

Weber County Community Development

ATTN: Special Events

2380 Washington Blvd., Suite 250

Ogden, UT 84401-1473

Special Event Permit Application

4th Annual Community Foundation of Ogden Valley Farm Festival

September 11, 2025

Section I - Contact Information

NOTE: Please complete the entire application by providing information in all fields. You may mark areas that do not apply with an "N/A." Incomplete applications cannot be accepted.

Host Organization/Group/Person:

This is the organization/group/person accepting all responsibility for the event and providing the required proof of insurance.

Organization/Group/Person Name:

Community Foundation of Ogden Valley (CFOV)

Beth Mannino

Type of Organization: ☐ Corporation ☐ LLC ☒ Non-Profit ☐ Other

Mailing Address:

PO Box 684, Eden, UT 84310

Physical Address (If different):

Primary Phone Number: (773) 425-6306

Fax Number: ()

Website Address: <http://cfovoverdrive.org>

Event Organizer:

The event organizer is the person representing the host as the contact person and who will be available for all questions prior to, during, and post event.

Name & Title: Beth Mannino, Chairperson CFOV

Mail Address: 5377 E Indian Paint Brush Dr

Primary Phone Number: (773) 425-6306

Cell Phone Number: (773) 425-6306

Fax Number: ()

Email Address: cfovutah@gmail.com

On – Site Contact:

Contact information for the person who will be on-site and will be the primary contact on the day of the event if different than the event organizer.

Name & Title: Beth Mannino, Chairperson of CFOV

Mailing Address: 5377 E Indian Paint Brush Dr

Primary Phone Number: (773) 425-6306

Email Address: cfovutah@gmail.com

Section II - Event Information

Event Details:

If an event includes activities that occur within the boundary of an adjacent city, the event organizer must coordinate with the adjacent city to ensure that a similar Special Event application process IS or IS NOT required by the adjacent city.

Event Name: CFOV Annual Farm Festival

Location and Type of Event: Foundraising Festival held at Sunnyfield Farm

Road () Trail () Combination () Other (☒)

Event Description: A community event organized by the Community Foundation of Ogden Valley to bring awareness to 16 non-profit organizations (NPOs) in the Ogden Valley. The NPOs will have booths and provide activities and the CFOV will hold our main fundraising event ("opportunity drawing").
Live music, food, and other vendors will create a festive atmosphere for the entire community.

Is this an annual event? (☒) Yes () No

Is this a multi-day event? () Yes (☒) No If yes, how many days? _____

Is there an admission fee? () Yes (☒) No If yes, provide admission fee. \$ _____

What is the anticipated attendance?	Overall: <u>300</u> / <u>45</u>	Daily: <u>300</u> / <u>45</u>
	Participant/Spectator&Staff	Participant/Spectator&Staff
Previous year's attendance (if applicable):	Overall: <u>300</u> / <u>45</u>	Daily: <u>300</u> / <u>45</u>
	Participant/Spectator&Staff	Participant/Spectator&Staff

Event Setup & Tear Down:

How many days will event require to: Setup ¹ _____ Tear Down ¹ _____

Event Setup Date: <u>Thursday 9-11-2025</u>	Event Setup Time: <u>2:30 pm</u> to <u>4:30 pm</u>
(Day of the Week) (Date)	AM/PM AM/PM

Event Start Date: <u>Thursday 9-11-2025</u>	Event Start Time: <u>4:30 pm</u>
(Day of the Week) (Date)	AM/PM

Event End Date: <u>Thursday 9-11-2025</u>	Event End Time: <u>7:30 pm</u>
(Day of the Week) (Date)	AM/PM

Event Tear Down Date: <u>Thursday 9-11-2025</u>	Event Tear Down Time: <u>7:30 pm</u> to <u>9:00 pm</u>
(Day of the Week) (Date)	AM/PM AM/PM

Section III - Street Closure(s)

Temporary Street Closure:

The County requires that all temporary street closures (Soft/Intermittent access during event or Hard/No Access during event) be approved by the appropriate agency; for example, the Utah Department of Transportation (UDOT) is responsible for State Roads and the Weber County Engineer is responsible for County Roads. Any road closure requires written approval from the responsible agency.

