

# Special Event Permit Application - Checklist

Name of Event	Blazer Bash 2022	Event Date(s)	9/9-9/11
Event Location	EJS Trails	Event Set-Up Date	9/9/22
Applicant Name	Wade Williams	Break Down Date	9/11/22
Applicant Phone #	(719) 433-8810	Applicant Email	blazerbash@gmail.com
# of Participants	95	# of Staff/ Volunteers	4
Event Description	4x4	Recurring?	Y
Phase	Application Submission Items & Requirements (if applicable)		
Intent Review	<b>Application Sent to Special Event Committee</b>	<input checked="" type="checkbox"/>	<b>Date</b>
	<input checked="" type="checkbox"/> MATC (Rachel Bartlett)		6/27/2022
	<input type="checkbox"/> OSTA (Angie Book)		
	<input type="checkbox"/> Commission Administrator (Mallory Nassau)		
	<input checked="" type="checkbox"/> Attorney (Crissy Hofhine)		7/6/2022
	<input checked="" type="checkbox"/> Clerk (Gabe Woytek)		6/27/2022
	<input checked="" type="checkbox"/> Commissioner (Josie Kovash)		6/29/2022
Application Submission	<b>Application Notified by to Proceed w/Application</b>	<input checked="" type="checkbox"/>	
	<b>Site Plan and/or Course Map</b>	<input checked="" type="checkbox"/>	route description, using pavillion at OCP. No changes.
	<b>Application Fee Paid</b>	<input type="checkbox"/>	
	<b>Certificate of Liability Insurance w/ GC as Additionally Insured</b>	<input type="checkbox"/>	waiting
	<b>Indemnification &amp; Reimbursement Agreement</b>	<input checked="" type="checkbox"/>	
	<b>Property Owners Signatures</b>	<input checked="" type="checkbox"/>	
	<b>Food Service Permit</b>	<input type="checkbox"/> N/A	permitted caterer
	<b>Sanitation Service Commitments</b>	<input type="checkbox"/> N/A	
	<b>Garbage &amp; Recycling Plan</b>	<input type="checkbox"/> N/A	
	<b>Business License or Temp Business License</b>	<input checked="" type="checkbox"/>	
	<b>Utah State Tax License or 501(c)(3) Designation Letter</b>	<input checked="" type="checkbox"/>	
	<b>Information on Fees (Admissions, Booths, Rentals, Etc.)</b>	<input checked="" type="checkbox"/>	
	<b>Number of Vendors &amp; Types</b>	<input type="checkbox"/> N/A	
	<b>Traffic Control Plan</b>	<input type="checkbox"/> N/A	
	<b>Alcohol Permit (or Local Consent Form)</b>	<input type="checkbox"/> N/A	
	<b>Security Plan</b>	<input type="checkbox"/> N/A	
	<b>Medical Services Plan</b>	<input checked="" type="checkbox"/>	
	<b>Statement of Authority</b>	<input checked="" type="checkbox"/>	
	<b>Vendor List</b>	<input type="checkbox"/> N/A	
	<b>Certificate of Existence</b>	<input checked="" type="checkbox"/>	
	<b>Additional Permits from Other Entities (if required)</b>	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/> BLM		
<input checked="" type="checkbox"/> SITLA			
<input type="checkbox"/> NFS			
<input type="checkbox"/> National/State Park(s)			
<input type="checkbox"/> City of Moab	N/A	per City of Moab SE	
<input type="checkbox"/> UDOT			

	<input type="checkbox"/> Other			
Referral Agency Review	<b>Application Sent to Referral Agencies</b>	<input type="checkbox"/>	<b>Date</b>	<b>Conditions for Approval</b>
	<input type="checkbox"/> Building Dept. (Bill Hulse)			
	<input type="checkbox"/> Clerk/Auditor's Office (Jana Smith)			
	<input type="checkbox"/> EMS (Michelle Mefret)			
	<input type="checkbox"/> SEUHD (Hailey Gardner)			
	<input type="checkbox"/> MVFD (Brandon McGuffee)			
	<input type="checkbox"/> GCSO (Steve White/Darrel Mecham)			
	<input type="checkbox"/> P&Z (Jenna Gorney)			
	<input type="checkbox"/> UHP (Andy Battenfield)			
	<input type="checkbox"/> Roads Dept. (Bill Jackson)			
	<input type="checkbox"/> SAR (Jim Webster/Erinn Looney-Triggs)			
Final Review	<b>Complete Application Uploaded &amp; SEC Informed for Review</b>	<input type="checkbox"/>	<b>Date</b>	<b>Conditions for Approval</b>
	<input type="checkbox"/> MATC (Rachel Bartlett)			
	<input type="checkbox"/> OSTA (Angie Book)			
	<input type="checkbox"/> Commission Administrator (Mallory Nassau)			
	<input type="checkbox"/> Attorney (Crissy Hofhine)			
	<input type="checkbox"/> Clerk (Gabe Woytek)			
Notifications	<input type="checkbox"/> Commissioner (Josie Kovash)			
	<b>Applicant Notified of Approval (w/ or w/o Conditions) or Denial</b>	<input type="checkbox"/>		
	<b>Referral Agencies Notified</b>	<input type="checkbox"/>		



Rachel Bartlett &lt;rbartlett@discovermoab.com&gt;

## Online Form Submittal: Grand County Special Event Intent to Apply

noreply@civicplus.com <noreply@civicplus.com>

Mon, Jun 6, 2022 at 5:12 PM

To: director@discovermoab.com, admin@discovermoab.com, rbartlett@grandcountyutah.net

### Grand County Special Event Intent to Apply

#### GRAND COUNTY SPECIAL EVENT INTENT TO APPLY

All Grand County Permittees and Special Events shall comply with the [Grand County Special Events Ordinance](#) (Chapter 8.16 of the General County Ordinances) in effect at the time of the Special Event. [Fee Schedule](#)

#### APPLICANT INFORMATION

First Name	Wade
Last Name	Williams
Business or Organization:	Blazer Bash 2022
Address1	<a href="#">104 Monday Rd</a>
Address2	<i>Field not completed.</i>
City	Corryton
State	TN
Zip	37721
Primary Phone	719-433-8810
Secondary Phone	865-271-7073
Email Address	<a href="mailto:blazerbash@gmail.com">blazerbash@gmail.com</a>
Best way to contact you	Email

#### EVENT DETAILS

Please note that all permits are required to be submitted at the time of application EXCEPT City of Moab, which will be required before the application is considered complete.

Event Name:	Blazer Bash 2022
New Event?	No
Event Type	Recreational
Brief Description of Event	4 x 4 trails utilizing Easter Jeep Safari trails as designated by DOI/BLM event permit.

Event Setup	9/9/2022 8:00 AM
Event Start	9/9/2022 8:00 AM
Event End	9/11/2022 6:00 PM
Clean-up Completed	9/11/2022 6:00 PM
Year Established	2000
Are There Any Changes from the Previous Year?	No
Are Dates Consecutive?	Yes
How Many Days is the Event Total?	3
Number of Event Staff & Volunteers	4
Maximum Number of Participants	95
Estimated Number of Spectators	0
Number of Event Staff & Volunteers	4
Maximum Number of Participants	95
Estimated Number of Spectators	0
Number of Event Staff & Volunteers	4
Maximum Number of Participants	95
Estimated Number of Spectators	0
Total Event Staff & Volunteers	4
Total Participants	95
Total Spectators	0
Applicant Certification	By checking this box and typing my name below, I am electronically signing my application.
First Name	Wade
Last Name	Williams
Date	6/6/2022

[Quoted text hidden]



Rachel Bartlett <[rbartlett@discovermoab.com](mailto:rbartlett@discovermoab.com)>

## Online Form Submittal: Grand County Special Event Application \*NEW\*

1 message

[noreply@civicplus.com](mailto:noreply@civicplus.com) <[noreply@civicplus.com](mailto:noreply@civicplus.com)>

Wed, Jul 20, 2022 at 6:39 PM

To: [director@discovermoab.com](mailto:director@discovermoab.com), [admin@discovermoab.com](mailto:admin@discovermoab.com), [rbartlett@grandcountyutah.net](mailto:rbartlett@grandcountyutah.net)

### Grand County Special Event Application \*NEW\*

#### GRAND COUNTY SPECIAL EVENT APPLICATION

All Grand County Permittees and Special Events shall comply with the [Grand County Special Events Ordinance](#) (Chapter 8.16 of the General County Ordinances) in effect at the time of the Special Event. [Fee Schedule](#)

Event Name: Blazer Bash 2022

If anything has changed regarding your event from the information submitted on the Intent to Apply, please call (435) 259-1370 or email [events@discovermoab.com](mailto:events@discovermoab.com)

On-Site Contact Wade Williams

Contact's Phone 7194338810

Alternative Contact *Field not completed.*

Alternative Phone *Field not completed.*

Fees \$27 per vehicle per day, includes driver. \$11 per passenger per day. \$20 t-shirts. All pre-sold. No sales at the event.

Location of Event (Select All that Apply) BLM, SITLA, City of Moab

BLM Permit [BLM Blazer Bash 2022 deposit.pdf](#)

SITLA Permit [SITLA Blazer Bash 2022 app.pdf](#)

City of Moab Permit [CoM Blazer Bash 2022 permit.docx](#)

#### Site Plan and/or Route Map

Please read the [Special Event Ordinance](#) 8.16.090 K for requirements. Attach additional documents as needed at the end of the application.

Site Plan/Route Map [Site Route plan GC Blazer Bash 2022 permit.docx](#)

Route Map [Site Route plan GC Blazer Bash 2022 permit\\_1.docx](#)

Will there be any public street No

or parking lot closures?

