

SPECIAL EVENT APPLICATION

Washington City Leisure Services Department

\$75- 200-300 PERSONS PER 4 HR BLOCK

\$150- OVER 300 PERSONS PER 4 HR BLOCK

\$5- VENDOR SUB-LICENSE PER VENDOR

An event greater than two hundred (200) people are brought together to watch or participate in a large scale event. Permission shall be obtained no later than thirty (30) days. Washington City Code 8-5-1, 8-5-3



Washington City
Where Dixie Begins

Parks & Recreation

Title of Event: Out of the Darkness Walk

Applicant: <u>Kira Pitts & Tiff Bright</u>	Organization: <u>American Foundation for Suicide Prevention</u>
Mailing Address: <u>[REDACTED]</u>	City, State, Zip: <u>[REDACTED]</u>
Contact Phone: <u>[REDACTED]</u> Fax #: <u>N/A</u>	Email Address: <u>[REDACTED]</u>
Date of Event: <u>Sept. 18, 2021</u>	Hours of Event: <u>6 AM - 2 PM</u>
Location of Event: <u>Sullivan Soccer Park</u>	Expected Attendance: <u>500</u>
Purpose of Event: <u>To raise awareness & support for suicide prevention</u>	Description of Event: <u>walk, silent auction, opening ceremony</u>
Security Director & Contact Information:	Sound System Being Used: <u>Yes</u>
Entertainment (DJ's, Bands, Dancers, Radio Stations): <u>Mikey & the Mrs.</u>	Vendors:
Layout Map (Attach Run/Walk Map):	Street Closures: <u>None should be needed</u>
Signage Plan:	Certificate of Liability Insurance: <u>Attached via email</u>
Washington City Tax ID #:	Business License #:

Special Event Application Checklist

Washington City Leisure Services Department

The following is a checklist of requirements needed to obtain a permit to use the park facilities.



1. Certificate of Liability Insurance

City Recorder Initials

Print Name

Date

Users are required to provide a certificate of insurance with a minimum limit of one million dollars (\$1,000,000.00) per person in any one occurrence and one million dollars (\$1,000,000.00) aggregate. Limits for property damage are one million dollars (\$1,000,000.00) in any one occurrence. Washington City must be named as an additional insured. A copy of this certificate of insurance must be submitted to Washington City.

Checklist For Office Use Only

☐

Needed

☐

Rec'd

☐

Approved (Y/N)



2. Safety Inspection

Public Safety Initials

Print Name

Date

The Washington City Police Department will need a summary of your event, a diagram or layout, any closures needed, the number of people expected to attend, any seating that may be used, and where the event is being held. It is mandatory before your event occurs that proof must be presented to the Washington City Community Center or the Parks and Recreation Department indicating the police department has been contacted.

Checklist For Office Use Only

☐

Needed

☐

Rec'd

☐

Approved (Y/N)

3. Security Plan

Public Safety Initials

Print Name

Date

For large events, to be determined at the time of application, the Police Department requires a security plan to be in place. The information should be submitted/faxed to the Police Department to the attention of Police Chief.

The Police Department security requirements are:

- a) 1. Thirty (30) days' advance notice of your event.
- b) 2. An estimated amount of people expected at your event.
- c) 3. A Security Director on the site at all times with a cellphone. The Police Chief will need the name and cell number of this person to contact.
- d) 4. The total number of security personnel.
- e) 5. The security personnel must be twenty one (21) years or older.
- f) 6. The security personnel must be in security shirts or vests that look the same, so they are easily spotted by the police department.
- g) 7. The Police Department will need a name and phone number of someone to contact in case of questions.