UDOT Road(s): ☐ Yes ☒ No Street Name(s)/Location: _____
Not Applicable

County Road(s): ☐ Yes ☒ No Street Name(s)/Location: _____
Not Applicable

Closure Type: ☐ Soft ☒ Hard Describe: NONE
Not Applicable

Closure Start Date: _____ Closure Start Time: _____
(Day of the Week) (Date) AM/PM

Closure End Date: _____ Closure End Time: _____
(Day of the Week) (Date) AM/PM

Does the event have its own barricade equipment? ☐ Yes ☒ No

Will event rent barricade equipment? ☐ Yes ☒ No

If yes, please provide rental company information and contact person below:

Company Name: _____

Address: _____

Contract Number: _____

Contact Person/Email Address: _____

Phone Number: () _____ Fax Number: () _____

Traffic Plan:

If UDOT, the County Engineer, or any other County review agency requires the event organizer to obtain a professional traffic plan, it must be submitted at least fourteen (14) days prior to the event.

All applications, involving street closures, must include a Traffic Plan Element that describes traffic impacts and mitigation strategies. It is suggested that all traffic impact locations and mitigation strategies be further shown on a site plan/map or attached as a separate illustration.

Section IV – Catering/Food & Beverage

Weber-Morgan Health Department Coordination/Permits:

The event organizer must coordinate with the Health Department's Environmental Health Services Office when food and/or beverages will be sold or provided. For more information call 801.399.7160 or email: envhealth@co.weber.ut.us.

Weber-Morgan Environmental Health
477 23rd Street, Suite 200
Ogden, Utah 84401

Food and Beverage Information:

Please mark which one applies:

☐ Food and/or beverages **WILL NOT** be sold or provided at event.

☒ Food and/or beverages **WILL** be sold or provided at event.

Describe food type and service method: Food Trucks and Individual Vendors

Food Service Vendor List:

In addition to possessing temporary food permits appropriately issued by the Health Department, all food vendors must possess a valid business license issued by Weber County or the jurisdiction where the vendor's business is based. For more information go to:

<http://www.webercountyutah.gov/Engineering/business.php>

- | | |
|-----------------------------------|-----|
| 1. LUCKY SLICE PIZZA | 10. |
| 2. BAD BEVS | 11. |
| 3. SMITH SNO & SNACK SHACK | 12. |
| 4. MISSBEEHAVEN HONEY (VENDOR) | 13. |
| 5. PATIO SPRINGS GARDENS (VENDOR) | 14. |
| 6. SUGAR STREET (VENDOR) | 15. |
| 7. | 16. |
| 8. | 17. |
| 9. | 18. |

Alcoholic Beverages:

If alcoholic beverages will be sold at the event, a separate application requesting "local consent" must be submitted to the Weber County Public Works Office located in the Weber Center, Suite #240, 2380 Washington Blvd., Ogden, Utah. 84401. The application requesting local consent must be submitted concurrently with or prior to making application for a Special Event.

Please mark which one applies:

☒ Alcoholic beverages **WILL NOT** be sold or provided at event.

☐ Alcoholic beverages **WILL** be sold or provided at event.

Describe alcohol type and service method: _____

Section V – Sanitation & Trash Removal

Restroom and Hand-Washing Station Information:

Some events will require the presence of portable restrooms and hand-washing stations. The number of these facilities is based on event type and attendance. Compliance with the Americans with Disabilities Act (ADA) is required.

For information related to the required number/type of facilities, contact the Health Department's Environmental Health Services Office as describe above in Section IV. Restroom and hand-washing station information must be illustrated on event site plan/map submitted with the Special Event application.

Will event organizer provide portable restroom facilities? ☒ Yes ☐ No
If yes, please provide rental company information and contact person below:

Company Name: **Portaspot**
Address: **2967 American Way, Ogden, UT 84401**
Contract Number: _____
Contact Person/Email Address: **Tanner / portaspotllc@gmail.com**
Phone Number: **(801) 675-9584** Fax Number: **()**

Trash Removal:

Trash removal includes, but is not limited to, emptying trash bins and removing all litter and debris from the event site and other affected areas. Please provide the following information for those responsible for trash removal.

