Moab City Corporation
 dba: City of Moab
 Swanny Park Car Show
 217 E Center St.
 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

Cynthia L. DeMonte

© 1988-2015 ACORD CORPORATION. All rights reserved.