



Applying for a Recreation Event & Race Permit

You may apply during designated Open-Seasons only.

- Applications are accepted at the following Ranger District Offices between **October 1st-31st**
 - Pleasant Grove Ranger District
 - Spanish Fork Ranger District
 - Evanston-Mountain View District—**Winter and Spring Events Only**
 - Ogden Ranger District—**Winter and Spring Events Only**
 - Logan Ranger District—**Winter and Spring Events Only**

- Applications are accepted at the following Ranger District Offices between **March 1st-31st**.
 - Salt Lake Ranger District
 - Heber-Kamas Ranger District
 - Logan Ranger District—**Summer and Fall Events Only**
 - Ogden Ranger District—**Summer and Fall Events Only**
 - Evanston-Mountain View District—**Summer and Fall Events Only**

How to Apply

1. Contact the correct [District Permit Administrator](#) to discuss your proposal. You can view an interactive map with District boundaries [here](#).
2. Complete and submit your [Special Use Permit Application](#) during the designated **open season** along with **all of the following required documentation**:

- **Detailed Map** pinpointing your proposed areas & trailhead locations. You can create and print your map to .pdf to include with your application [here](#) or [here](#).
- **Certificate of Insurance:** 1 page certificate, not the entire policy. Insurance requirements [here](#).
- **Operating Plan:** thoroughly complete template in the Special Use Permit Application.
- [Client Acknowledgment of Risk](#) form: see template here.
 - Permit holders may not require clients to waive liability for injury or death as a result of the permit holders negligence.
 - Copy of a current Business License.

Fees

- Land use rental fees are 5% of adjusted gross receipts for one-time events and 3% of adjusted gross receipts for multiple events under one permit. Adjusted gross receipts is the gross revenue less the cost to the holder of the prizes awarded. Only those prizes which are paid for by the permit holder, or come from entry fee costs can be deducted. Donated prizes cannot be deducted.
- Final Fee Worksheet is due to the District Office within **14 days** after the conclusion of the event/race.

Insurance Requirements

- **One (1) Million General Liability is required, submitted on ACCORD 25 2010/05 form. If aircraft is involved, the Minimum Coverage Amount is \$5 million.**
- The Certificate of Insurance and the Insurance Policy Endorsement must show the **“United States”** (not “US Forest Service”) as additionally insured. The certificate AND the endorsement page must be submitted to the **District Office** either with the permit request or immediately upon approval of the request, before activities commence.
- The following clause must also appear on the face of the certificate and on the endorsement page of the certificate:

“It is understood and agreed that the United States of America is additionally insured solely as respects liability arising from operations of the name insured.”

District Office Contact Information

- 1. Salt Lake Ranger District Office**
Phone: 801-733-2660
Contact: Ruth Armbruster, mary.armbruster@usda.gov
- 2. Pleasant Grove Ranger District Office**
Phone: 801-785-2563
Contact: Billy Preston, billy.preston@usda.gov
- 3. Spanish Fork Ranger District Office**
Phone: 801-798-3571
Contact: Billy Preston, billy.preston@usda.gov
- 4. Heber-Kamas Ranger District Office**
Phone: 435-783-4338
Contact: Polly Bergseng, pollyanna.bergseng@usda.gov
- 5. Ogden Ranger District Office**
Phone: 970-409-8110
Contact: Bryce Parker, bryce.parker@usda.gov
- 6. Logan Ranger District Office**
Phone: 970-409-8110
Contact: Bryce Parker, bryce.parker@usda.gov
- 7. Evanston-Mountain View District Office**
Phone: 435-219-2491
Contact: Kevin Klegg, kevin.klegg@usda.gov
- 8. Forest Headquarters (Supervisor's Office)**
Phone: 385-271-7936
Contact: Larry Framme, larry.framme@usda.gov



Insurance Requirements

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- The Certificate of Insurance and the Insurance Policy Endorsement must show the “**United States**” (not “US Forest Service”) as additionally insured. The certificate AND the endorsement page must be submitted to the **District Office** either with the permit request or immediately upon approval of the request, before activities commence.
- The following clause must also appear on the face of the certificate and on the endorsement page of the certificate:

“It is understood and agreed that the United States of America, Uinta-Wasatch-Cache National Forest, U.S. Department of Agriculture, is additionally insured solely as respects liability arising from operations of the name insured.”

