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:
Type of Organization: () Corporation () LLC () Non-Profit () Other
Mailing Address:
Physical Address (If different):
Primary Phone Number: () Fax Number: ()
Website Address: http://
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:
Mail Address:
Primary Phone Number: ()Cell Phone Number: ()
Fax Number: ()Email Address:
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:
Mailing Address:
Primary Phone Number: (Email Address:

- Page 4 *-*

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:										
Location and Type	of Event	:								
Road () Tra	ail ()		Comb	oina	tion () Oth	ner ()			
Event Description:										
Is this an annual ev	/ont?	,	\ Vos		\ No					
						If was bass				
Is this a multi-day										
Is there an admissi	on fee?	() Yes	() No	If yes, provi	de admissio	n fee. \$		
What is the anticip	ated att	end	ance?		Ove	rall:		Daily:		/ +2+0r&Staff
Previous year's att	endance	(if a	applica	ble)	: Ove	rall:	Spectator&Staff	Daily:	int/Spec int/Spec	tator&Staff
Event Setup & Te										
How many days w	II event ı	requ	iire to:	Set	:up	т	ear Down _			
Event Setup Date: (Event Setup	Time:	to		
(Day of the	e We	eek)	1)	Date)			AM/PM		AM/PM
Event Start Date:										
	·		•							AM/PM
Event End Date: (D	ay of the	 Wee	k)	1)	Date)	Event End 1	Time:			AM/PM
Event Tear Down [Date:					Event Tear	Down Time	:	to	
(D	ay of the	Wee	k)	(Date)			AM/PM		AM/PM
					— Pa	ge 5				

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:	
County Road(s):	() Yes	() No	Street Name(s)/Location:	
Closure Type:	() Soft	() Hard	Describe:	
Closure Start Date:	(Day of the We	ek) (Date)	_ Closure Start Time:A	M/PM
Closure End Date: _	(Day of the Wee	k) (Date)	Closure End Time:	M/PM
Does the event have	e its own barrica	ade equipme	ent? () Yes () No	
Will event rent barr If yes, please provid			() Yes () No on and contact person below:	
Company Name:				
Address:				
Contract Number: _				
Contact Person/Ema	ail Address:			
Phone Number: ()		_Fax Number: ()	
	-	-	inty review agency requires the event organ submitted at least fourteen (14) days prior	
traffic impacts and i	mitigation strate	egies. It is su	include a Traffic Plan Element that describe uggested that all traffic impact locations and plan/map or attached as a separate illustra	d
		Pa	age 6 —	

<u>Section IV – Catering/Food & Beverage</u>

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 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.	10.
2.	11.
3.	12.
4.	13.
5.	14.
6.	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:

Descr	pe alcohol type and service method:
	Alcoholic beverages WILL be sold or provided at event.
	Alcoholic beverages WILL NOT be sold or provided at event.

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? () <mark>Yes</mark> () No If yes, please provide rental company information and contact person below:
Company Name:
Address:
Contract Number:
Contact Person/Email Address:
Phone Number: <u>() </u>
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:
Address:
Contract Number:
Contact Person Name/Email Address:
Phone Number: ()Fax Number: ()

– Page 8 *–*

<u>Section VI – Venue, Structures & Equipment</u>

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: Venue Address: _____ Venue Description and Specific Locations within Venue: 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.

——— Page 9 —————

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:
Note: Please show all parking areas, including ADA accessible spaces on the Special Event sit
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.
Staff Member/Company Name:
Address:
Mad C551.
Court was at Nivers hour
Contract Number:
Contact Person/Email Address:
Phone Number: () Fax Number: ()
· · · · · · · · · · · · · · · · · · ·
Page
10

<u>Section VIII – Security & Safety</u>

Public Safety Services:

Weber County Sheriff's Office

Ogden, Utah 84404

1400 South Depot Drive (700 West)

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.

Lieutenant Pledger jpledger@co.weber.ut.us

801.778.6910

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

OR

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 () $\overline{\text{No}}$ 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: ()
Page
11

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 suppressing a f	of igniting a fire	and the event's	plan for preventir	ng, mitigating, and

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 or 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:
NOTE: To assist in determining the appropriate level of medical services for an event, pleas refer to the table on page 14.
Medical Provider Information:
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
Page

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 physi cian
	<800	*						
	800-1,500	*	*					
Concert/	1,500-3,000	*	*	*	*			
Music Festival/	3,000-5,000	*	*	*	*	*		
Street Fair	5,000-10,000	*	*	*	*	*	*	
T un	Over 10,000	*	*	*	*	*	*	
	<800	*	*					
Athletic/ Sporting Event	800-1,500	*	*	*				
	1,500-3,000	*	*	*	*			
	3,000-5,000	*	*	*	*	*		
	5,000-10,000	*	*	*	*	*	*	
	Over 10,000	*	*	*	*	*	*	*
	<800	*						
	800-1,500	*						
Confere nce/	1,500-3,000	*	*					
	3,000-5,000	*	*	*				
ion	5,000-10,000	*	*	*	*			
	Over 10,000	*	*	*	*	*	*	

<u>SECTION X – Event Signage Plan</u>

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 sights be displayed. Setup have bown	What date will event signs be displayed:	Setup	Take Down	
---	--	-------	-----------	--

<u>Section XI - Proof of Insurance</u>

Insurance:

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	Spe	ecial Eve	ent	
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. **Print Name** Title Signature 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: **Print Name** Title Signature Date