



## SPECIAL EVENT CHECKLIST

217 East Center Street, Moab, Utah 84532

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Complete applications must be submitted to the City not less than **ninety (90)** days before the event is scheduled to take place. Level II events may apply no earlier than **one year (365)** days prior to the requested date of the event.

- 1. Special Event Application Packet.
- 2. Detailed Event Site Plan.
- 3. Security Plan Acknowledgement (See attachment C.) If applicable, Evacuation Plan.
- 4. Proof of Insurance naming the City of Moab as additional insured.  
Insurance is required when the event is held at a City Facility, Park, Road Closure or Sidewalk Closure. (Please see the example insurance certificate, Attachment A, for more information. This can be submitted 30 days prior to the event.)
- 5. Insurance for each vendor naming the City of Moab as additional insured. Insurance is required when the vendor is vending at a City Facility or Park.
- 6. Proof of Park Reservation or City Facility Reservation.
- 7. Encroachment Permit Application and Plan. (Required for road/sidewalk closures.)
- 8. Written Authorization for Events held on Private Property from the Property Owner.
- 9. Temporary Sales Tax Number for Event and Vendors. (Please contact State of Utah Special Events Tax Division 801-297-6303. This list can be submitted 7 days prior to event.)
- 10. Health Department Approval for Any Food Provided at the event. (All food vendors must have a valid food permit with the Southeast Utah Health Department. It is the responsibility of the Special Event Coordinator to ensure compliance, otherwise future special event permits may be subject to denial. Southeast Utah Health Department 575 S. Kane Creek Blvd., Moab, UT 84532. 435-259-5602.)
- 11. City Use Agreement (See Attachment B. Is required for certain City properties.)
- 12. Applicable Fees. (Application fee of \$50 due upon application Submittal; Permit fee due upon event approval and invoicing.)
- 13. Other Requirements: \_\_\_\_\_

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### Review Process Information

The application will be submitted to the event committee for their recommendation of approval. The applicant will be contacted by the City with comments/concerns from the event committee. Comments/concerns of the committee must be resolved by the applicant prior to the City approving the event permit. City Manager approval is required for Single Event Alcohol Permits. Questions, please contact the Special Events Coordinator at 435-259-5121 or by e-mail at [events@moabcity.org](mailto:events@moabcity.org).



City of Moab Special Events  
 217 E Center Street  
 Moab, UT 84532



Email: events@moabcity.org  
 Phone: 435-259-6272

## SPECIAL EVENT PERMIT APPLICATION

<b>TYPE OF ACTIVITY</b> <i>check all that apply:</i>					
<input type="checkbox"/> Film Production	<input type="checkbox"/> Parade	<input type="checkbox"/> Sporting	<input type="checkbox"/> 5K	<input type="checkbox"/> Training Event	<input type="checkbox"/> Festival
<input type="checkbox"/> Outdoors Sales	<input type="checkbox"/> Fun Run	<input type="checkbox"/> Dance	<input type="checkbox"/> 10K	<input type="checkbox"/> Block Party	<input type="checkbox"/> Religious
			<input type="checkbox"/> Other _____		

*Please print or type*

**EVENT NAME:** \_\_\_\_\_

**Primary Location of Event:**

**Secondary Location of Event:**

**Name of Organization:** \_\_\_\_\_

**Date (s) of Event:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **Start Time:** \_\_\_\_\_

### EVENT DETAILS

Event Location 1/Day 1	Date(s):	Start time:	End time:
Set-up	Date(s):	Start time:	End time:
Clean-up	Date(s):	Start time:	End time:
Location 2/Day 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?** \_\_\_\_\_ **If yes, provide details**

**Is this an Annual Event?** \_\_\_\_\_ **If yes; same date and place?**

### PARTICIPANTS

<b>Number of participants expected:</b> (include total and per day)	Number of Volunteers/Event Staff:
<input type="checkbox"/> Open to the Public	<input type="checkbox"/> Private Group/Party

*If event is open to the public, is it:*  Entrance Fee/Ticketed Event?

Fee for Participants/Racers/Runners Only

## APPLICANT INFORMATION

**Name:**

**Address:**

**Email:**

**Phone:**

**Cell/Other:**

**Mailing Address (if different):**

**Event Website (optional):**

**Alternate Contact for Event:**

**Email:**

**Phone:**

**VENDORS/FOOD/ALCOHOL** *check all that apply*

**Vendors/Merchants Are Vendors Merchants Selling Products or Services?**  Yes  No

If yes, Temporary Sales Tax Numbers may be 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 onsite

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.

**Will Alcoholic Beverages be available at the event?**  Yes  No

If yes, please see Attachment C. Additional approval may be required.

**TENTS/STAGES/STRUCTURES** *(include details on site map)*

**Tents/Pop-up Canopies** **How many Tents/Pop-up Canopies will be used for the event?** \_\_\_\_\_  
**Dimensions of Tents/Pop-up Canopies:** \_\_\_\_\_

Events may be subject to possible site inspection by City of Moab Building Department and/or Moab Valley Fire Department.