Checklist For Office Use Only

☐

Needed

☐

Rec'd

☐

Approved (Y/N)

4. Street Closures

<u>N/A</u>	_____	_____
Public Safety Initials	Print Name	Date
<u>N/A</u>	_____	_____
Public Works Initials	Print Name	Date

Should a street need to be closed for an event, an encroachment permit will need to be reviewed by the Police Department, before final approval from the Public Works Department. 6-5-3

Checklist For Office Use Only

<u>N/A</u>	☐	☐	☐
Needed	Rec'd	Approved (Y/N)	



5. Event Site Diagram

<u>[Signature]</u>	<u>SARAH BWAKE</u>	<u>MARCH 1, 2021</u>
Leisure Service Staff Initials	Print Name	Date

A diagram or sketch of the event as it will appear showing placement of vendor booths, sound systems, stages, etc. The information must be submitted for approval to the leisure services department for approval thirty (30) days prior to the event. 6-5-3

Checklist For Office Use Only

☒	☒	☒
Needed	Rec'd	Approved (Y/N)

6. Run or Walk Route Diagram

<u>[Signature]</u>	<u>SARAH BWAKE</u>	<u>MARCH 1, 2021</u>
Leisure Service Staff Initials	Print Name	Date

If the event is a run or walk on one of the city trails or streets, a map of the route must be submitted to the Washington City Leisure Services Department. 6-5-3

Checklist For Office Use Only

☒	☒	☒
Needed	Rec'd	Approved (Y/N)

7. Sale of Goods

<u>N/A</u>	_____	_____
Leisure Service Staff Initials	Print Name	Date
_____	_____	_____
City Recorder Initials	Print Name	Date

If the event will be selling goods, approval is required by Washington City Council thirty (30) days prior to the event. Once approval has been granted by the city council, proper registration and vendor sub-license must be done through the Special Events Coordinator or the Parks and Recreation Coordinator at the Washington City Community Center. 6-5-3

Checklist For Office Use Only

<u>N/A</u>	☐	☐
Needed	Rec'd	Approved (Y/N)

Denial

Please note item number and reason for denial:

Any application can be denied for failure to provide all information or requirements of this chapter or any ordinance of the city. 6-5-3