How will event organizer provide trash removal? ☒ Event Staff ☐ Contract
Please provide staff member or company information below:

Staff Member/Company Name: **Anne McElaney**
Address: _____
Contract Number: _____
Contact Person Name/Email Address: **Beth Mannino/bethmannino@yahoo.com**
Phone Number: **(773) 425-6306** Fax Number: **()**

Section VI – Venue, Structures & Equipment

Venue Information:

When a Special Event is held at a County park, the event organizer must contact the appropriate facility manager to coordinate a schedule and determine whether or not the event will require the execution of an agreement for use of the facility. If an agreement is necessary, the event organizer must ensure that the agreement receives an official County approval prior to the event taking place.

If an event is held on public, quasi-public or private property, the event organizer must provide proof that permission has been given by the owner.

Will the event take place at a Weber County park? ☐ Yes ☒ No

Venue Name or General Location if Not Properly Named: Sunnyfield Farm

Venue Address: 2103 N 5500 E, Eden, UT 84310

Venue Description and Specific Locations within Venue: Open pasture in front of historic Sunnyfield Farm barn

Note: Please attach site plan/map to the Special Event Application Form and packet.

Structures and Equipment:

When a Special Event uses temporary structures and certain equipment it may be necessary for the event organizer to coordinate with the Weber County Building Official and Fire Marshal. It may also be necessary for the event organizer to address mitigation strategies when the event impacts neighboring properties.

Please mark all that apply:

☒ Amplified Speakers ☒ Generator(s) ☐ Bleachers ☐ Stage

☒ Tents/Sun Canopy ☐ Start/Finish Line Structure ☐ Fencing

☐ Playground Equipment ☐ Other (Please Describe) _____

Note: Please show and dimension all structures on the Special Event site plan/map.

Section VII - Parking & Shuttle Service

Parking Information/Plan:

Describe the overall public parking plan, including specific information about each parking area, and provide a count for parking spaces in each:

Adjacent open pasture

Note: Please show all parking areas, including ADA accessible spaces on the Special Event site plan/map.

Shuttle Information:

Will shuttle service be provided from a parking area to the event site?

☒ No ☐ Yes, provided by event staff. ☐ Yes, provided by professional shuttle service.

If yes, describe the shuttle plan and provide contact information below:

Note: Please show all pick-up and drop-off locations on the Special Event site plan/map. N/A

Staff Member/Company Name: _____

Address: _____

Contract Number: _____

Contact Person/Email Address: _____

Phone Number: () _____ Fax Number: () _____

Section VIII – Security & Safety

Public Safety Services:

The County, as part of an event approval, may impose conditions in order to protect public and private property, ensure the proper management of traffic, and reduce the possibility of a public safety resource shortage in the community.

The event organizer may request the use of the Weber County Sheriff's Office resources or the County may require the use of Sheriff's Office resources if the Special Event warrants a moderate to high level of police protection. A fee, in addition to the Special Event application fee, will be charged by the Sheriff's Office and the cost may be based on number of officers needed, type and quantity equipment required, event date, time, location, and length, anticipated traffic and weather conditions, estimated number of participants and spectators, and the nature, format, and configuration of the event.

The event organizer must contact the Weber County Sheriff's Office to coordinate the use of County resources and fees must be paid prior to the issuance of the special event permit.

For Weber County Sheriff's Office participation information visit, email, or call:

Weber County Sheriff's Office
1400 South Depot Drive (700 West)
Ogden, Utah 84404

OR

Sergeant Greenhalgh
tgreenha@webercountyutah.gov
801-778-6634

Please describe security plan and the coordination of law enforcement response:

Does event organizer request assistance from Weber County Sheriff Office? ☐ Yes ☒ No

Does the event organizer propose the use of a private security company? ☐ Yes ☒ No

If using a private security company, please provide company and contact person information below:

Company Name: _____

Address: _____

Contract Number: _____

Contact Person/Email Address: _____

Phone Number: () _____ Fax Number: () _____

Section IX - Emergency Services

Fire Prevention Plan:

All events are required to submit a fire prevention plan and be available to coordinate the review of the plan with the Weber Fire District if necessary. An additional fee may be charged for fire prevention services and equipment provided by the Weber Fire District.