Will you require security or an escort? No

Will there be any temporary structures? No

Will the event be providing additional restroom facilities? No

Will there be any merchandise sales? No

Will alcohol be provided by the event? No

Will there be any food served by the event? Yes

Will there be any outside vendors? No

#### Escort or Security

Grand County Sheriff's Office reserves the right to specify the need for escorts or security. Applicants may make their own arrangements or may work directly with GCSO to provide these services (435-259-4321).

Food Service Permit [Food service Blazer Bash 2022 permit.docx](#)

Business License [Grand County Temp Bus BB2022.pdf](#)

Utah Sales Tax License or 501(c)3 [MOAB Blazer Bash 2022.pdf](#)

Indemnification Agreement [IHHRLA Blazer Bash 2022.pdf](#)

Certificate of Insurance [Acords.pdf](#)

Statement of Authority [SoA Blazer Bash 2022.pdf](#)

Certificate of Existence [3W Corp Docs.pdf](#)

Medical Plan [Med Plan Blazer Bash 2022.pdf](#)

Add additional supporting documents here:

[USLI-Spec Event.pdf](#)

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*Field not completed.*

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Applicant Certification      By checking this box and typing my name below, I am electronically signing my application.

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First Name                      Wade

---

Last Name                      Williams

---

Date                              7/20/2022

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Email not displaying correctly? [View it in your browser.](#)

BLAZER BASH 2022  
SITE PLAN/ROUTE MAP

All TRAILS BEING RAN ARE Easter Jeep Safari routes per our DOI/BLM permit requirements.

Friday September 9<sup>th</sup>,

Steel Bender

The Pickle

Chicken Corners

Saturday September 10<sup>th</sup>,

Kane Creek

Golden Spike

Prichet Canyon

Sunday September 11<sup>th</sup>,

Golden Spike

Hells Revenge

Moab Rim

No roads in the City of Moab or Grand County will be used for staging for the trail starts. We will not be parading to the trail heads.



**COMMERCIAL INSURANCE APPLICATION**  
**APPLICANT INFORMATION SECTION**

AMENDOZA

DATE (MM/DD/YYYY)  
**07/11/2022**

AGENCY <b>PFS Insurance Group</b> 114 W 3rd Avenue Yuma, CO 80759	<b>CARRIER</b> <b>Burns &amp; Wilcox Ltd</b>		<b>NAIC CODE</b> <b>N/A</b>	
	<b>COMPANY POLICY OR PROGRAM NAME</b>		<b>PROGRAM CODE</b>	
	<b>POLICY NUMBER</b>			
<b>CONTACT NAME:</b> <b>Aaron Prior</b>	<b>UNDERWRITER</b>		<b>UNDERWRITER OFFICE</b>	
<b>PHONE (A/C, No, Ext):</b> <b>(970) 848-3340</b>	<b>STATUS OF TRANSACTION</b>	<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW
<b>FAX (A/C, No):</b> <b>(970) 848-3218</b>		<b>BOUND (Give Date and/or Attach Copy):</b>		
<b>E-MAIL ADDRESS:</b> <b>amym@mypfsinsurance.com</b>		<input type="checkbox"/> CHANGE	<b>DATE</b>	<b>TIME</b>
<b>CODE:</b>	<b>SUBCODE:</b>	<b>AGENCY CUSTOMER ID:</b> <b>3WFABRI-01</b>		

**LINES OF BUSINESS**

INDICATE LINES OF BUSINESS	PREMIUM	PREMIUM	PREMIUM
BOILER & MACHINERY	\$	CYBER AND PRIVACY	\$
BUSINESS AUTO	\$	FIDUCIARY LIABILITY	\$
BUSINESS OWNERS	\$	GARAGE AND DEALERS	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	LIQUOR LIABILITY	\$
COMMERCIAL INLAND MARINE	\$	MOTOR CARRIER	\$
COMMERCIAL PROPERTY	\$	TRUCKERS	\$
CRIME	\$	UMBRELLA	\$

**ATTACHMENTS**

ACCOUNTS RECEIVABLE / VALUABLE PAPERS	GLASS AND SIGN SECTION	STATEMENT / SCHEDULE OF VALUES
ADDITIONAL INTEREST SCHEDULE	HOTEL / MOTEL SUPPLEMENT	STATE SUPPLEMENT (If applicable)
ADDITIONAL PREMISES INFORMATION SCHEDULE	INSTALLATION / BUILDERS RISK SECTION	VACANT BUILDING SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	VEHICLE SCHEDULE
CONDO ASSN BYLAWS (for D&O Coverage only)	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
CONTRACTORS SUPPLEMENT	LOSS SUMMARY	
COVERAGES SCHEDULE	OPEN CARGO SECTION	
DEALERS SECTION	PREMIUM PAYMENT SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	PROFESSIONAL LIABILITY SUPPLEMENT	
ELECTRONIC DATA PROCESSING SECTION	RESTAURANT / TAVERN SUPPLEMENT	

**POLICY INFORMATION**

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
09/09/2022	09/11/2022	<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

**APPLICANT INFORMATION**

<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> <b>3W Fabrication</b> <b>104 Monday Rd</b> <b>Corryton, TN 37721</b>				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<b>BUSINESS PHONE #:</b>				<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST				
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<b>BUSINESS PHONE #:</b>				<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST				
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<b>BUSINESS PHONE #:</b>				<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST				

**CONTACT INFORMATION**

AGENCY CUSTOMER ID: 3WFABRI-01

AMENDOZA

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME: <b>Wade Williams</b>		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL <b>(719) 433-8810</b>	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

**PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)**

LOC # <b>1</b>	STREET <b>104 Monday Rd</b>	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # <b>1</b>	CITY: <b>Corryton</b> STATE: <b>TN</b> COUNTY: ZIP: <b>37721</b>			# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS: <b>Office</b>					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC # <b>2</b>	STREET <b>Trails</b>	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$ <b>2,500</b>
BLD # <b>1</b>	CITY: <b>Moab</b> STATE: <b>UT</b> COUNTY: ZIP: <b>84532</b>			# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS: <b>Guided 4X4 Trails</b>					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: COUNTY:	STATE: ZIP:		# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: COUNTY:	STATE: ZIP:		# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

**NATURE OF BUSINESS**

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

**DESCRIPTION OF PRIMARY OPERATIONS**  
**Guided 4X4 Trail Runs**

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED:

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED:

**ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests**

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/> ADDITIONAL INSURED	<b>State of Utah School and Institutional Lands Administration</b> <b>217 E. Center St., Ste 230</b> <b>Moab, UT 84532</b>						LOCATION:
<input type="checkbox"/> BREACH OF WARRANTY							BUILDING:
<input type="checkbox"/> CO-OWNER							VEHICLE:
<input type="checkbox"/> EMPLOYEE AS LESSOR							BOAT:
<input type="checkbox"/> LEASEBACK OWNER							AIRPORT:
<input type="checkbox"/> LENDER'S LOSS PAYABLE						AIRCRAFT:	
							ITEM CLASS:
							ITEM:
							ITEM DESCRIPTION
	REFERENCE / LOAN #:	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):			
REASON FOR INTEREST:				E-MAIL ADDRESS:			

**GENERAL INFORMATION**

<b>EXPLAIN ALL "YES" RESPONSES</b>				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				N

**REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**PRIOR CARRIER INFORMATION**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2021 2021	CARRIER	Scottsdale Insurance Company			
	POLICY NUMBER	CPS7424176			
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	09/09/2021			
	EXPIRATION DATE	09/13/2021			

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: 3WFABRI-01

AMENDOZA

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

**LOSS HISTORY**  Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST YEARS						TOTAL LOSSES: \$	
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

**SIGNATURE**

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials):

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

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PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Aaron Prior	STATE PRODUCER LICENSE NO (Required in Florida) 388946
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER 10734639



# ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)  
07/11/2022

AGENCY <b>PFS Insurance Group</b>		CARRIER <b>Burns &amp; Wilcox Ltd</b>		NAIC CODE <b>N/A</b>
POLICY NUMBER	EFFECTIVE DATE <b>09/09/2022</b>	NAMED INSURED(S) <b>3W Fabrication</b>		

**ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)**

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER		
		U.S. Department of Interior Bureau of Land Management						LOCATION:	BUILDING:
		85 E Dogwood Ave						VEHICLE:	BOAT:
		Moab, UT 84532						AIRPORT:	AIRCRAFT:
REFERENCE / LOAN #: _____						INTEREST END DATE: _____		ITEM CLASS:	ITEM:
LIEN AMOUNT: _____						PHONE (A/C, No, Ext): _____		ITEM DESCRIPTION	
REASON FOR INTEREST: _____						E-MAIL ADDRESS: _____			
						FAX (A/C, No): <b>(435) 259-2158</b>			

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER		
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REASON FOR INTEREST: _____						E-MAIL ADDRESS: _____			
						FAX (A/C, No): _____			

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REFERENCE / LOAN #: _____						INTEREST END DATE: _____		ITEM CLASS:	ITEM:
LIEN AMOUNT: _____						PHONE (A/C, No, Ext): _____		ITEM DESCRIPTION	
REASON FOR INTEREST: _____						E-MAIL ADDRESS: _____			
						FAX (A/C, No): _____			



AGENCY CUSTOMER ID: 3WFABRI-01

AMENDOZA

## COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)  
07/11/2022

AGENCY PFS Insurance Group	CARRIER Burns & Wilcox Ltd	NAIC CODE N/A
POLICY NUMBER	EFFECTIVE DATE 09/09/2022	APPLICANT / FIRST NAMED INSURED 3W Fabrication

**IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy.  
Read all provisions of the policy carefully.**

## COVERAGES

## LIMITS

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$ 2,000,000	PREMIUMS
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION		PREMISES/OPERATIONS
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:		
	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ 2,000,000	PRODUCTS
	PERSONAL & ADVERTISING INJURY	\$ 1,000,000	OTHER
	EACH OCCURRENCE	\$ 1,000,000	
	DAMAGE TO RENTED PREMISES (each occurrence)	\$ 100,000	
	MEDICAL EXPENSE (Any one person)	\$ 5,000	TOTAL
	EMPLOYEE BENEFITS	\$	
		\$	

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UIM / UIM COVERAGE  IS  IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE  IS  IS NOT AVAILABLE.

