



### SPECIAL EVENT PERMIT

2015-03

All fees have been paid in full as required by this permit. This special event permit shall expire and be null and void at the conclusion of the event, if any conditions herein are breached, or if the permit is transferred to any other person, corporation, organization, or entity.

### EVENT INFORMATION

Event Name: **Bike MS**

Event Date(s): **27-28 June 2015**

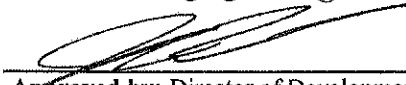
Applicant: **Ginger Ries**

Event Type: **Bike Ride**

Phone: **435-640-1168**

Promoting Entity: **National MS Society**

Email: **ginger.ries@nmss.org**

  
Approved by: Director of Development Services

5/12/2015  
Date

### CONDITIONS OF APPROVAL

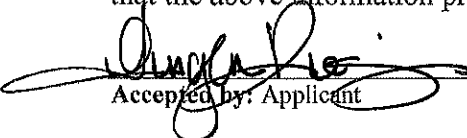
1. All participants and volunteers shall comply with County Ordinance §8.40 governing special events.
2. All participants shall be instructed to obey all traffic laws, specifically as regards riding no more than two abreast and yielding to emergency vehicles.

### AGREEMENT OF ACCEPTANCE

As the applicant for the special event described above, I hereby agree to comply with all Federal, State, and County laws, ordinances, and regulations before, during and after the event. I further agree to indemnify and save harmless Cache County, its officers, agents, and employees from and against any and all claims resulting from the use of the premises by the Applicant, the Applicant's invitees, licensees, agents and employees. I agree to permit law enforcement personnel the free and unrestricted access to and upon the premises at all times during the event for all lawful and proper purposes not inconsistent with the intent of the permit.

I understand and agree that this permit may be revoked upon breach of any of the conditions herein or at the discretion of the authorized officer. I understand that this permit is not transferable and agree not to transfer my permit to any person, corporation, organization or other entity, and is only valid within the unincorporated county.

In Accordance with Title 8 Section 8.40 of the Cache County Ordinance, I hereby submit and certify that the above information provided is accurate and complete to the best of my knowledge.

  
Accepted by: Applicant

5/12/15  
Date



# Cache County

1857

## DEVELOPMENT SERVICES DEPARTMENT

BUILDING | COUNTYWIDE PLANNING | ENGINEERING | GIS | PLANNING & ZONING

### APPLICATION: SPECIAL EVENT PERMIT

Date Received:	By:	Receipt #:	Check #:	Amount:
2.12.15	SW	7853	018792	\$50.00

### EVENT INFORMATION

Event: BIKE MS 2015 Type: BIKE RIDE

Dates with starting/ending times: 6/27/15; 7:00AM - 4:30PM; 6/28/15; 7:00AM - 3:30PM

### AGENT/CONTACT INFORMATION

Agent/Contact: GINGER RIES Email: GINGER.RIES@NMSS.ORG

Phone: 435-640-1168 Mailing Address: 1440 FOOTHILL DRIVE #200, SLC UT 84108

Name of Promoting Entity: NATIONAL MS SOCIETY

### ACKNOWLEDGMENT

In accordance with Title 8 Section 8.40 of the Cache County Ordinance, I hereby submit and certify that the information contained in this application is accurate and complete to the best of my knowledge.

Ginger Ries Applicant 1/20/15 Date

**Application Deadline:** Completed application forms must be submitted to the Cache County Development Services Office forty-five (45) calendar days before an event is scheduled to take place. This allows sufficient time for evaluation of the application. Late applications shall be denied unless the applicant demonstrates that compliance with the 45 day deadline was impractical or impossible due to the nature of the event. A special event permit application may be approved and a permit issued to the applicant by the Director upon approval by all the agencies specified in Section 8.40.40.