Please describe any possibility of igniting a fire and the event's plan for preventing, mitigating, and suppressing a fire:

Weber Fire District Personnel and equipment will be onsite.

Jared Taylor, Deputy Chief, Weber Fire District

801-782-3580, ext 203

Emergency Medical Plan:

All events are required to submit an emergency medical plan and be available to coordinate the review of the plan with the Weber Fire District if necessary. An additional fee may be charged for medical services and equipment provided by the Weber Fire District.

The level of medical service that is available at an event is dependent upon the size and type of event. The minimum plan for providing medical services for small events, with a low medical risk, may be the designation of an event staff member who can call 9-1-1 and is certified in CPR. Events that are larger and/or have a higher medical risk may be required to provide more services such as paramedic, ambulance, advanced life support, and on-site physician.

It is responsibility of the event organizer to ensure that all medical support personnel, whether paid or volunteer, are familiar with the Utah Health Code and have the appropriate licensing, certifications, and insurance to provide services at a Special Event.

Emergency medical plans should include but are not limited to:

- Name, contact number, and certification type/level for all medical services providers.
- Description of communication type/method.
- Description or illustration (on Special Event site plan/map) of first aid and/or other medical service or staging locations.
- Description or illustration (on Special Event site plan/map) of medical evacuation strategies and/or staging locations.

Please describe any likely medical condition(s) that can result from the event and describe the event's plan for prevention, treating conditions/providing medical services, and evacuation:

Weber Fire District personnel and equipment will be onsite

Jared Taylor, Deputy Chief, Weber Fire District

801-782-3580, ext 203

NOTE: To assist in determining the appropriate level of medical services for an event, please refer to the table on page 14.

Medical Provider Information: N/A

If medical services will be provide by an entity other than a Weber Fire District resource, please provide the following information:

Company Name: _____

Address: _____

Contract Number: _____

Contact Person/Email Address: _____

Phone Number: () _____ Fax Number: () _____

If medical services will be provided by individuals other than Weber Fire District personnel, please provide name(s), contact number(s), and certification type/level below:

Name

Number

Certification Type/Level

EMERGENCY MEDICAL SERVICES RESOURCE MATRIX

Event Type	Anticipated Crowd size	Knowledge of 9-1-1 and CPR	Basic First Aid Stations	Mobile First Aid Stations	ALS First Aid Stations	Ambulance	Mobile ALS Teams	On-site physician
Concert/ Music Festival/ Street Fair	<800	*						
	800-1,500	*	*					
	1,500-3,000	*	*	*	*			
	3,000-5,000	*	*	*	*	*		
	5,000-10,000	*	*	*	*	*	*	
	Over 10,000	*	*	*	*	*	*	
Athletic/ Sporting Event	<800	*	*					
	800-1,500	*	*	*				
	1,500-3,000	*	*	*	*			
	3,000-5,000	*	*	*	*	*		
	5,000-10,000	*	*	*	*	*	*	
	Over 10,000	*	*	*	*	*	*	*
Confere nce/ Convent ion	<800	*						
	800-1,500	*						
	1,500-3,000	*	*					
	3,000-5,000	*	*	*				
	5,000-10,000	*	*	*	*			
	Over 10,000	*	*	*	*	*	*	

SECTION X – Event Signage Plan

Standards for Temporary Signs:

Temporary Special Event signs are permitted when meeting the standards found in the County's Land Use Code. Please illustrate the type, dimension, and location of all proposed signs on the event Site Plan/Map or submit a separate sheet serving as a signage plan.

The unincorporated County is divided into two planning areas. All of the unincorporated area of the County located westerly of the Mount Ogden ridgeline, except for the Ogden Canyon, is the Western Weber County Planning Area. All of the unincorporated area of the County located easterly of the Mount Ogden ridgeline, including the Ogden Canyon, is the Ogden Valley Planning Area.