## SCHEDULE OF HAZARDS

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
2	1	Motorized Event	46915	T	300					

## RATING AND PREMIUM BASIS

(S) GROSS SALES - PER \$1,000/SALES

(P) PAYROLL - PER \$1,000/PAY

(A) AREA - PER 1,000/SQ FT

(C) TOTAL COST - PER \$1,000/COST

(M) ADMISSIONS - PER 1,000/ADM

(U) UNIT - PER UNIT

(T) OTHER

## CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y/N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	N
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	N

## EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

ACORD 126 (2014/04)

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**CONTRACTORS**

AGENCY CUSTOMER ID: 3WFABRI-01

AMENDOZA

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y/N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					N
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

**PRODUCTS / COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.					Y/N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?					
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)					
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?					
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?					
8. PRODUCTS UNDER LABEL OF OTHERS?					
9. VENDORS COVERAGE REQUIRED?					
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?					

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENT**

ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
					LOCATION:	BUILDING:
					ITEM CLASS:	ITEM:
					ITEM DESCRIPTION	
				REFERENCE / LOAN #:		

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		Y / N																				
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?		N																				
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?		N																				
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)		N																				
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?		N																				
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?		N																				
<table border="1"> <thead> <tr> <th rowspan="2">EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th rowspan="2">INSTRUCTION GIVEN (Y/N)</th> </tr> <tr> <th>SMALL TOOLS</th> <th>LARGE EQUIPMENT</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)	SMALL TOOLS	LARGE EQUIPMENT									N						
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	SMALL TOOLS	LARGE EQUIPMENT																				
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?		N																				
7. ANY PARKING FACILITIES OWNED/RENTED?		N																				
8. IS A FEE CHARGED FOR PARKING?		N																				
9. RECREATION FACILITIES PROVIDED?		N																				
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):		N																				
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS																				
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)		N																				
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD		N																				
12. ARE SOCIAL EVENTS SPONSORED?		N																				
13. ARE ATHLETIC TEAMS SPONSORED?		N																				
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		12 & UNDER	13 - 18	12 & UNDER	13 - 18																	
EXTENT OF SPONSORSHIP:		EXTENT OF SPONSORSHIP:																				
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?		N																				
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?		N																				

**GENERAL INFORMATION (continued)**

AGENCY CUSTOMER ID: **3WFBRI-01**

**AMENDOZA**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

--

**SIGNATURE**

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PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) <b>Aaron Prior</b>	STATE PRODUCER LICENSE NO (Required in Florida) <b>388946</b>
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER <b>10734639</b>

INDEMNIFICATION, HOLD HARMLESS AND RELEASE OF LIABILITY  
AGREEMENT

Whereas WADE WILLIAMS (hereinafter "User")  
desire(s) to use Grand County (herein after "County") Property or Facilities located at

OLD CITY PARK BLM/SITLA TRAILS to engage in the following activities;

GATHERING AT THE PARK 9/9/22 EJS TRAIL RUNS,  
and in consideration of County's willingness to allow User to use said facilities and/or  
property, I

WADE WILLIAMS, as the duly authorized agent acting on behalf of the  
User, herewith agree and promise Indemnify and hold County, its officers, agents, officials  
and employees, and volunteers harmless and release them for and from any liability, costs or  
expenses arising from any action, causes of action, claims for relief, demands, damages,  
expenses, costs, fees, or compensation, whether or not said actions, causes of action, claims  
for relief, demands, damages, costs, fees, expenses and/or compensations are known or  
unknown, are in law or equity, and without limitation, all claims of relief which can be set  
forth through a complaint or otherwise that may arise out of the acts or omissions, negligent or  
otherwise of User, County, and/or their respective officers, agents, officials, members,  
employees, and volunteers, or any person or persons.

In addition, User agrees to repair, solely at Users Cost, all damage to the  
County's facilities or equipment arising out of User's use or possession of said facilities or  
property.

User further agrees and promises to provide County with Certificate of  
Insurance verifying that User has acquired insurance sufficient to support User's promise to  
Indemnify and Hold County Harmless as outlined above.


User acknowledges that User has been advised to consult legal counsel and have  
had the opportunity to consult with legal counsel prior to entering into this Indemnification /  
Hold Harmless / Release of Liability Agreement.

User understands and agrees that, by signing this Indemnification / Hold  
Harmless / Release of Liability Agreement, that User relinquishes all rights or claims to  
adjudication or recourse to which User may be entitled in relation to any damages or injury  
that may arise out of the above described activities.

User warrants that User enters into this agreement with full knowledge of the  
meaning and future effect of the promises, releases and waivers contained herein.

User warrants that User has entered into the releases and waivers contained in  
this Agreement voluntarily and that User makes them without any duress or undue influence of  
any nature by any person or entity.

User agrees to assume all risk, chance or hazard that any loss sustained by User  
or any other person or entity may be greater or more extensive than is known, anticipated or  
expected.

  
\_\_\_\_\_  
Signature of User Agent

WADE WILLIAMS  
\_\_\_\_\_  
Printed Name of User Agent

Date: 7/12/22



Rachel Bartlett <[rbartlett@discovermoab.com](mailto:rbartlett@discovermoab.com)>

## Fwd: Online Facility Reservation

1 message

**Wade Williams** <[3wfabrication@gmail.com](mailto:3wfabrication@gmail.com)>  
To: [rbartlett@discovermoab.com](mailto:rbartlett@discovermoab.com)

Thu, Jul 21, 2022 at 11:53 AM

Rachel,

Sorry for the pain. This is from my work email for Balzer Bash 2020.

This was received from the Parks department as verification of reservation.

Wade

----- Forwarded message -----

From: **Wade Williams** <[3wfabrication@gmail.com](mailto:3wfabrication@gmail.com)>  
Date: Thu, Jul 21, 2022 at 1:47 PM  
Subject: Re: Online Facility Reservation  
To: Jamie H <[shop@moabcity.org](mailto:shop@moabcity.org)>

Thank you

On Thu, Jul 21, 2022 at 1:46 PM Jamie H <[shop@moabcity.org](mailto:shop@moabcity.org)> wrote:

**Moab City Public Works**  
**435-259-7485**

----- Forwarded message -----

From: <[noreply@civicplus.com](mailto:noreply@civicplus.com)>  
Date: Wed, Jan 5, 2022 at 9:36 AM  
Subject: Online Facility Reservation  
To: <[shop@moabcity.org](mailto:shop@moabcity.org)>, <[events@moabcity.org](mailto:events@moabcity.org)>, <[mjohnson@moabcity.org](mailto:mjohnson@moabcity.org)>, <[tstott@moabcity.org](mailto:tstott@moabcity.org)>

Thank you for reserving the following facility, [City Parks - Old City Park](https://moabcity.org/Facilities/Facility/Details/City-Parks-Old-City-Park-34) [<https://moabcity.org/Facilities/Facility/Details/City-Parks-Old-City-Park-34>].

Please contact us if you have any questions, concerns, or need to make changes to your reservation.

If you would like to add this to your calendar, download the attached calendar file(s).

The following form was submitted:

Event Name: Blazer Bash 2022

Event Details: BBQ and meet n greet

Event Date: 9/9/2022 7:00 AM to 10:00 PM

All Day: Yes

First Name: Wade

Last Name: Williams

Email Address: [3wfabrication@gmail.com](mailto:3wfabrication@gmail.com)

Phone Number: 8652717073

Address1: [104 Monday Rd](#)

City: Corryton

State: Tennessee

Zip: 37721

Type of Event: BBQ

# of people: 100

Agreement to Park Policies: [click here](#)

Reservation: 4 hours or less

Price: 35.00

Reservation Quantity: 0

Reservation: More than 4 hours

Price: 85.00

Reservation Quantity: 1

Damage and Clean-up: 100-300 people

Deposit Amount: 150.00

Quantity: 0

Damage Clean-up: 300+ people

Deposit Amount: 300.00

Quantity: 0

Amplified Music: Service Fee

Fee: 30.00

Quantity: 0

Additional Information:

Form Submitted on: 1/5/2022 9:36 AM

Form Address: <https://moabcity.org/Facilities/ReservationForm/NewReservation/34>



**Gabriel Woytek**  
**Grand County Clerk Auditor**  
 125 East Center Street \* Moab, Utah 84532  
 (435) 259-1321 FAX (435) 259-2959

**GRAND COUNTY TEMPORARY BUSINESS LICENSE**

DATE: 7/12/22

Temporary Business License # \_\_\_\_\_

Date Issued \_\_\_\_\_

Beer License # \_\_\_\_\_

Paid - CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ CREDIT CARD \_\_\_\_\_