**Authority:** Cache County has no authority to approve permits for events other than in the unincorporated area of Cache County. Permits issued by Cache County apply only to the unincorporated area of the county, and if an event crosses into a municipality within Cache County or across the county line, applicants should determine if a permit is necessary in the other jurisdiction.

**Right to Deny:** Cache County reserves the right to deny permit applications for proposed special events which may pose, or have posed a significant danger or threat to the public health, welfare or safety, or which may result in unreasonable inconvenience or cost to the public. In the event the application is denied, the applicant may appeal to the Cache County Executive.

## APPLICATION CHECKLIST

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*A complete application must include the following unless specified otherwise:*

- 1)  Completed application form and application fee (\$50 – no refunds) submitted 45 days prior to event. Additional fees for services provided by the Sheriff's Office, emergency services, or others may apply.
- 2)  Proposed location, including a plat or map of the proposed area to be used, including any barricade, street route plans or perimeter/security fencing.
- 3)  Total number of participants: Estimate must include event staff, participants, and spectators.
- 4)  Public health plans, including plans for culinary water supplies, solid waste collections and disposal, and waste water (toilet facilities).
- 5)  Proof of insurance in conformance with the County Ordinance 8.40.050(F) minimums: \$1,000,000 each occurrence, \$2,000,000 general aggregate, and \$100,000 property damage.
- 6)  Fire prevention and emergency medical services plans.
- 7)  Security plans and/or law enforcement response.
- 8)  Admission fee, donation, or other consideration to be charged or requested.
- 9)  Plans for parking
- 10)  *If* the event will be held on private property, a current taxation certification for that property.
- 11)  Further information may be required by staff, other departments and agencies, and/or the Board/Committee/Council that reviews the application based on the proposed event.

## PROJECT REVIEW PROCESS

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- The applicant is encouraged to meet with staff prior to the deadline date to discuss the project and ensure that the information submitted is sufficient to provide a complete review of the project.
  - After the application is accepted, information packets are sent to various departments, agencies, and affected municipalities that provide comments and/or approval for the proposed event to the Director of Development Services.
  - In some instances a pre-event meeting may be held with planning staff and representatives from the departments and agencies that provide comments on the project review. Any issues present on a project will be discussed with the appropriate department or agency.
  - A draft permit is made available to the reviewing agencies, affected municipalities, staff, and the applicant.
  - Following agency/department review and approval, and correction of any outstanding concerns/issues, the permit can be issued.
- 
- 1

CACHE COUNTY GOVERNMENT  
179 NORTH MAIN  
LOGAN UT 84321

435-755-1700

Receipt No: 5.007853

Feb 12, 2015

NATIONAL MS SOCIETY

Previous Balance:	.00
CHARGES FOR SERVICES - SPECIAL EVENT 200-34-13000 ZONING & SUBDIVISION	50.00
<hr/>	
Total:	50.00
<hr/> <hr/>	
CHECK-ZIONS BANK      Check No: 018792	50.00
Payor: NATIONAL MS SOCIETY	
Total Applied:	50.00
<hr/>	
Change Tendered:	.00
<hr/> <hr/>	

02/12/2015 09:31AM

## Stephanie Nelson - Bike MS 2015

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**From:** Ginger Ries <virginia.ries@nmss.org>  
**To:** "Stephanie Nelson (Stephanie.Nelson@cachecounty.org)" <Stephanie.Nelson@...>  
**Date:** 4/30/2015 10:27 AM  
**Subject:** Bike MS 2015  
**Attachments:** Cache County COI.pdf; BikeMS Map Saturday Final.pdf; 2015BikeMSMapSunday.pdf; Fairgrounds Site Map.pdf; Schedule of Events for Binders.docx

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Hi Stephanie,

Working on my checklist of items I need to get to you and attached you will find the following:

1. Saturday course map
2. Sunday course map
3. Certificate of Insurance
4. Site Map for the Fairgrounds
5. Events Schedule
6. Our participant and staffing numbers are as follows:
  - a. Staff: 22
  - b. Participants: 2,200-2,500
  - c. Volunteers: 150-200
  - d. Spectators: 150-250 (family & friends that don't ride)

Please feel free to contact me with any questions or concerns.