- The Certificate Holder for filming occurring on the Uinta-Wasatch-Cache National Forest is:

“United States, USDA Uinta-Wasatch-Cache National Forest, 857 West South Jordan Parkway, South Jordan, Utah 84095-8594”

Authorization ID _____

FS-2700-3c (8/99)

Contact ID _____

OMB No. 0596-0082

USDA, Forest Service SPECIAL-USE APPLICATION & PERMIT FOR RECREATION EVENTS (Ref.: 36 CFR 251) Authority: Land & Water Conservation Fund Act of September 3, 1964, 16 U.S.C. 460I-6a(c)	FOREST SERVICE USE TYPE 149 <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">DATE RECEIVED</td> <td style="width:33%;">ISSUE DATE</td> <td style="width:33%;">EXPIRATION DATE</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>REG. / FOR. / DIST.</td> <td>AUTH. ID.</td> <td>STATE / COUNTY</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	DATE RECEIVED	ISSUE DATE	EXPIRATION DATE	_____	_____	_____	REG. / FOR. / DIST.	AUTH. ID.	STATE / COUNTY	_____	_____	_____
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_____	_____	_____											

PART I - APPLICATION

1. APPLICANT INFORMATION:

Name of Group: _____

Applicant's Agent: _____

Name of Contact: _____

Agent's Address: _____

Address: _____

Phone: () - _____

Agent's Phone: () - _____

Fax Number: _____

Corporate Tax ID or SSN: _____

E-mail Address: _____

IF AN OPERATING PLAN IS REQUIRED, SIGN APPLICATION AND STOP HERE. OTHERWISE, COMPLETE ITEMS 2 THROUGH 7.

2. DESCRIPTION OF PROPOSED ACTIVITY:

3. LOCATION & DESCRIPTION OF NATIONAL FOREST SYSTEM LANDS & FACILITIES APPLICANT WOULD LIKE TO USE (INCLUDE MAP):

4. ESTIMATED NUMBER OF PARTICIPANTS & SPECTATORS FOR PROPOSED ACTIVITY:

Participants: _____

Spectators: _____

5. STARTING & ENDING DATE & TIME OF PROPOSED ACTIVITY:

Start: _____
Date Time

End: _____
Date Time

6. ESTIMATED REVENUE COLLECTED FOR EVENT:

Amount: _____

Type of Fees: _____

(Include event charges, vendor fees, discounts, sponsorship related fees, gratuities)

7. NAME OF PERSON(S) WHO WILL SIGN A SPECIAL-USE AUTHORIZATION ON BEHALF OF THE EVENT:

I hereby acknowledge that is an application only, and that the use and occupancy of National Forest System lands is not authorized until an authorization is signed and issued by an authorized officer.

Printed Name: _____

Signature: _____

Date: _____

Printed Name: _____

Signature: _____

Date: _____

EXHIBIT _____
OPERATING PLAN

This format is designed to identify all aspects of a recreation event held on National Forest System lands and will help in developing an Operating Plan for an event. Depending on the size of your event, some items may not apply. Attach additional pages, if necessary to complete the information. This operating plan is hereby incorporated as part of the authorization in accordance with clauses 5 and 16 of the Special-Use Application and Permit for Recreation Events (FS-2700-3c), if the proposal is accepted and the application is approved.

1. On site agent: _____

Day phone: () -

Evening phone: () -

Fax or e-mail: () -

2. Dates:

3. Description of event:

4. Location (**attach map**):

5. Number of acres needed:

6. Planned number of participants:

Maximum number:

7. Number of spectators anticipated:

Maximum number:

8. Duration of event (include pre/post event set-up days):

9. Overnight areas needed: Yes No If yes, describe:

10. After hour activities for multiple-day events (music, food, etc.):

11. Notification of adjacent permit holders or landowners: Yes No

List of contacts:

12. List other permits required and coordination or cooperating agreements (attach copies):

FACILITIES

13. Facilities provided (i.e. tents, canopies, stage, booths, benches, chairs, showers):

14. Provisions for drinking water (quantity, locations, bottled vs. truck):

15. Signing (i.e. route marking, parking, trails, event schedules):

16. Sanitation Plan (i.e. number of toilets, garbage cans, recycle bins):

17. Accommodations for disabled visitors (i.e. parking, access):

18. Describe power supply requirements:

19. Describe public address system requirements:

VENDORS

20. Will food or beverages be provided? Yes No If no, go to 27.

21. Included in price? Yes No

22. Agreements with vendors or caterers: Yes No

23. Number of vendor or caterers:

24. Location of food or beverage (identify on map):

25. Alcohol for sale? Yes No Vendor obtained state and local permits? Yes No

26. Insurance coverage for alcohol: Yes No

Attach a copy of the liability portion & all endorsements and exclusions

27. Other products for sale (i.e. t-shirts, hats, ice, souvenirs):

28. Other equipment for rental (i.e. snowmobiles, skis, boards, jet-skis, rafts, kayaks):

29. List additional third party agreements:

PARKING AND VEHICLES

When planning for parking, be aware that one lane must always be open for emergency vehicles.