**GRAND COUNTY OFFICE USE ONLY**

Business Name: 3W FABRICATION

Business Location: 104 MONDAY RD CORYTON TN 37721

Special Event Sales Tax License #: 1997-22-0001

Mailing Address: 104 MONDAY RD

City: CORYTON State: TN Zip: 37721

Phone # (719) 433-8810 FAX # ( ) - -

Owner's Name: WADE WILLIAMS

Email Address: BLAZERBASH@GMAIL.COM

Type of Business (explain in detail): EASTER JEEP SAFARI OFF ROAD TRAILS GUIDED RUNS

Do you provide overnight accommodations such as rooms, camping, or R.V. parking? Yes \_\_\_\_\_ No

Applicant Signature: [Signature]

*I declare that the statements made in this application are true and complete to the best of my knowledge and belief.*

**Applicants must obtain signatures from Grand County Officials listed below:**  
 Building Inspector 435-259-1345 \* Zoning 435-259-1343 \* Fire Chief 435-259-5557 \* Sanitarian 435-259-5602

Conditional Use or Use on Review? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Approved Zoning \_\_\_\_\_

Building Inspector Official Signature: \_\_\_\_\_

Zoning Official Signature: \_\_\_\_\_

Fire Department Official Signature: \_\_\_\_\_

Sanitarian Official Signature: \_\_\_\_\_



Utah State Tax Commission - Taxpayer Services Division - (801) 297-6303  
 P.O. Box 31431 - Salt Lake City, UT 84134-9988  
**Temporary Sales Tax License and Special Event Sales Tax Return**

TC-790C  
 Rev. 04/20  
 rtL113

**You are not required to complete or return this form or to collect sales and use tax if you are not regularly engaged in the business of selling the items you are offering at this event or all of the items that you are selling at this event are exempt from sales and use tax under Section 59-12-104.**

Event Account Number <b>13293373-002-SSE</b>	Temporary License Number <b>1997-22-0001</b>	Issued By <b>Tax Commission</b>	Date Issued <b>July 7, 2022</b>
Event Dates <b>9/1/2022 to 9/30/2022</b>		Local Tax Code <b>10011</b>	
Event Name <b>ONE TIME SALE *** MOAB</b>		State and Local Tax Rates <b>8.85 / 3.00 / 9.85</b>	
Event Location <b>HIGHWAY 191, MOAB, UT</b>		<b>Return and Payment Due By October 17, 2022</b>	

Enter sales and calculate tax due on lines 1 through 4. Enter total tax due on line 5. Enter amounts on coupon below.

	A. Sales		B. Tax Rate		C. Tax DUE
1. Merchandise	_____	X	8.850 % = 1.	_____	_____
2. Food	_____	X	3.000 % = 2.	_____	_____
3. Prepared Food	_____	X	9.850 % = 3.	_____	_____
4. Admission	_____	X	8.850 % = 4.	_____	_____
<b>5. TOTAL TAX DUE (Add lines 1, 2, 3 &amp; 4)</b>				<b>= 5.</b>	_____

**Copy the amounts in Column C to the return/payment coupon below.**  
 If the total tax due is less than \$1.00, write "NONE" on line 5 of the return/payment coupon, sign and send it to the address at the top of this form.  
**The return/payment coupon must be filled out and returned, even if no tax is due.**  
 Make check payable to the "Utah State Tax Commission." There is a fee to use your credit card. DO NOT SEND CASH BY MAIL.

Sign the coupon below. Your signature certifies the information reported on the coupon is true, correct and complete, to the best of your knowledge.  
 Cut the coupon on the dotted line. Keep the top portion for your records. Send the coupon and any payment to the address at the top of this form.

**Utah Special Event Sales Tax Return & Payment Coupon**

Media Number <b>16299828804</b>	Account ID <b>13293373-002-SSE</b>	License NO. <b>1997-22-0001</b>	Event Dates <b>9/1/2022 to 9/30/2022</b>	Filing Period <b>04-Sep-2022</b>	Payment Due By <b>Oct 17, 2022</b>
Name <b>WADE WILLIAMS</b>		Taxpayer ID - SSN or EIN (circle one) <b>15545289-002-SSE</b>		1. Merchandise Tax Due _____	
Doing Business As (DBA)				2. Food Tax Due _____	
Address <b>104 MONDAY RD</b>				3. Prepd Food Tax Due _____	
City <b>CORRYTON</b>	State <b>TN</b>	Zip Code <b>377215200</b>		4. Admission Tax Due _____	
Home Telephone Number		Business Telephone Number <b>719-433-8810</b>		<b>5. TOTAL TAX DUE</b> _____	

**S  
S  
E**

Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_

980004201629982880470000000000



Utah State Tax Commission - Taxpayer Services Division - (801) 297-6303  
P.O. Box 31431 - Salt Lake City, UT 84134-9988  
**Temporary Sales Tax License and Special Event Sales Tax Return**

TC-790C  
Rev. 04/20  
rtL113

**You are not required to complete or return this form or to collect sales and use tax if you are not regularly engaged in the business of selling the items you are offering at this event or all of the items that you are selling at this event are exempt from sales and use tax under Section 59-12-104.**

**The following instructions apply to all vendors who are not exempt from filing by the statement above.**

WADE WILLIAMS

104 MONDAY RD  
CORYTON TN 377215200

**Who Must File**

- Every person or business who participates at an event must file a return and pay any taxes collected.
- **You must file a return even if no sales are made or no taxes collected, even if you have a "display only" booth.**

**When to File**

- You must file the *Utah Special Event Sales Tax Return & Payment Coupon* within 10 days after the event ends.

**Background**

Based on Utah law, you must have a Sales Tax License for every business location including temporary locations. **Your booth or space at a Special Event is considered a temporary location.** You must get a *Temporary Sales Tax License* and file a *Special Event Sales Tax Return* when you participate in a Special Event. The form on the other side of this page is both a *Temporary Sales Tax License and Special Event Sales Tax Return* and is only valid for the event/location listed or shown on the *Temporary Sales Tax License*. This ensures the sales tax collected is allocated back to the proper city or town where the event was held.

**Complete the Tax Return**

- Complete Lines 1 through 4 in Columns A & C then enter the total tax due on Line 5 Column C.
- Copy the amounts from Column C, Lines 1 through 5 to the coupon at the bottom.
- Always keep the top portion of the form for your records.
  - If you made sales and have tax due, save time and the cost of postage! File & pay online using our secure Taxpayer Access Point (TAP) at [tap.utah.gov](http://tap.utah.gov).
  - Under "Payments" click *Make an e-Check Payment* or *Make a Credit Card Payment* (e-Check is free, however, there is a fee to use your credit or debit card).
  - Answer YES you are using a coupon. Use the information from the coupon on the other side to complete the online form.
  - Follow any instructions to complete the required fields and submit your payment.
  - You may not file online if you made NO sales and have NO tax due. You **must** send us the paper coupon.
  - **Using the Paper Coupon**
  - If you have tax due, make your check or money-order to the Utah State Tax Commission.
  - Use the enclosed envelope to mail the coupon and any payment to: P O BOX 31431, Salt Lake City Utah 84134-9988.

**Your Regular Sales and Use Tax Account**

Taxes you report and pay on this *Special Event Return* must be added to your **Gross Sales** line and subtracted on the **Adjustment** line of your regular TC-62 series return. Use parentheses (**0.00**) to show subtraction. Under certain rare circumstances, with permission from the Tax Commission's Special Event Representative, you may be able to file and pay Special Event taxes on your regular Sales and Use Tax Return. However this Special Event Return must still be filed using special instructions.

**Keep Records**

You should keep all records for at least THREE years and be able to produce those records for Tax Commission review. Keep records including: Sales made; Exemption Certificates for sales where you do not collect sales tax; Goods purchased tax free and used by you and other important information related to your business.

**Nonprofit Organizations**

You are required to collect tax unless you have a Utah State Religious or Charitable Institution Exemption Number. If you are a Religious or Charitable Institution and have the Utah exemption number write the number in the Taxpayer ID box on the coupon. Please note the sale of food by an exempt Religious or Charitable Institution (501C 3) is taxable if the food is sold to the general public..

**If You Do Not File the Special Event Return or Pay The Tax Due**

We may estimate an amount due if you do not file the return. We may charge penalty interest and other fees and we may record a lien against your property which may affect your credit report. In addition, we may require you to make a tax deposit before you may attend future events.

**Blazer Bash 2022**  
**Moab, Utah**  
**September 9<sup>th</sup> – 11<sup>th</sup>**  
**Emergency medical information**

We are doing three Easter Jeep Safari trails, as per our DOI/BLM permit requirements, each day.

Each trail has at least one FA/CPR certified participant. See attached certification cards.

Communications, for emergency purposes only, will be via 3 rented satellite phones provided by WF Communications. One for each trail group. See the attached contract for numbers and verification. We also have 7 participants with Garmin In-Reach communication devices.

The trails being ran are, see attached maps.

Friday September 9<sup>th</sup>,

Steel Bender

The Pickle

Chicken Corners

Saturday September 10<sup>th</sup>,

Kane Creek

Golden Spike

Prichet Canyon

Sunday September 11<sup>th</sup>,

Golden Spike

Hells Revenge

Moab Rim

Each vehicle is required to have a First Aid kit in good supply. This is part of our tech inspection.

Each vehicle is required to have a working, current tagged fire extinguisher.