Thanks,

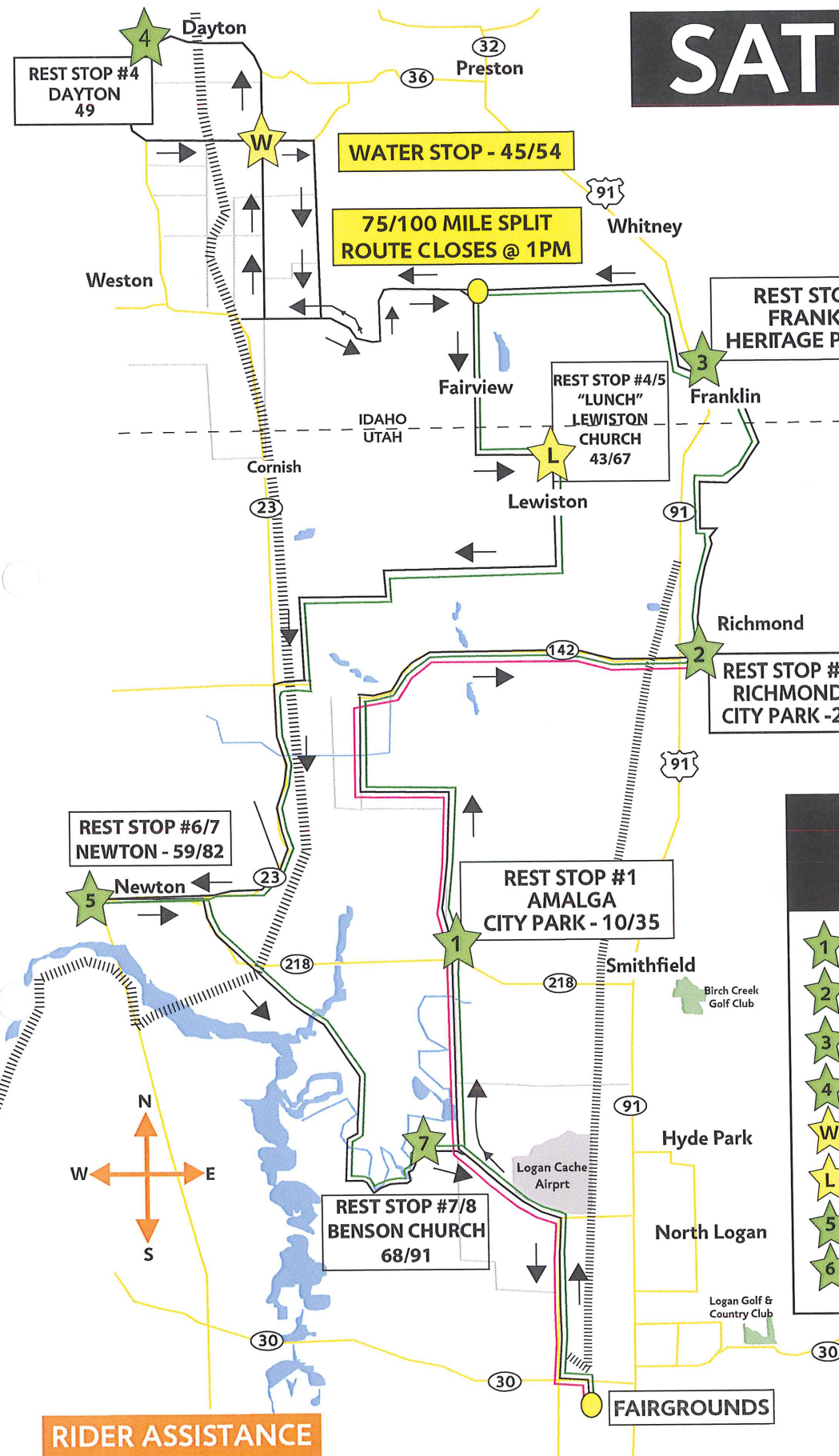
**Ginger Ries**  
Event Manager  
National MS Society  
Utah-Southern Idaho Chapter  
1440 Foothill Drive, Suite 200  
Salt Lake City, UT 84108  
Cell - 435.640.1168