**Temporary Stage** **Dimensions:**

**Description of Tents/Canopies/Stage, etc.:** \_\_\_\_\_

**SITE SETUP/SOUND** *check all that apply (please include details on sitemap)*

<input type="checkbox"/>	<b>Fencing/Scaffolding</b>	<i>(must obtain privately)</i>
<input type="checkbox"/>	<b>Barricades</b>	<i>(must obtain privately)</i>
<input type="checkbox"/>	<b>Portable Sanitary Units</b>	<i>(must obtain privately)</i>
<input type="checkbox"/>	<b>Music</b> <i>if yes, check all that apply</i>	<b>Acoustic</b> <input type="checkbox"/> <b>Amplified</b> <input type="checkbox"/>
<input type="checkbox"/>	<b>PA/Audio System</b>	<b>Type/Description:</b>
<input type="checkbox"/>	<b>Fireworks / Fire Performances / Open Flame</b>	Requires approval from Moab Valley Fire Dept. (435) 259-5557
<input type="checkbox"/>	<b>Propane/Gas On site</b>	Requires approval from Moab Valley Fire Dept. (435) 259-5557
<input type="checkbox"/>	<b>Trash/Recycle Bin coordination On Site</b>	Canyonlands Solid Waste Authority (435) 259-6314

**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.

<input type="checkbox"/>	<b>Road Use and Closure*</b>	<b>Location:</b>	<input type="checkbox"/>	<b>Will stay on sidewalks and follow pedestrian laws</b>
<input type="checkbox"/>	<b>Sidewalk Use</b>	<b>Location:</b>	<input type="checkbox"/>	<b>Number of Floats:</b>
<input type="checkbox"/>	<b>Parade*</b>	<b>Location:</b>	<input type="checkbox"/>	<b>Number of Floats:</b>

**Permit fee is based on attendance as followed: Due upon receipt of invoice**

(Other fees may apply if additional services or requested)

**Level I: \$466.00 for attendance under 200/day**

**Level II: \$820.00 for attendance over 200/day**

**Total: \$** \_\_\_\_\_

By submitting a signed application, the applicant certifies that falsifying any information on this application constitutes cause for rejection or revocation of the Permit.

Print Applicant's Name

Applicants Signature

Date



## DETAILED SITE MAP

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PLEASE INCLUDE OR ATTACH A DETAILED SITE PLAN AND/OR ROUTE MAP.

Digital or hand-drawn site plans are appropriate as long as they are legible.

Your map should include:

- Name of the Site Location
- Street names, placement of barricades, and/or road closures
- Areas where participants and vendors/merchants will park
- Parade forming and disbanding areas, bleachers, etc.
- Vendor and booth placement, tables, etc.
- Portable Toilets, Trash & Recycle Receptacles, Fencing
- Location of Security Personal, Information booth, Stage, & other booths/tents as needed

**North**



# SPECIAL BUSINESS EVENT LIST OF VENDORS

(MUST BE SUBMITTED TO THE CITY OF MOAB PRIOR TO THE EVENT)

5.09.030 Sales Tax Collection.

- A. Unless exempted by state law, each special business event licensee shall be responsible for obtaining a state sales tax license and shall require that all vendors either:
1. Provide proof of a sales tax license and agree to be responsible for direct remittance of all sales tax proceeds to the state; or
  2. Execute a sales tax remittance agreement whereby the vendor delivers sales tax proceeds to the licensee for remittance to the state under the licensee's sales tax license.

NAME OF EVENT: \_\_\_\_\_ DATE(S) OF EVENT: \_\_\_\_\_

BUSINESS NAME	OWNER'S NAME, ADDRESS, PHONE #	ITEMS TO BE SOLD	TEMPORARY SALES TAX LICENSE NO./SALES TAX ID

# City of Moab Special Event Application: Attachment A

<b>ACORD</b> <small>TM</small> <b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY)
<b>PRODUCER</b> Insurance Producer Name, Address, Phone number	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT MEND, EXTEND, OR ALTER THE COVERAGE PROVIDED BY THE POLICIES BELOW.	
<b>INSURED</b> Insured name or DBA with address	<b>INSURERS AFFORDING COVERAGE</b> INSURER A: Name of Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	<b>NAIC #</b> # must be included

Agency Information with NAIC #

Limits of Coverages

Descriptions of Operations Verbiage

### COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	TYPE OF INSURANCE	POLICY	POLICY EFFECTIVE DATE MM/DD YY	POLICY EXPIRATION DATE MM/DD YY	LIMITS								
<b>X</b>	<b>GENERAL LIABILITY</b> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE    OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY    PRO-JECT    LOC				<b>EACH OCCURRENCE</b> \$1,000,000 DAMAGE TO RENTED PREMISES (Each occurrence) MED EXP (Any one person)    \$ PERSONAL & ADV INJURY    \$ <b>GENERAL AGGREGATE</b> \$3,000,000 PRODUCTS - COMP/OP AGG    \$								
	<b>AUTOMOBILE LIABILITY</b> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)    \$ BODILY INJURY (Per person)    \$ BODILY INJURY (Per accident)    \$ PROPERTY DAMAGE (Per accident)    \$								
	<b>GARAGE LIABILITY</b> ANY AUTO <input type="checkbox"/>				AUTO ONLY - EA ACCIDENT    \$ OTHER THAN AUTO    EA ACC    \$ ONLY:    AGG    \$								
	<b>EXCESS/UMBRELLA LIABILITY</b> OCCUR    LAIMS MADE  DEDUCTIBLE RETENTION    \$				EACH OCCURRENCE    \$ \$ 300,000 AGGREGATE    \$ \$ \$								
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below  Other: Property Damage				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">WC STATU-TORY LIMITS</th> <th style="width: 50%;">OTH-ER</th> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EAEMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EAEMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
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E.L. DISEASE - EAEMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS.** City of Moab is listed as an additional insured with respect to (name of insured) participation in: (name, date, and location of event). The City of Moab is Primary & Non-Contributory for Ongoing & Complete Operations; a Waiver of Subrogation applies in favor of the City of Moab. A 30 day Notice of Cancellation will be provided should any of the above described policies be cancelled before the expiration date.

<b>CERTIFICATE HOLDER</b> City of Moab 217 E. Center St. Moab, UT 84532	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <b>30 DAYS</b> WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
Signature of Agent	<b>AUTHORIZED REPRESENTATIVE</b>