BRANDON WATSON



HAS SUCCESSFULLY COMPLETED THE 16-HOUR COURSE,  
PASSED THE WRITTEN EXAMINATION, DEMONSTRATED  
PROFICIENCY IN MEDICAL, TRAUMATIC, ENVIRONMENTAL FIRST AID,  
AND IS HEREBY CERTIFIED IN:

# Wilderness First Aid

MAY 13, 2022

DATE OF CERTIFICATION

MAY 13, 2024

DATE OF EXPIRATION

PROGRAM DIRECTOR

MEDICAL DIRECTOR



ProCPR<sup>®</sup>  
By ProTrainings

CONTINUING EDUCATION: EQUIVALENT TO 2.0 CLASSROOM HOURS

SCAN THE QR CODE TO LEARN HOW TO APPLY FOR CONTINUING EDUCATION CREDITS

Adult CPR/AED

Brandon Watson

DATE ISSUED  
06 Jun 2022

RENEW BY  
06 Jun 2024



CERTIFICATE NUMBER  
165453361634306

INSTRUCTOR  
ROY W. SHAW #100

THIS CARD CERTIFIES THAT THE INDIVIDUAL HAS SUCCESSFULLY COMPLETED THE NATIONAL COGNITIVE EVALUATION IN ACCORDANCE WITH PROTRAININGS CURRICULUM AND THE 2020 AMERICAN HEART ASSOCIATION® GUIDELINES

scan code or enter certificate number at [protrainings.com/validate](http://protrainings.com/validate)  
[www.protrainings.com](http://www.protrainings.com) [support@protrainings.com](mailto:support@protrainings.com)

Dear Brandon,

Your ProCPR Basic certificate is printed above.

You can access this page anytime by logging into [www.protrainings.com](http://www.protrainings.com) and clicking Print Certificate.

Sincerely,

The ProTrainings Team

P.S. If you had a good experience with us, please tell others about ProTrainings!

**BASIC LIFE SUPPORT****BASIC LIFE SUPPORT****BLS  
Provider****David Gurney**

has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

Issue Date	Renew By	eCard Code
4/2/2021	04/2023	215411793713



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to [www.heart.org/cpr/mycards](http://www.heart.org/cpr/mycards).

**Training Center Name** Anne Arundel County Fire Department, an Operating Department of Anne Arundel County, Maryland

**Training Center ID** MD05507

**TC City, State** Millersville, MD

**TC Phone** (410) 222-8360

**Instructor Name** Autumn Snyder

**Instructor ID** 07130186627

© 2020 American Heart Association 20-3001 10/20

**Directions**

1. Cut along dotted lines
2. Fold both halves together
3. Use adhesive to combine halves



**National Registry of  
Emergency Medical Technicians®**  
THE NATION'S EMS CERTIFICATION™

*hereby certifies that*

**David B. Gurney**

has obtained **National EMS Certification** as an  
EMS professional at the level designated below

Registry No.  
**E3595391**

Expiration Date  
**03/31/2023**

Provider Level  
**EMT**

*William Spatz*  
Executive Director

- This card is the property of the NREMT and must be surrendered upon request.
- You must present your National EMS Certification to the proper state authorities to receive state licensure in order to practice.
- Possession of this card allows you to use the appropriate post-nominal letters identifying your certification (as noted in your letter).
- It is your personal responsibility to maintain your certification.
- Please keep your contact information current by using [www.nremt.org](http://www.nremt.org).



Security Control No.

820094

Ben Fyffe

has completed the

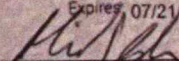
**NSC First Aid, CPR & AED Course**

Training Center: Safety Help Today

Completion Date: 07/21/2021

Expires: 07/21/2023

Instructional Hours: 7.5

  
Instructor Signature

2311780

Instructor No.

Keep this card for your records. Void if reproduced.

# RENTAL LEASE AGREEMENT

WF COMMUNICATIONS, LLC  
3991 SPANISH VALLEY DR.  
MOAB, UTAH 84532  
435 259-8240  
435 260-9173 (cell)

CUSTOMER: Wade Williams  
104 Monday Road  
Corryton, TN 37721

TELEPHONE 719-433-8810

RENTAL TERMS: \$ 15.00 per day per sat phone plus \$1.50 per minute usage

DESCRIPTION OF EQUIPMENT: 3 Satellite phone Phone: 254 204-8745, 863 833-8189, 254 204-8730,  
3 cases , 3 usb chargers

254 204-8745 Beginning minute meter: \_\_\_\_\_ ending minute meter \_\_\_\_\_

863 833-8189 Beginning minute meter: \_\_\_\_\_ ending minute meter \_\_\_\_\_

254 204-8730 Beginning minute meter: \_\_\_\_\_ ending minute meter \_\_\_\_\_

Dates of use: 09/09 – 09/11/2022

\$1.50 per minute satellite phone usage

Agreed to all terms Wade Williams  
Wade Williams (Jul 14, 2022 14:26 EDT)

Customer by signing above, confirms having agreed upon the terms and conditions set forth by WF COMMUNICATIONS, LLC. The rates, terms and conditions set forth herein are subject to change by WF Communications, LLC upon advance notice to the customer. **The customer shall be liable for theft, loss or damage to the equipment.** The Customer will notify WF Communications, LLC immediately of any problems that arise during use. The Customer will be responsible at WF Communications, LLC' option, to repair any damage to the equipment or to pay the then current WF Communications, LLC net user price for the equipment. This is payable to WF Communications, LLC as a replacement charge. WF Communications, LLC will not be responsible for any problems that are not reported immediately. The above signed unconditionally guarantees to WF Communications, LLC the prompt payment when due of all customer's obligations to WF Communications, LLC under this contract. There will be a 2% interest added to all accounts over 45 days old.

Credit Card 528108000013558 exp 02/24 as security for above equipment

CSV 764

**STATEMENT OF AUTHORITY**  
**3W Fabrication**

Entity Name: 3W Fabrication

Type of Entity: S Corporation

Formation State: Tennessee

Mailing Address: 104 Monday Rd. Corryton, TN. 37721

Name and Position of Each Person Authorized to Bind the Entity and Execute Contracts for the Entity: Wade Williams - President


Such Authority is:  NOT LIMITED       LIMITED as follows:

This Statement of Authority is Executed by the Entity pursuant to Utah Law.

This Statement of Authority amends and supersedes all prior Statements of Authority which shall be of no further force or effect.

Effective Date: 7/12/2022

**ENTITY NAME: 3W Fabrication**

  
\_\_\_\_\_  
By: Wade Williams  
Its:

\_\_\_\_\_  
By:  
Its:

\_\_\_\_\_  
By:  
Its:

\_\_\_\_\_  
By:  
Its:



Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201-0038

Notice	CP261
Notice date	October 21, 2019
Employer ID number	84-2421541
To contact us	Phone 800-829-0115

Page 1 of 3

120449.194254.161506.7965 1 AB 0.412 530



3W FABRICATION  
104 MONDAY RD  
CORRYTON TN 37721



120449

We've accepted your S Corporation election

## You will be treated as an S Corporation starting July 16, 2019

We've accepted your S Corporation election.  
As a result, your tax year will end in December,  
and you will be treated as an S Corporation  
starting July 16, 2019.

### What you need to do

You don't need to take any action.

Review this notice to understand some of your obligations and responsibilities as an S Corporation.

Continued on back...



3W FABRICATION  
104 MONDAY RD  
CORRYTON TN 37721

Notice	CP261
Notice date	October 21, 2019
Employer ID number	84-2421541

## Contact information

INTERNAL REVENUE SERVICE  
OGDEN, UT 84201-0038

If your address has changed, please call 800-829-0115 or visit [www.irs.gov](http://www.irs.gov).

Please check here if you've included any correspondence. Write your Employer ID number (84-2421541) on any correspondence.

Primary Phone	Best time to call	Secondary Phone	Best time to call
	a.m. p.m.		a.m. p.m.



842421541 CY 00 2 000000

Date of this notice: 07-17-2019

Employer Identification Number:  
84-2421541

Form: SS-4

Number of this notice: CP 575 A

3W FABRICATION  
104 MONDAY RD  
CORRYTON, TN 37721

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 84-2421541. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	10/31/2019
Form 940	01/31/2020
Form 1120	04/15/2020

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

**IMPORTANT INFORMATION FOR S CORPORATION ELECTION:**

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**  
State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

### Filing Information

Name: **3W Fabrication Inc**

#### General Information

<b>SOS Control #</b>	<b>001040014</b>	Formation Locale: TENNESSEE
Filing Type:	For-profit Corporation - Domestic	Date Formed: 07/16/2019
	07/16/2019 11:17 AM	Fiscal Year Close 12
Status:	Active	
Duration Term:	Perpetual	

#### Registered Agent Address

EILEEN MAY WILLIAMS  
EILEEN WILLIAMS  
104 MONDAY RD  
CORRYTON, TN 37721

#### Principal Address

WADE WILLIAMS  
104 MONDAY RD  
CORRYTON, TN 37721-5200

The following document(s) was/were filed in this office on the date(s) indicated below:

<u>Date Filed</u>	<u>Filing Description</u>	<u>Image #</u>
07/29/2020	2019 Annual Report	B0898-3019
	Principal Postal Code Changed From: 37721 To: 37721-5200	
07/16/2019	Initial Filing	B0735-5606

<u>Active Assumed Names (if any)</u>	<u>Date</u>	<u>Expires</u>
--------------------------------------	-------------	----------------

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
**SPECIAL RECREATION PERMIT**

(16 U.S.C. 6801 et seq., 43 U.S.C. 1701 et seq., 43 CFR Group 2930)

Permit No.  
**MFO--Y010-16-058R**

BLM Issuing Office  
**Moab Field Office**  
DOI-BLM-UT-Y010-2011-0200

Permittee 3W Fabrication

Authorized Representative Wade Williams

Address

104 Monday Rd  
Corryton, TN 37721

Phone Number (719) 433-8810

Email Address blazerbash@gmail.com

Fax Number \_\_\_\_\_

Website www.blazerbash.com

Permit is for (check all that apply):  Commercial Use  Competitive Use  Organized Group Activity or Event  Vending

Date Issued 7/23/2021 Date Expires 12/31/2030 (Terms greater than one year subject to annual authorization)

Seasonal or other period of limitations Easter Jeep Safari

Permit Fee Formula Organized Group: Greater of \$115/year or \$6/person/day  
If other, specify \_\_\_\_\_

Assigned Sites (commercial only):  None No. of Assigned Sites subject to fees \_\_\_\_\_

Special Area Fees Apply:  Yes  No Special Area Fee \_\_\_\_\_

Minimum insurance coverage requirement Low Risk: \$300,000 per occurrence, \$600,000 annual aggregate

Permit is valid only if a current Certificate of Insurance, listing the United States as additional insured, is on file with the issuing BLM Office.