# SATURDAY



**HARMONS**  
your neighborhood grocer

Best Dam Bike  
Ride 2015



**WATER STOP - 45/54**

**75/100 MILE SPLIT  
ROUTE CLOSES @ 1PM**

**REST STOP #3  
FRANKLIN  
HERITAGE PARK - 32**

**REST STOP #4/5  
"LUNCH"  
LEWISTON  
CHURCH  
43/67**

**REST STOP #2  
RICHMOND  
CITY PARK - 23**

**45 MILERS TURN AROUND  
AND HEAD BACK TO AMALGA  
45/75 MILE SPLIT  
ROUTE CLOSES @ 11AM**

**REST STOP #6/7  
NEWTON - 59/82**

**REST STOP #1  
AMALGA  
CITY PARK - 10/35**

**REST STOP #7/8  
BENSON CHURCH  
68/91**

## LEGEND

Route is subject to change.  
Mileage is rounded to nearest mile.

- 1 AMALGA PARK - 10/35**
- 2 RICHMOND PARK - 23**
- 3 FRANKLIN PARK - 32**
- 4 DAYTON CHURCH - 49**
- W WATER STOP - 45/54**
- L LEWISTON CHURCH 43/67**
- 5 NEWTON PARK - 59/82**
- 6 BENSON CHURCH - 68/91**

- 45 MILE ROUTE**
- 75 MILE ROUTE**
- 100 MILE ROUTE**

**RIDER ASSISTANCE  
HOTLINE  
801-326-0304**

# SUNDAY

## LEGEND

Route is subject to change.  
Mileage is rounded to nearest mile.