For events taking place in the Western Weber County Planning Area, refer to Weber County Sign Code Section 110-1-3 (6) - Special Provisions.

https://library.municode.com/ut/weber_county/codes/code_of_ordinances?nodeId=PTIILAUSC_O_TIT110SI_CH1WEWESI_S110-1-3SPPR

For events taking place in the Ogden Valley planning area, refer to Weber County Sign Code Section 110-2-11 - Temporary Sign Usage.

https://library.municode.com/ut/weber_county/codes/code_of_ordinances?nodeId=PTIILAUSC_O_TIT110SI_CH2OGVASI_S110-2-11TESIUS

What date will event signs be displayed: Setup 2 weeks Prior Take Down Day Following

BANNERS MT SUNNYFIELD FARM, VALLEY MARKET, VALLEY ELEMENTARY

Section XI - Proof of Insurance

Insurance: — **SEE ATTACHED**

The host organization and/or event organizer must submit a certificate of insurance, listing the County as an additional insured, on an occurrence policy issued by an insurance company authorized to do business in Utah, showing comprehensive general liability and property damage coverage in the minimum amount of:

1. \$1,000,000.00 for injury or death for one person in any one occurrence; and
2. \$3,000,000.00 for injury or death for two or more persons in any one occurrence; and
3. \$500,000.00 for property damage in any one occurrence.

Section XII - Miscellaneous

Animals:

If animals will be present, food service canopies/tents/areas must be located at least fifty (50) feet away. The event organizer is required to provide hand-washing stations near animal attractions or enclosures.

Will there be any kind of animals at this event (i.e. petting zoo, pony rides, etc)? ☐ Yes ☒ No
If yes, please illustrate the location of all animal attractions and enclosures on the Special Event site plan/map.

Indemnification Agreement

Host organization and event organizer(s) agree to defend, indemnify, and hold harmless Weber County and its employees and volunteers from any injury or death to any person or damage to any property including all reasonable costs for investigation and defense thereof (including but not limited to, attorney fees, investigation costs, expert witness costs, etc.) arising out of the issuance of applicant's Special Event Permit regardless of where the injury, death, or damage may occur.

Host organization and event organizer further agree to provide and maintain, during the proposed special event, the appropriate comprehensive general liability insurance and property damage coverage in an amount required by Weber County Code.

Beth Mannino

Print Name


Signature

CFOV Chairperson

Title

08/13/2025

Date

Applicant Agreement

Host organization and/or Event Organizer(s) agree that any false statement or material misrepresentation made in this application is cause for denial of a Special Event Permit. Applicant also agrees that failure to comply with relevant codes, policies, procedures, and conditions, established by the County, is cause for revocation of the Special Event Permit. Applicant further agrees that the Special Event Permit may be revoked, at any time, by any review agency for disregarding the safety and welfare of the public and willful destruction of property:

Beth Mannino

Print Name


Signature

CFOV Chairperson

Title

08/13/2025

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/06/2025

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 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 American Family Brokerage Inc 6000 American Parkway Madison WI 53783		CONTACT NAME: Brewster Insurance Group Inc PHONE (A/C, No, Ext): (801) 966-4571 E-MAIL ADDRESS: kbrewste@amfam.com FAX (A/C, No):	
INSURED Community Foundation of Ogden Valley PO Box 684 Eden UT 84310		INSURER(S) AFFORDING COVERAGE INSURER A: USLI - United States Liability Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC #	

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS							
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Businessowners Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	NBP1557013G	07/28/2025	07/28/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$							
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					Y	NBP1557013G	07/28/2025	07/28/2026	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Each Occ & Agg \$ Included			
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$									CUP1559441G	07/28/2025	07/28/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	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 <input checked="" type="checkbox"/> 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 \$
A Non Profit Directors & Officers and Employment Practices Liability	NBP1557013G	07/28/2025	07/28/2026	Each Claim \$1,000,000 Aggregate \$1,000,000									


DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Location Address: 5821 E 1900 N, Eden, UT 84310.

Business Income and Extra Expense - \$35,000 / \$0 Deductible Business Personal Property - \$5,000 / RC/ \$1,000 Deductible

The Certificate Holder, Weber County, is listed as an Additional Insured (per BP 04 48 01 06).

CERTIFICATE HOLDER**CANCELLATION**

Weber County 2380 Washington Blvd Ogden UT 84401	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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Community Foundation of Ogden Valley
4th Annual Farm Festival