Contact Information for Washington City Departments/Offices

Washington City Parks and Recreation Office

Phone Number: (435) 656-6383

Danice Bulloch

Washington City Recorder

Phone Number: (435) 656-6308

Email: dbulloch@washingtontcity.org

Jason Williams

Public Safety Director

Phone Number: (435) 656-6342

Email: jwilliams@washingtontcity.org

Mike Shaw

Public Works Director

Phone Number: (435) 656-6317

Email: mshaw@washingtontcity.org

Barry Blake

Leisure Services Director

Phone Number: (435) 656-6321

Email: bblake@washingtontcity.org

Kole Staheli

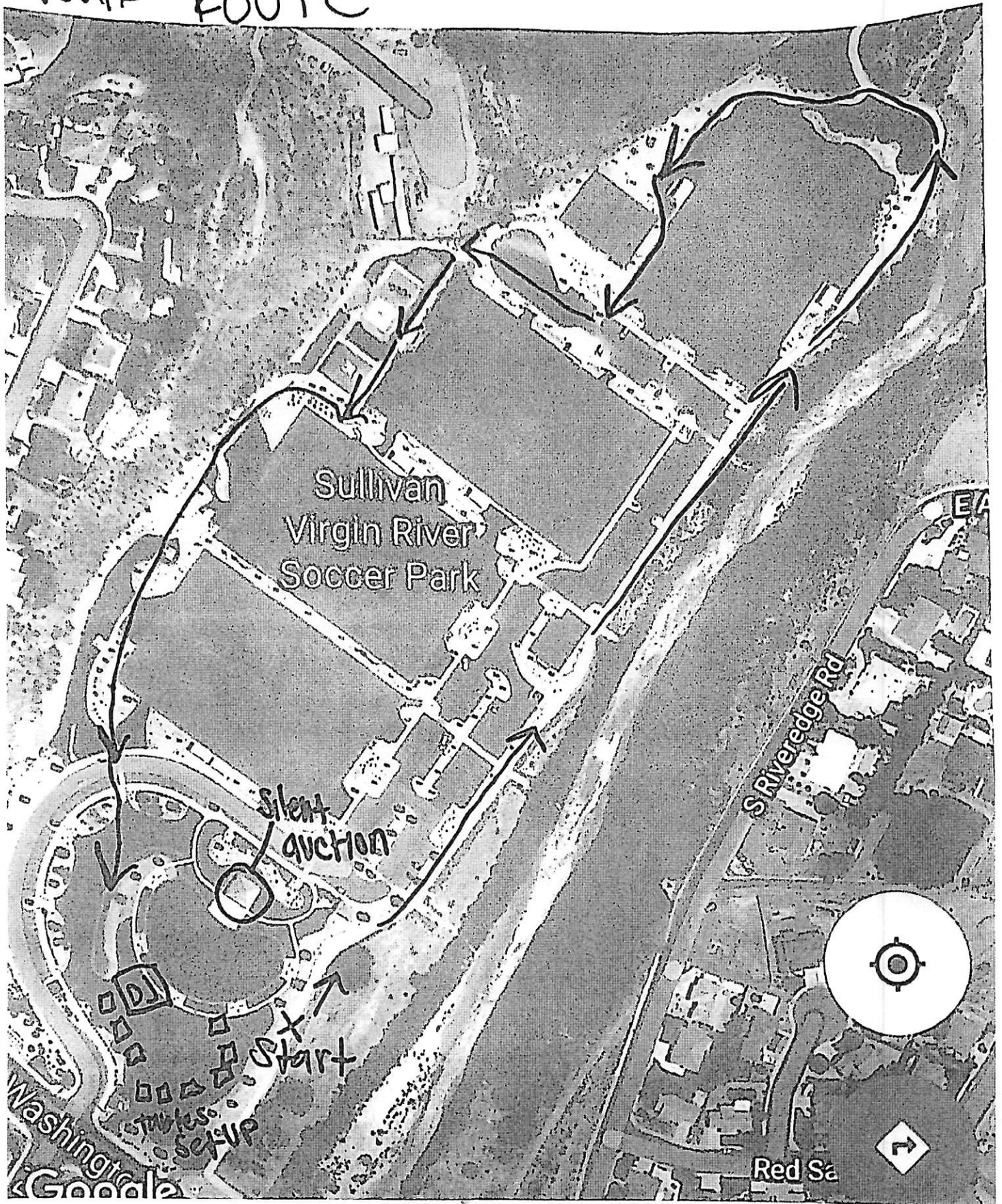
Assistant Leisure Services Director/

Parks & Recreation

Phone Number: (435) 656-6355

Email: kstaheli@washingtontcity.org

Walk Route





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/26/2021

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. 250 Park Avenue, 5th Floor New York NY 10177	CONTACT NAME: Mollie Smith PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: mollie.smith@ajg.com <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">NAIC #</td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER A : Fireman's Fund Insurance Company</td> <td style="border-bottom: 1px solid black;">21873</td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER B : National Surety Corporation</td> <td style="border-bottom: 1px solid black;">21881</td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER C :</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER D :</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER E :</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER F :</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Fireman's Fund Insurance Company	21873	INSURER B : National Surety Corporation	21881	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURED American Foundation for Suicide Prevention 199 Water Street New York NY 10038	AMERFOU-01														

COVERAGES **CERTIFICATE NUMBER: 451468346** **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	ADDITIONAL INSURED	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☒ LOC OTHER:	Y	Y	UST004009200	12/31/2020	12/31/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 \$								
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY			UST004009200	12/31/2020	12/31/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$								
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$								
B	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	SCW0171682001	12/31/2020	12/31/2021	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">PER STATUTE</td> <td style="width: 50%; border: none;">OTH-ER</td> </tr> <tr> <td style="border: none;">E.L. EACH ACCIDENT</td> <td style="border: none;">\$1,000,000</td> </tr> <tr> <td style="border: none;">E.L. DISEASE - EA EMPLOYEE</td> <td style="border: none;">\$1,000,000</td> </tr> <tr> <td style="border: none;">E.L. DISEASE - POLICY LIMIT</td> <td style="border: none;">\$1,000,000</td> </tr> </table>	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$1,000,000	E.L. DISEASE - EA EMPLOYEE	\$1,000,000	E.L. DISEASE - POLICY LIMIT	\$1,000,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is included as additional insured as respects agreement with the named insured.

AFSP St. George Walk - 9/18/2021

Washington City is named additional insured.

CERTIFICATE HOLDER Washington City 111 North 100 East Washington City UT 84780	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
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