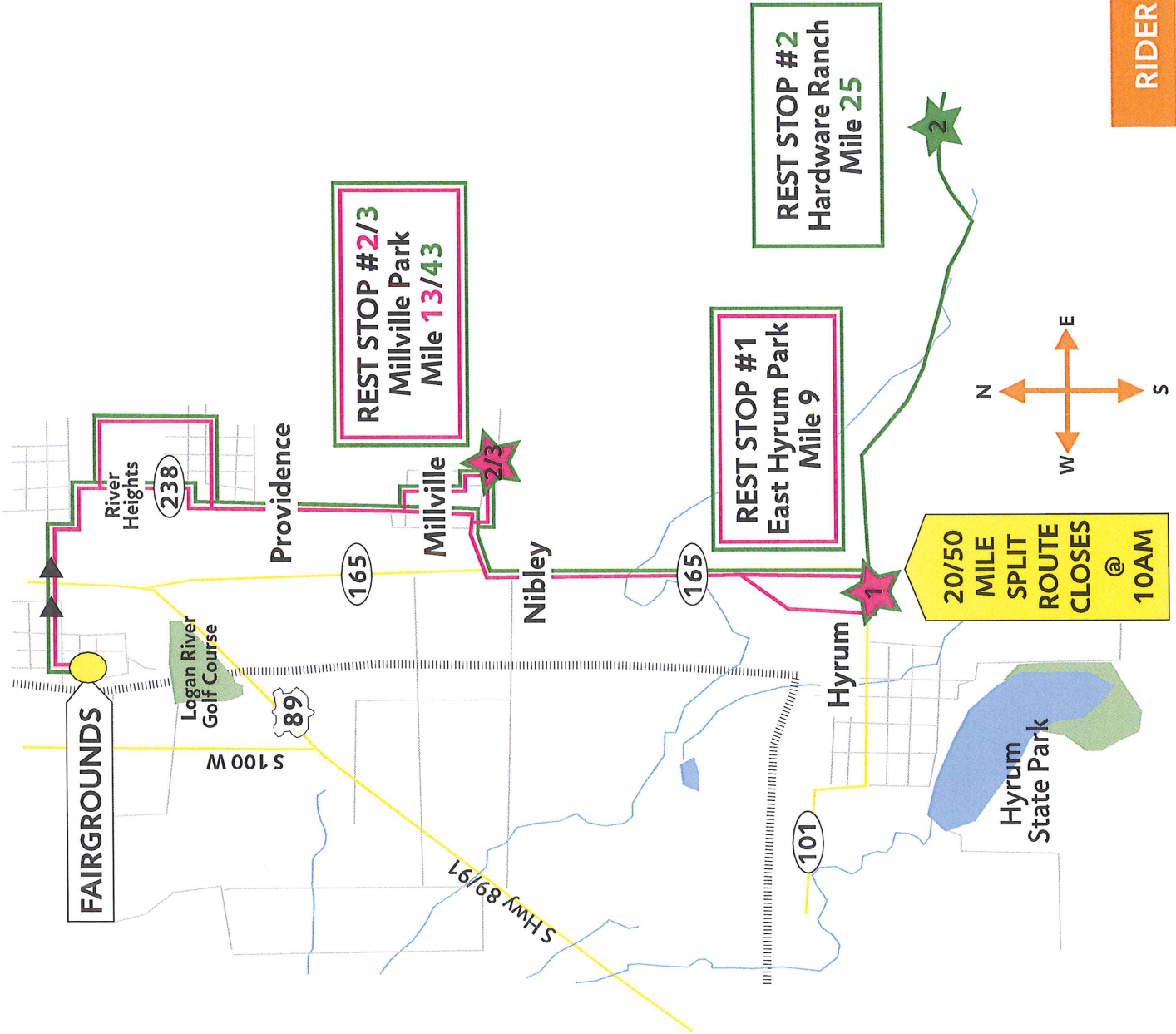
### 20 MILE COURSE:

- ★ 1 HYRUM EAST PARK = MILE 9
- ★ 2 MILLVILLE PARK = MILE 13

### 50 MILE COURSE:

- ★ 1 HYRUM EAST PARK = MILE 9
- ★ 2 HARDWARE RANCH = MILE 25
- ★ 3 MILLVILLE PARK = MILE 43

■ 20 MILE ROUTE ■ 50 MILE ROUTE



bike

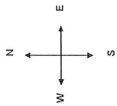


**HARMONS**  
*your neighborhood grocer*

**Best Dam Bike  
Ride 2015**

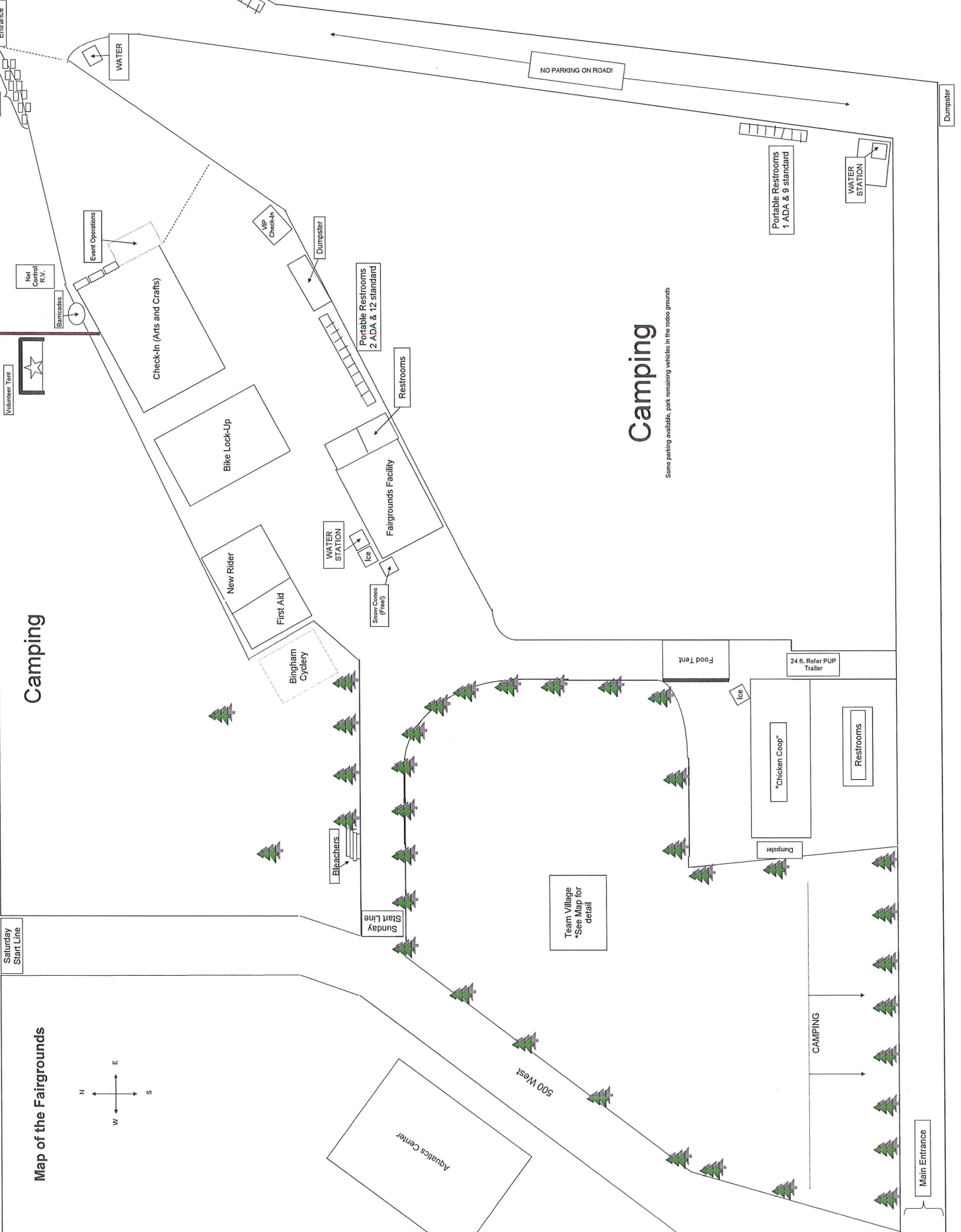
RIDER ASSISTANCE HOTLINE 801-326-0304

# Map of the Fairgrounds



400 South

# Camping



# Camping

Some parking available, park remaining vehicles in the rodeo grounds

# Camping

Some parking available, park remaining vehicles in the rodeo grounds

Team Village  
\*See Map for detail



## BIKE MS SCHEDULE OF EVENTS

<b>FRIDAY, June 26, 2015</b>	
ALL DAY	Riders will be arriving to set up camp at the Fairgrounds
5:00-8:00 PM	Hospitality and Information Tent opens
	Enjoy live music in the Team Village; 8-Track Mind
5:00-9:00 PM	Rider Check-In opens (no waiting in line if you come a bit later)
5:30- 8:00 PM	150 Club Dinner available at Harmons Tent (previous RSVP required)
7:30-8:00 PM	New Rider Orientation
<b>SATURDAY, June 27, 2015</b>	
4:00 AM	Set-up for ride begins (If you are camping be prepared to put in your earplugs!)
5:45-7:30 AM	Team Photos
6:00-7:00 AM	Continental Breakfast served /VIP breakfast served in Hospitality Tent
6:00-7:30 AM	Rider Check-In opens
<b>7:00 AM</b>	<b>Ride Begins (start line on 500 West)</b>
8:30 AM	All remaining riders shuttled to Richmond Rest Stop
ALL DAY	Hospitality and Information Tent open
9:00 AM-4:30 PM	Riders crossing the finish line all day – CHEER THEM ON!
	Snowie opens! One <b>FREE</b> Snow Cone for Cyclists and Volunteers!
10:30 AM-2:30 PM	Lunch at the Fairgrounds is open for 45 milers (all others receive lunch on the route)
<b>11:00 AM</b>	<b>45/75/100 mile split closes</b>
3:00-6:00 PM	Enjoy live music in the Village; The Mid-Life Project
4:30 PM	Route closes- SAG vehicles will transport remaining riders back to Fairgrounds
5:00-7:00 PM	Dinner served, VIP dinner served in Hospitality Tent
6:00-7:00 PM	Awards Party and Program in the Team Village
7:30-9:30 PM	Bike MS Pool Party (Logan Aquatics Center, across the street from the Fairgrounds)
<b>SUNDAY, June 28, 2015</b>	
6:00-7:00 AM	Breakfast served (eggs, pancakes, hash browns)/VIP breakfast in Hospitality Tent
6:30-7:00 AM	Rider Check-In opens
<b>7:00-8:30 AM</b>	<b>Open start for all riders</b>
10:00 AM-1:00 PM	Lunch at the Fairgrounds for all riders
<b>10:00 AM</b>	<b>Blacksmith Fork Canyon Closes (no riders allowed up the canyon past 10 am)</b>
9:00 AM-1:00 PM	Riders crossing the finish line – CHEER THEM ON!