Post use report due date(s) 30 days after last use of year Bond Requirement:  None Bond Amount \_\_\_\_\_

Purpose and activities authorized

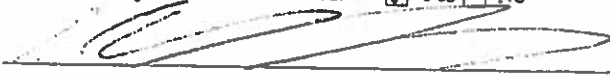
4x4 Event

Approved Area of Operation

Jeep Safari Routes

Certification of Information: I certify use of this permit will be as per the operations plan on file with BLM. I acknowledge I am required to comply with any conditions required by the BLM including the General Terms and Permit Stipulations listed on the following pages of this form and any additional stipulations which may be attached.

Additional stipulations are attached:  Yes  No



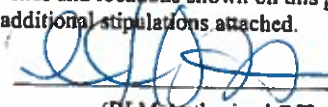
(Permittee Signature)

7/23/21  
(Date)

Approved and issued for the conduct of permitted activities and locations shown on this permit and in conformance with the operating plan. Permit is subject to General Terms and Permit Stipulations any additional stipulations attached.

Nicollee Gaudlis-Wyatt

(BLM Authorized Officer Printed Name)



(BLM Authorized Officer Signature)

7/23/2021  
(Date)

## GENERAL TERMS AND PERMIT STIPULATIONS

- A. Compliance with laws, regulations, and other legal requirements.** The permittee shall comply with all Federal, State, and local laws; ordinances; regulations; orders; postings; or written requirements applicable to the area or operations covered by the Special Recreation Permit (SRP). The permittee shall ensure that all persons operating under the authorization have obtained all required Federal, State, and local licenses or registrations. The permittee shall make every reasonable effort to ensure compliance with these requirements by all agents of the permittee and by all clients, customers, participants, and spectators under the permittee's supervision.
- B. Modification, Suspension, Termination.** An SRP authorizes special uses of the public lands and related waters and, should circumstances warrant, the permit may be modified by the BLM at any time, including modification of the amount of use. The Authorized Officer may suspend or terminate an SRP if necessary to protect public resources, health, safety, the environment, or because of non-compliance with permit stipulations. Actions by the BLM to suspend or terminate an SRP are appealable.
- C. Permit Value & Operating Rights.** No value shall be assigned to or claimed for the permit, or for the occupancy or use of Federal lands or related waters granted thereupon. The permit is not to be considered property on which the permittee shall be entitled to earn or receive any return, income, price, or compensation, and may not be used as collateral for a loan. In the event of default on any mortgage or other indebtedness, such as bankruptcy, creditors shall not succeed to the operating rights or privileges of the permittee's SRP. This permit, which is revocable and terminable, is not a contract or a lease, but rather a federal license.
- D. Non-Exclusive Use.** Unless expressly stated, the SRP does not create an exclusive right of use of an area by the permittee. The permittee shall not interfere with other valid uses of the federal land by other users. The United States reserves the right to use any part of the area for any purpose.
- E. Subcontracting.** Where the BLM authorizes a permittee to subcontract a portion of the permitted activities, the permittee must retain operational control of the permitted activities and must also comply with any applicable special stipulations related to contractors and subcontractors, which may include, but are not limited to, provisions regarding permit compliance, fee payment, reporting requirements, and insurance requirements.
- F. Advertising.** All printed, electronic, and oral advertising and representations made to the public and the Authorized Officer must be accurate. Although the addresses and telephone numbers of the BLM may be included in advertising materials, the permittee will not seek or obtain trademark rights, use or incorporate the names, trademarks, or logos of the BLM, the Government, or their employees in any advertising, promotional, sales literature, or on any product without the prior written approval of the BLM for the specific use. The permittee shall not state or imply that the Government or any of its organizational units or employees endorses any product, service, or activity as being conducted by the BLM. The BLM does not directly or indirectly endorse any product or service provided, or to be provided, by the permittee whether directly or indirectly related to this Special Recreation Permit. The permittee may not portray or represent the permit fee as a special federal user's tax. The permittee must furnish the Authorized Officer with a current brochure, or website, including price list.
- G. Responsibility of Permittee.** The permittee assumes responsibility for inspecting the permitted area for any existing or new hazardous conditions, e.g., trail and route conditions, landslides, avalanches, rocks, changing water or weather conditions, falling limbs or trees, submerged objects, hazardous flora/fauna, abandoned mines, or other hazards that present risks for which the permittee assumes responsibility.
- H. Resource Protection:** The permittee cannot, unless specifically authorized, erect, construct, or place any building, structure, or other fixture on public lands. Upon leaving, the lands must be restored as nearly as possible to pre-existing conditions.
- I. Display of Permit:** The permittee, permittee's employees, agents, and Authorized Officer approved subcontractors, must present or display a copy of the SRP to an Authorized Officer's representative, or law enforcement personnel upon request. If required, the permittee must display a copy of the permit or other identification tag on equipment used during the period of authorized use.
- J. Operating Plan.** The operating plan submitted in the application corresponding to this permit is incorporated as the operating plan for this permit. Any changes to your operations as described in this plan must be requested in writing to the BLM. This request must receive prior written approval from the BLM Authorized Officer, before the operating plan changes may take effect.
- K. Accounting Records:** The Authorized Officer, or other duly authorized representative of the BLM, may examine any of the books, documents, papers, or records pertaining to the permit or transactions related to it, in the possession of the permittee or its employees, business affiliates, or agents for up to three years after expiration of the permit. For permits with fees greater than \$10,000 annually, when requested by the BLM, the holder at its own expense shall have its annual accounting records audited by an independent public

accountant acceptable to the BLM. The permit holder must maintain internal accounting records pertaining to this authorized use, and these records must be readily discernable from accounting transactions with other permits, business endeavors or personal use. Accounting records must include the following:

1. A recordkeeping procedural outline or process plan.
  2. Customer receipt deposit log or similar detailed information, which includes at a minimum: A) Customer identifier; B) Location identifier; C) Dated deposit and amount; D) Gross fee collected; E) Subtotal after each customer transaction; F) Grand total after each deposit; G) Grand total of year-end receipts.
  3. Corresponding monthly bank statement ledgers to the customer receipt deposit log or other compensation attributed to activities conducted under this permit.
  4. Price advertisements.
  5. Original customer reservation listings or event registration sheets.
  6. A record of all financial relationships with booking agents, advertisers, subcontractors, and business affiliates connected to permitted use.
  7. A record of all receipts or compensation including payments, gratuities, donations, gifts, bartering, etc., received from any source not captured in the customer receipt deposit log for activities conducted under the permit.
  8. A record of all payments made by the permit holder and claimed as a deduction in the permit holder fee submission. Records consist of receipts, debit transaction logs, bank statements, or similar records.
  9. W-2 records or other similar records of employment for all employees conducting activities under the permit.
- L. Revenue Reporting:** The permittee must submit a post-use report and any other required forms to the Authorized Officer according to the due dates shown on the permit. If the post-use report is not received by the established deadline, the permit will be suspended and/or late fees assessed. The post-use report must contain a trip-by-trip log of trip location, beginning and ending dates of each trip, number of clients, number of guides, and gross receipts for the trip. Deductions based on pre- and post- trip transportation and lodging expenses and percentage of time on public land, if being claimed, must be described in advance in the permittee's Operations Plan. Transportation and lodging deductions must be accompanied by copies of supporting receipts documenting proof of payment.
- M. Resource Damage and Injury Reporting:** The permittee shall notify the Authorized Officer of any incident that occurs while involved in activities authorized by this permit, which result in death, personal injury requiring hospitalization or emergency evacuation, or in property damage greater than \$2,500 (lesser amounts if established by State law). Reports should be submitted within 24 hours.
- N. Insurance:** If required by the Authorized Officer, the permittee shall carry general liability insurance against claims occasioned by the action or omissions of the holder, its agents, employees, volunteers, and contractors in carrying out activities and operations under this permit. The policy shall name the "Bureau of Land Management – DOI" as additional insured. Permittee agrees to have on file with the BLM copies of the above insurance with the proper endorsements.
- O. Fee Payment:** The permittee must pay the required fees before the BLM will authorize your use. For installment payments when more than \$1,000 is owed, the permittee must submit a BLM promissory note, which must be signed by the Authorized Officer. For multi-year permits, final payments may be adjusted based on post-use reports. For multi-year commercial permits, excess payments will be applied toward the following years or seasons estimated fee. For permits other than multi-year commercial permits, the BLM will give the permittee the option whether to receive refunds or credit overpayments to future permits, less processing costs.
- P. Equal Opportunity and Nondiscrimination**  
The permittee, its employees, and affiliates shall not discriminate against any person on the basis of race, color, sex, national origin, age, or disability or by curtailing or refusing to furnish accommodations, facilities, services, or use privileges offered to the public generally. In addition, the holder and its employees shall comply with the provisions of Title VI of the Civil Rights Act of 1964 as amended, Section 504 of the Rehabilitation Act of 1973, as amended, Title IX of the Education Amendments Act of 1972, as amended, and the Age Discrimination Act of 1975, as amended.



