

Section I Contact Information:

Required information: Please complete entire section.

Host Organization: This is the organization accepting all financial responsibility for the event and provides the required insurance.

Organization Name:
ASDT Official

Type of Organization: Corporation LLC Non-Profit

Mailing Address:
2314 Washington Blvd Ogden, UT 84401

Physical Address:

(If different)

Primary Phone Number: (80) 510-2905 Fax Number: ()

Website Address: <http://www.AndShesDopeToo.com>

Event Organizer:

Event Organizer is the applicant given authorization by the host organization to apply for the Special Even Permit, the contact person who will be available for all inquires prior, during, and post event.

Name & Title: Jennifer Killian

Mail Address: 2314 Washington Blvd Ogden, UT 84401

Primary Phone Number: () Cell Phone Number: (80) 5102905

Fax Number: () Email Address: AndShesDopeToo@gmail.com

Only those authorized as the event organizer will be able to make changes to the application or cancel the event.

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: Jennifer Killian, Owner/CEO

Mailing Address: 2314 Washington Blvd

Primary Phone Number: (80)510-2905 Email Address: AndShesDopeToo@gmail.com

Section II Event Information:

Event Details:

Event Name: Fall Rendezvous in the Mountains

Type of Event: Womens Camping Weekend with recreation activities, guest speakers, inspiration

Road

Trails

Event Description: _____

Is this an annual event? Yes No

Is this a multi day event? Yes No If so, how many days? _____

Is there an admission fee? Yes No If yes, include admission fee \$ _____

What is the anticipated attendance? Overall: 200 Daily: _____

Previous year's attendance (if applicable): Overall: 200 Daily: _____

Event Setup & Tear Down:

How many days will your organization require to: Setup 1 Tear Down 1

Event Setup Date: Thursday 09/06/18 Event Setup Time: 09:00 to 04:00
(Day of the Week) (Date)

Event Start Date: Friday 09/07/18 Event Start Time: 08:00 AM/PM
(Day of the Week) (Date)

Event End Date: Sunday 09/09/18 Event End Time: 02:00 AM/PM
(Day of the Week) (Date)

Event Tear Down Date: Sunday 09/09/18 Event Tear Down Time: 02:00 to 05:00
(Day of the Week) (Date)

Section III Street Closure(s):

Temporary Street Closure:

The County requires that all temporary street closures (Soft) or (Hard) be accompanied by a permit from the Utah Department of Transportation for State Roads or for County Roads authorization from the County Engineer or his designee.

Street Closure(s):

Name of Street: none

Utah Department of Transportation for State Roads: Yes No

County Roads: Yes No

Street Closures: Soft Hard

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

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

Does the Event have its own Barricade Equipment: Yes No

Event will rent Barricade Equipment: Yes No

If renting please provide Company Information and Contact Person.

Company Name: _____

Contact Number: _____

Mailing Address: _____

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

Email Address: _____

Traffic Plan:

If the Engineering Division or Sheriff's Office in their professional opinion feel it is necessary for the Event Organizer to obtain a Professional Traffic Plan; this will have to be submitted at least ten (10) days prior to the event. Your Site Plan must include the Traffic Plan on your Site Map.

Section IV Catering & Food Vendors:

Catering/Food Vendor Details:

Event Organizer must obtain copies of current Food Handler Permits from all catering and food vendors and their staff to be submitted not later than ten (10) days before the event. If alcoholic beverages will be sold at the event, a Permit is required and application is separate from the Special Even Permit and will need to be submitted ten days prior to event or the event will not be able to have alcohol.

- | | |
|---|--|
| <input type="checkbox"/> Alcoholic Beverages | <input type="checkbox"/> Pre-packaged Food/Soft Drink Beverage Items |
| <input checked="" type="checkbox"/> Professional Catering | <input type="checkbox"/> Retail Food Vendors |

Vendor Information Requirement:

All participating food vendors must have a valid Permit from the Weber County Environmental Health Department or their jurisdiction and valid Business License.