1:00 PM	Route closes- SAG vehicles will transport remaining riders back to Fairgrounds
4:00 PM	Fairgrounds clean-up done

**THE 2015 BIKE MS RIDE CLOSES**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/13/2015

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).

<b>PRODUCER</b> MARSH USA, INC. 445 SOUTH STREET MORRISTOWN, NJ 07960-6454  123456-Stand--14-15                      Salt L	<b>CONTACT NAME:</b> _____ <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____																					
	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A :</td> <td>Federal Insurance Company</td> <td>20281</td> </tr> <tr> <td>INSURER B :</td> <td>Great Northern Insurance Company</td> <td>20303</td> </tr> <tr> <td>INSURER C :</td> <td>ACE Property &amp; Casualty Insurance Company</td> <td>20699</td> </tr> <tr> <td>INSURER D :</td> <td>Employers Insurance Company Of Wausau</td> <td>21458</td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Federal Insurance Company	20281	INSURER B :	Great Northern Insurance Company	20303	INSURER C :	ACE Property & Casualty Insurance Company	20699	INSURER D :	Employers Insurance Company Of Wausau	21458	INSURER E :			INSURER F :	
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<b>INSURED</b> NATIONAL MULTIPLE SCLEROSIS SOCIETY UTAH-SOUTHERN IDAHO CHAPTER 6364 S. HIGHLAND DRIVE, SUITE 101 SALT LAKE CITY, UT 84121																						

**COVERAGES**                      **CERTIFICATE NUMBER:** NYC-007040793-01                      **REVISION NUMBER:** 1

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 TR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			3583-33-49	12/31/2014	12/31/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			7353-02-37	12/31/2014	12/31/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Coll Deductible \$ 1,000
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			M00552835 004	12/31/2014	12/31/2015	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WCC-Z91-451053-014	12/31/2014	12/31/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
Cache County Corporation is added as additional insured excluding workers' compensation and employer's liability policy as required by written contract but limited to the operations of the insured under said contract, and always subject to the policy terms, conditions and exclusions.

<b>CERTIFICATE HOLDER</b>  Cache County Corporation 179 North Main, Suite 305 Logan, UT 84321	<b>CANCELLATION</b>  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 of Marsh USA Inc.  Manashi Mukherjee <i>Manashi Mukherjee</i>
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