State of Utah  
School and Institutional  
Trust Lands Administration

SOUTHEASTERN AREA OFFICE  
217 East Center Street, Suite 230  
Moab, Utah 84532-2482  
435-259-7417  
trustlands.utah.gov

Michelle E. McConkie  
Director

**RIGHT-OF-ENTRY PERMIT NO. 7134**

Beneficiary: Schools

This Right-of-Entry Permit No. 7134 (this “**Permit**”) is between the State of Utah, through the School and Institutional Trust Lands Administration, 675 East 500 South, Suite 500, Salt Lake City, Utah 84102 (“**SITLA**”), and Blazer Bash, 104 Monday Road, Corryton, TN 37721 (the “**Permittee**”).

1. **Key Terms.**

- a. **Permitted Property:** The Permitted Property is described on Exhibit A.
- b. **Effective Date:** September 9, 2022
- c. **Termination Date:** September 11, 2022
- d. **Authorized Activities:** 4X4 Event
- e. **Permitted Equipment:**
- f. **Rent:** \$400.00
- g. **Insurance Limits:**
  - i. Per occurrence: not less than \$1,000,000
  - ii. Combined limit: not less than \$3,000,000
- h. **Applicable Special Conditions:** Exhibit B, sections 1a, 2a, 3c&d, 5, 6.

2. **Grant of Right-of-Entry.** SITLA hereby grants Permittee a non-exclusive right to enter the Permitted Property for the Authorized Activities on the terms and conditions of this Permit and pursuant to Utah Administrative Code R850-41. All terms of R850-41 are incorporated into this Permit by reference.

3. **Special Conditions.** This Permit is subject to those sections of the Applicable Special Conditions that are identified in Section 1.h.. If there is a conflict between the Applicable Special Conditions and the terms of this Permit, the Applicable Special Conditions govern.

4. **Term.** This Permit begins on the Effective Date and ends on the Termination Date.

5. **Authorized Activities; Limitations.**

- a. **Authorized Activities.** Permittee may use the Permitted Property for the Authorized Activities and for no other purposes.
- b. **Conditions of Permit.** In using the Permitted Property for the Authorized Activities, Permittee: (a) shall comply with all agency rules at Utah Administrative Code R850, and all other applicable federal, state, and local statutes, regulations, and ordinances; and (b) may not use the Permitted Property for any uses other than the Authorized Activities or those uses authorized by agency rules.
- c. **Use of Public Roads.** Permittee may only use county or state roads or other routes designated as open to the public (“**Public Routes**”) by SITLA. Permittee shall promptly repair any damage done to such routes at its expense and shall leave the Public Routes in a good condition.
- d. **Permitted Equipment.** Permittee may only use the Permitted Equipment on the Permitted Property. All personnel and participants shall follow the age and education requirements and equipment requirements for the Permitted Equipment, as required by applicable law and the rules established for the Authorized Activities. Permittee may only use the Permitted Equipment on Public Routes within the Permitted Property that are appropriate for the use of the Permitted Equipment, unless otherwise authorized in this Permit.

6. **Existing Interests and Conflicts of Use.** This Permit is issued on a non-exclusive basis. Permittee shall notify those parties with interest in the Permitted Property that are listed on Exhibit C of Permittee’s Authorized Activities. Permittee accepts this Permit subject to all such existing interests and shall coordinate its activities with such other interested parties. SITLA reserves the right to issue additional right-of-entry permits or convey other interests in the Permitted Property without compensation to Permittee.

7. **Cultural Resources.** Pursuant to all applicable laws regarding cultural, archaeological, paleontological, and antiquities resources, and pursuant to Utah Administrative Code R850-60-900, upon discovery of a Site, Historic Property, Remains, Antiquities, or Critical Paleontological Resources, Permittee shall immediately cease all activities until such time as the discovery has been evaluated and treated to SITLA’s satisfaction. All Specimens are and will remain the property of the State of Utah. All capitalized terms in this Section 7 not otherwise defined in this Permit are defined in the Utah Code or in SITLA’s administrative rules at R850.

8. **Restoration and Reclamation.** Permittee, at its sole expense, shall promptly repair any damage to roads, trails and/or any area of the Permitted Property that occurs during the duration of this Permit to the satisfaction of SITLA. Permittee, at its sole expense, shall reclaim any holes or other surface disturbances on the Permitted Property created by Permittee’s use of the Permitted Property.

9. **Posting of Permit.** The Permittee and any persons providing services under this Permit must present or display a copy of the Permit to any authorized officers, representative, or law enforcement personnel upon request to determine the validity of the permit.

10. **Termination.** Permittee may terminate this Permit on 30 days’ written notice to SITLA. Permittee is not entitled to a refund of any portion of the Rent and shall comply with all obligations under this Permit within the 30-day notice period.

11. **Covenant Against Liens.** Permittee may not suffer or permit to be enforced against any or all of the Permitted Property, any mechanic's, material men's, contractor's or subcontractor's liens arising from and any claim for damage growing out of, the work of, any construction, repair, restoration, replacement, or improvement done by or on behalf of Permittee. Permittee shall pay or cause to be paid all such liens, claims, or demands before any action is brought to enforce the same against the Permitted Property. If Permittee in good faith contests the validity of any lien, claim, or demand, then Permittee shall, at its expense, defend itself and SITLA against the same and shall pay and satisfy any adverse judgment that may be rendered. Permittee shall, at the request of SITLA, provide such security and take such steps as may be required by law to release the Property from the effect of such lien.
12. **Insurance.** Permittee, at its sole cost and expense, shall at all times during the Term maintain an insurance policy or policies insuring against all liability resulting from property damage and injury or death occurring to persons in or about the Permitted Property, with the insurance limits set forth in the Key Terms. Permittee shall maintain a current, authenticated certificate of insurance on file with SITLA. Notwithstanding the foregoing, Permittee may satisfy its insurance obligations with blanket, layered, umbrella, conventional and/or manuscript forms of the required policy or policies. The insurance policies must: (i) be in the name of the Permittee; (ii) name SITLA as an additional insured (as evidence by an endorsement); (iii) cover Permittee's assumed obligation to indemnify SITLA; and (iv) waive all rights of subrogation against SITLA. All insurance policies must be issued by a company or companies rated "A" or better by the most current edition of Best's Insurance Guide, be authorized to do business in the State of Utah, and be approved by SITLA.
13. **Inspection; Disclaimer of Warranties; Waiver of Liability.** Permittee acknowledges that it has been afforded an opportunity to inspect the Permitted Property and, based upon such inspection, hereby accepts the Permitted Property in its existing, AS-IS condition, subject to all existing hazards to person or property, whether natural or manmade, known or unknown. SITLA disclaims all representations and Warranties that the Permitted Property is safe or fit for use for the Permitted Activities. Based on such acknowledgment and acceptance and in consideration for the grant of this Permit, Permittee does hereby release and forever discharge SITLA, its directors, officers, board of trustees, employees and beneficiaries from any and all liability, claims, damages, causes of action, or expenses for any bodily injury, death, or property damage that is suffered by Permittee or any person claiming by, through, or under Permittee and that occurs in connection with the use of the Permitted Property.
14. **Assumption of Liability; Indemnification.** Permittee assumes all liability for and shall indemnify, defend, and hold harmless SITLA, its directors, officers, board of trustees, employees, and beneficiaries from and against any and all claims, losses and liability, including without limitation attorney's fees and fire suppression activities, of any nature imposed upon, incurred by, or asserted against such parties that relates to or arises out of the activity of Permittee, its employees, agents, sublessees, assignees, or invitees, or any other person participating in the Authorized Activities pursuant to this Permit, including noncompliance with any of its terms.
15. **Bonding Provisions.** Prior to the issuance of this Permit or at any time during the Term, on 15 days' written notice, SITLA may require the applicant or Permittee to post a bond with SITLA in the form and amount approved or determined by SITLA to assure compliance with all terms and conditions of the Permit.

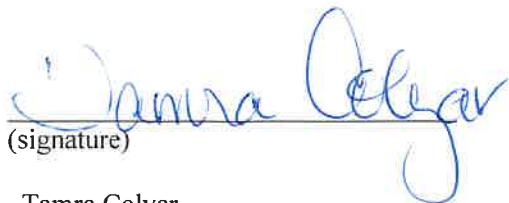
16. Miscellaneous.