Number of Food Vendors: 2. Senior Grill, The Curry Kitchen

Section V – Venue & Staging:

Parks, Recreation & Community Services Events may apply:

If you plan to hold your event at a County/City Park, it is your responsibility to contact the appropriate facility manager to coordinate the schedule of your event. Rules, regulations, and restrictions unique to each site will be your responsibility and a notice from the respective facility manager must accompany your application.

Will this event take place at a County/City Park? Yes No

Venue Details: We are holding this event on private property: Dancing Moose Farm, owned by Dan and Suzy Bailey

Venue Address: 13485 East HWY 39, Huntsville UT 84317
(Street Address)

Venue Description: (Please attach your Site Plan/Map to your Application Packet):

Staging Details:

The following items will be used at the event (Mark all that applies):

- | | | | |
|---|--|--|----------------------------------|
| <input type="checkbox"/> Amplified Music | <input type="checkbox"/> Bleacher(s) | <input type="checkbox"/> Dance Floor | |
| <input type="checkbox"/> Live Entertainment | <input type="checkbox"/> Loud Speakers | <input type="checkbox"/> Microphone(s) | <input type="checkbox"/> Stadium |
| <input type="checkbox"/> Stage(s) | <input type="checkbox"/> Canopy | Number & Size: _____ | |

Note: If any of the above items will be used, please indicate their location on your attached Site Plan/Map with legend. Use of the above items may require the Building Official to meet On-Site and approve ADA Regulations and use of electricity.

Section VI – Parking & Shuttle Service(s):

Parking Details:

Describe Public Parking arrangements. (Please indicate Location(s) on Site Plan/Map)

Shuttle Service Details:

Will a Shuttle Service be provided from parking to the event site? Yes No

If yes, describe the shuttle plan. (Please indicate pick-up and drop-off location(s) on Site Plan/Map)

If providing a Private Shuttle Service, please provide the following information:

Company Name: _____

Contact Number: _____

Mailing Address: _____

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

Email Address: _____

Parking Encroachment Details:

No Parking Signs 36 hours before event.

County Roads: Yes No Location: _____

Off Street Parking: Yes No Location: _____

On Street Parking: Yes No Location: _____

Marked Stalls: Yes No Location: _____

Impacts ADA/Disabled Parking Stall(s) or Pedestrian Access Ramps: Yes No

How do you plan to utilize the parking space? Please provide specific details:
There is a private parking lot on the property. This is the same property that holds the Ogden Marathon start.

Section VII – Sanitation & Waste Removal:

Restroom Facility Details:

Some event will require the presence of portable restrooms and hand-washing stations. Use of these items will require ADA Regulations. If you are not sure on restroom ratios, please contact the Weber County Environmental Health Department. Indicate location(s) on your Site Plan/Map.

Will Event Organizer provide portable restroom facilities? Yes No

If so, please provide the following information.

Company Name: A Company Portable Restrooms

Contact Number: 208-362-3000

Mailing Address: PO BOX 5702 Boise, ID 83705

Phone Number: (208) 362-3000 Fax Number: (208) 362-8714

Email Address: 8insidesales@acoinc.com

This includes, but is not limited to emptying of trash bins and the removal of all waste from the event site and other affected areas. Please provide the following information for person(s) responsible for waste removal.

Company Name: A Company Portable Restrooms

Contact Number: 208-362-3000

Mailing Address: PO BOX 5702 Boise, ID 83705

Phone Number: (208) 362-3000 Fax Number: (208) 362-8714

Email Address: 8insidesales@acoinc.com

Section VIII – Security Sheriff's:

Security and/or Sheriff's:

Will Event Organizer require assistance from Weber County Sheriff Office? Yes No

The Sheriff's Office shall coordinate the use of professional peace officers if the special event requires traffic control or police protection. An additional fee shall be charged by the Sheriff's Office to cover the costs incurred. The Sheriff's Office shall specify the fee required upon its approval of the Special Event Permit Application, based upon the number of officers and amount of support equipment required by such factors as: the date and time of the event; the event location and length; the anticipated traffic and weather conditions; the estimated number of participants and spectators; the nature, composition, format and configuration of the event; and the estimated time for the event. The fee charged for traffic control or Sheriff's protection shall be paid prior to the issuing of the special event permit.