30. Amount of parking needed (i.e. number of spaces, acres, include disabled parking):

31. Locations (identify on map):

32. Parking attendants and locations used (i.e. parking direction, lot full posting, information):

33. Parking lot security (i.e. overnight parking, remote lots):

34. Traffic controls (i.e. one way, signing):

35. Shuttle service (type, when and where used):

36. Will any road closures be needed? (where and how long):

SAFETY/COMMUNICATIONS/MEDICAL

37. Attach Medical Plan and include the following:

Access for emergency vehicles (i.e. ambulance, helicopter landing zones)

Number and location of first aid stations

Names and qualifications of any medical staffing

List of emergency phone numbers and local hospitals/clinics

38. Describe communications type and number of equipment used:

39. Specify safety closures for high risk areas and protection of spectators (i.e. barriers, closures, restricted areas):

ADVERTISING

All advertisements must include acknowledgment that the event is located on the National Forest.

40. Description of event advertising (i.e. flyers, radio, TV, magazines, internet):

41. Target audiences (i.e. local regional, national, limited membership):

42. Planned filming (i.e. land, air, water):

43. What is the reason for filming (i.e. advertising, promotion):

44. Type of advertising proposed for the event (i.e. banners, signs, posters, commercial vehicles):

CLEANUP

45. Time frame to remove all facilities and garbage after the event (including removal of signs, advertising flagging, route markers):

46. Garbage collection site location (landfill or transfer station):

47. Mitigation plan to rehabilitate resource damage (i.e. closures, revegetation):

48. Time frame to complete mitigation:

FEES

Land use rental fees are 5% of adjusted gross receipts for one-time events, OR 3% of adjusted gross receipts for multiple events under one permit. Adjusted gross receipts equals the gross revenue less the cost prizes awarded if purchased by permittee. Only those prizes which are paid for by the holder or come from the entry fee costs can be deducted. Donated prizes cannot be deducted.

FINAL FEE WORKSHEET
FINANCIAL STATEMENT FOR RECREATION EVENT

PERMIT HOLDER: _____

DATE OF EVENT: _____

This statement must be submitted to the Salt Lake Ranger District, 6944 South 3000 East, Salt Lake City, UT 84121, within thirty (30) days of the conclusion of the event.

A.	Number of participants in event (attach breakdown by type): Number of estimated spectators:	
B.	Total receipts collected from participants, <i>Attach a breakdown by type and list of any discounts given.</i>	\$

C.	<u>Type of Concession:</u>	<u>Sponsor:</u>	<u>Gross Receipts:</u>
a.			\$
b.			\$
c.			\$
C: Total \$			

D. Did the event have one or more commercial sponsors? NO _____ YES _____
If yes, please list below.

	<u>Sponsorship</u>	<u>Amount Sponsored</u>
a.		\$
b.		\$
c.		\$
D: Total \$		

E. Total of other misc. income receipts (please list sources below, include gratuities):

a.		\$
b.		\$
c.		
E: Total \$		

F. Cost of prizes **Only those prizes which are paid for by the holder or come from the entry fee cost can be deducted. Donated prizes cannot be deducted. Prizes do not include anything that is given to all contestants for entering. Prizes are won by contestants.*

a.		\$
b.		\$
c.		\$
F: Total \$		

Calculation:

$$B+C+D+E -F= \$ \text{_____} \times .03 \text{ or } \times .05 = \$ \text{_____} \text{ minus } \$ \text{_____} \text{ (prepaid fees)}$$

Total Fees Due: \$ _____ (Please return this sheet to the Salt Lake Ranger District)

This amount will be verified by an authorized officer and a Bill for Collection for amounts due will be sent to you for payment. **Please attach the event flyer with participant entry fees charged, vendor fees, sponsorship information and receipt for prizes purchased.*

Signature: _____ Date: _____