Will the Event Organizer provide a Private Security Company? Yes No

If providing a Private Security Company, they may still need to coordinate with the Sheriff's Office, and a fee may still be assessed. This is in order to promote, protect, and assure the safety and convenience of the people in their use of public streets, public places, and/or private property. The use of professional peace officers will be used if the special event requires traffic control or Sheriff's protection. Please provide the following information.

Company Name: _____

Contact Number: _____

Mailing Address: _____

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

Email Address: _____

Section IX – Emergency Services:

Fire/EMS Medical Plan:

All events are required to have a First Aid Station On-Site and must coordinate with Weber Fire District. An additional fee may be charged for any additional services and equipment used by the Weber Fire District.

Please indicate the location on the Site Plan/Map.

Will the Event Organizer provide a medical doctor, registered nurse and/or EMT Staff to be on-site?

Yes No

If providing a medical doctor, registered nurse and/or EMT Staff, please provide the following information:

Company Name: Amanda King - EMT

Contact Number: 801-690-6473

Mailing Address: _____

Phone Number: (801) 690-6473 Fax Number: ()

Email Address: 08mamanda@gmail.com

Evacuation Plan:

Please provide a detailed description of your Emergency Evacuation Plan.

Attached to form

SECTION X – Plans for Advertising Signs:

All signs that are intending to support Special Events, Special Even Banners, Special Event Signs, and Special Event Directional Signs are subject to Title 110 Signs, Chapter 2-11. Please indicate the location of the Signs on the Site Plan/Map.

What date will your signs be displayed: Setup 09/07/2018 Tear Down 09/09/2018

Section XI – Proof of Insurance:

Insurance:

Host Organization and/or Event Organizer must provide a General Liability Insurance Certificate providing evidence of general insurance coverage in the minimum amount of one Million Dollars (\$1,000,000) for injury or death for one person in any one occurrence; Three Million Dollars (\$3,000,000) for injury or death for two persons in a one occurrence; Five Hundred Thousand Dollars (\$500,000) for property damage in any one occurrence.

Section XII – Miscellaneous:

Animals:

If animals will be present, food service canopies/tents must be at least fifty (50) feet away. It will also be required that Event Organizer will provide hand-washing stations where animals will be stationed.

Will there be any kind of animals at this event (i.e. petting zoo, pony rides, etc)? Yes No

If so, indicate the location of the animals on the Site Plan/Map. Additional permitting may be required.

Balloons/Balloon Launching:

It is required that the Event Organizer contact Aviation authorities to obtain information regarding weather and timing of air flights in the direction of the launch. Mylar balloons, string, ribbon and/or valves are not permitted when launching balloons.

Will Mylar and/or Latex helium-filled be launched/sold at event? Yes No

If so, indicate launch site on Site Plan/Map. How many balloons will be launched? _____

Host Organization and/or Event Organizer agree, in consideration of the granting of this Application and Special Event Permit for:

ASDT Fall Rendezvous in the Mountains to be held on Sept 7-9, 2018
Event Name Event Date(s)
By Jennifer Killian of ASDT Official
Event Organizer/Primary Applicant Host Organization

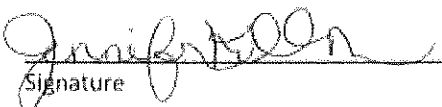
Indemnification Agreement:

Host Organization and/or 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 limited to, attorney fees, costs and expert fees) arising out of or attributed to the issuance of Applicants Special Event Permit regardless of where the injury, death or damage may occur, unless such injury, death or damage is caused by the sole negligence or willful misconduct of the County.

Host Organization and/or Event Organizer agree to provide satisfactory evidence of, and shall thereafter maintain during the specified special even general liability insurance coverage.

Applicant Agreement:

Host organization and/or Event Organizer(s) agree that any false statement or material misrepresentation made in support of this application and permit is cause for denial of issuance of a Special Event Permit. Applicant also agrees that failure to adhere to the policies and procedures 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 the Sheriff's Office, Health Department, Building Official, EMS, County Engineer, and Operations Director for failure to adhere to the policies and procedures established by the Ordinance for Special Events or for the Safety and Welfare of the public and willful destruction of property:

Jennifer Killian
Print Name

Signature

Owner/CEO
Title
07/31/2018
Date