- a. Notice. The parties shall send all notices given pursuant to this Permit to the other party in writing and by United States mail, postage prepaid, certified or registered, and sent to the address set forth in the introductory paragraph or to any other address as either party designates by written notice to the other.
- b. Assignments. Permittee may not assign this Permit without prior written approval of SITLA. Any attempted assignment without SITLA's prior written approval is void and unenforceable.
- c. Survival. All obligations of Permittee survive termination and continue until satisfied in full.
- d. Compliance with Existing Laws. Permittee, in exercising the privileges granted by this Permit, shall comply with the provisions of all valid federal, state, county, and municipal laws, ordinances, and regulations that are applicable to the Permittee, Permitted Property, the Authorized Activities, and all operations covered by this Permit. SITLA reserves the right to inspect the Permitted Property at any time to verify compliance with the terms of this Permit as well as all applicable laws, rules, and regulations.
- e. Continued Regulation by SITLA. The rights granted to Permittee under this Permit are subject to the continued regulation by SITLA. Permittee shall comply with Title 53C of the Utah Code and the Utah Administrative Code R850 rules as they exist at the Commencement Date and as they are amended.
- f. Amendments or Modifications. If Permittee desires to change any of the terms of the Permit, Permittee shall apply for an amendment following the same procedure as is used to apply for a new right-of-entry. A modification of this Permit is only binding if evidenced in writing and signed by each party.
- g. Permittee Liable for Actions of Representatives. Whenever this Permit imposes obligations or liabilities on Permittee, those obligations and liabilities apply to actions or inactions of Permittee's officers, directors, owners, agents, employees, sublessees, assignees, contractors, subcontractors, invitees, and concessionaires. Permittee hereby assumes all liability arising from the actions or inactions of Permittee's officers, directors, owners, agents, employees, sublessees, assignees, contractors, subcontractors, invitees, and concessionaires on the Permitted Property or pursuant to this Permit.
- h. Utah Law Applies, Successors and Assigns. The laws of the State of Utah govern this Permit. The terms and conditions of this Permit inure to and are binding on all successors and assigns of Permittee.
- i. Counterparts and Electronic Signatures. The parties may execute this Permit in counterparts, each of which when taken together will be deemed one and the same document. The parties may execute this Permit by exchange of electronic signatures and such electronic signatures are enforceable against the signing party. The parties agree that an electronic version of this Permit, as amended, has the same legal effect and/or enforceability as a paper version as per Utah Code Ann. § 46-4-201.

The parties execute this Permit as of the Effective Date.

**STATE OF UTAH,  
SCHOOL AND INSTITUTIONAL  
TRUST LANDS ADMINISTRATION**

**Blazer Bash  
104 Monday Road  
Corryton, TN 37721**



(signature)

Tamra Colyar

(print name)

Office Specialist

(title)

\_\_\_\_\_

(signature)

\_\_\_\_\_

(print name)

\_\_\_\_\_

(title)

*Template approved by legal on 3/3/2021*

**Exhibit A**  
Description of Permitted Property

Township 21 South, Range 16 East, SLB&M  
Section 36: Within

Township 22 South, Range 16 East, SLB&M  
Section 2: Within

Township 22 South, Range 17 East, SLB&M  
Section 32: Within

Township 22 South, Range 19 East, SLB&M  
Sections 15, 22, 23, 24: Within

Township 22 South, Range 20 East, SLB&M  
Section 36: Within

Township 22 South, Range 21 East, SLB&M  
Sections 32, 36: Within

Township 22 South, Range 22 East, SLB&M  
Section 32: Within

Township 23 South, Range 17 East, SLB&M  
Section 2: Within

Township 23 South, Range 19 East, SLB&M  
Section 2: Within

Township 23 South, Range 20 East, SLB&M  
Sections 33, 34: Within

Township 23 South, Range 21 East, SLB&M  
Section 2: Within

Township 23 South, Range 22 East, SLB&M  
Section 36: Within

Township 23 South, Range 23 East, SLB&M  
Sections 2, 16, 32: Within

Township 23 South, Range 24 East, SLB&M  
Section 36: Within

Township 23 South, Range 26 East, SLB&M  
Section 16: Within

Township 24 South, Range 18 East, SLB&M  
Sections 32, 36: Within

Township 24 South, Range 19 East, SLB&M  
Sections 16, 32: Within

Township 24 South, Range 20 East, SLB&M  
Sections 2, 13, 14, 24, 25, 26, 35, 36: Within

Township 24 South, Range 22 East, SLB&M  
Section 2: Within

Township 24 South, Range 24 East, SLB&M  
Section 2: Within

Township 25 South, Range 18 East, SLB&M  
Sections 2, 16, 36: Within

Township 25 South, Range 19 East, SLB&M  
Sections 32, 36: Within

Township 25 South, Range 20 East, SLB&M  
Sections 2, 16, 32, 36: Within

Township 25 South, Range 25 East, SLB&M  
Section 35: Within

Township 26 South, Range 18 East, SLB&M  
Section 2: Within

Township 26 South, Range 19 East, SLB&M  
Section 2: Within

Township 26 South, Range 20 East, SLB&M  
Sections 2, 16: Within

Township 26 South, Range 21 East, SLB&M  
Section 33: Within

Township 26 South, Range 22 East, SLB&M  
Sections 6, 23, 24, 35: Within

Township 26 South, Range 25 East, SLB&M  
Sections 2, 3, 4, 5: Within

Township 27 South, Range 20 East, SLB&M  
Section 16: Within

Township 27 South, Range 21 East, SLB&M  
Sections 3, 4, 5, 7, 8, 9: Within

Township 27 South, Range 22 East, SLB&M  
Sections 1, 2, 12, 13, 16, 25, 26, 35: Within

Township 27 South, Range 23 East, SLB&M  
Section 7, 8, 18: Within

Township 28 South, Range 20 East, SLB&M  
Sections 2, 16, 36: Within

Township 29 South, Range 20 East, SLB&M  
Section 36: Within

Township 29.5 South, Range 20 East, SLB&M  
Section 36:

Township 37 South, Range 20 East, SLB&M  
Section 16: Within

Township 39 South, Range 11 East, SLB&M  
Section 36: Within

Township 40 South, Range 11 East, SLB&M  
Section 2: Within

**Exhibit B**  
Special Conditions

*Only those provisions identified in Section 1.h of the Permit apply.*

1. **Events with Participants.**

- a. **Waiver Signed by Participants.** Permittee shall require all participants in the Authorized Activities, including, without limitation, event participants, spectators, and personnel, to execute fully-signed waivers, a form of which is attached as Appendix A to this Exhibit B, prior to participating in the Authorized Activities. Permittee may use a different form of waiver, but such waivers must be approved by SITLA and require the participants to release “The State of Utah, School and Institutional Trust Lands Administration, and its directors, officers, board of trustees, employees and beneficiaries” from any and all liability, claims, damages, causes of action, or expenses for any bodily injury death, or property damage suffered by the participant. Permittee shall keep the waivers on file and produce them to SITLA upon request.
- b. **Post Permit.** The Permittee shall post a copy of this Permit in prominent view where all participants and public may view it (e.g., at the start of an event, staging area, in a commercial outfitters office or on their website, etc.).

2. **Reconciliation Payment; Calculation.**

- a. **Reconciliation Payment Required.** Within 30 days of the Termination Date, Permittee shall pay SITLA a “Reconciliation Payment” equal to the greater of: (1) 3% of the gross receipts collected by Permittee for the Authorized Activities multiplied by the percentage of land used in the Authorized Activities that is trust land; and (2) \$5.00 per participant per day in which Permittee used the Permitted Property for the Authorized Activities. Permittee may credit the Rent toward the Reconciliation Payment.
- b. **Records; Payment of Reconciliation Payment.** Permittee shall maintain all records relevant to calculation of the Reconciliation Payment, including: (i) receipts and invoices of amounts paid by participants, (ii) documentation showing those portions of the Permitted Property used for the Authorized Activities; (iii) a breakdown of the percentage of land used for the Authorized Activities that constitutes trust land. Permittee shall produce such records to SITLA within 15 days of the Termination Date. SITLA may inspect the books and records of Permittee for the purpose of verifying the accuracy of the Reconciliation Payment.

3. **Cultural, Archeological, Paleontological, and Antiquities Resources.** The parties hereby delete Section 7 in its entirety and replace it with the following:

- a. **Survey Required.** Prior to commencing any surface disturbing activity, Permittee shall, at its own cost and expense, complete a Cultural Resources Survey prepared by an approved archaeologist in accordance with applicable laws and regulations, and obtain SITLA’s prior consent.
- b. **SITLA’s Consent to Activities.** Permittee shall provide all Cultural Resource compliance materials to SITLA prior to commencing the surface-disturbing activity. SITLA will

review all such materials and may withhold or condition its consent to surface-disturbing activities if such activities would result in impacts to Cultural Resources.

- c. Discovery of Site. On discovery of a Site, Historic Property, Remains, Antiquities, or Critical Paleontological Resource, Permittee shall immediately cease all activities until such time as the discovery has been evaluated and treated to SITLA's satisfaction.
- d. Property of State. All Specimens are and will remain the property of the State of Utah.

4. **Large Camping/Therapy Groups**

- a. Human or Animal Waste. Permittee may not leave human or animal fecal matter on the Permitted Property or any other trust lands. Permittee shall use WAG BAGs or port-a-potty systems to ensure fecal matter is appropriately contained and removed from trust lands.
- b. Water Protection. Permittee may not camp within one-half mile from any water source. Permittee may not permit bathing, washing, or cleaning of any kind within 300 yards from any water source.
- c. Fires. Permittee may only have fires on the Permitted Property if permitted by local, state or federal authorities and only if the fires are built and kept in a fire pan at least six inches off the ground. Permittee may leave ash and coals, completely cooled down, on the Permitted Property if the ash and coals are crushed, sifted, scattered so that there is no visual evidence of the fire. Permittee may only use dead wood lying on the ground as fuel or fires.
- d. Campsite Rotation; Location Monitoring. Permittee shall rotate campsites on the Permitted Property to protect each campsite from overuse. Permittee shall supply SITLA with a copy of its itinerary and expected GPS coordinates of each campsite located on the Permitted Property before conducting the Authorized Activities. Permittee shall provide SITLA the actual GPS coordinates of the location of each campsite located on the Permitted Property to ensure proper land use and campsite rotation.

5. **Insurance.** The parties hereby delete Section 12 in its entirety and replace it with the following:

- a. Liability Insurance. Permittee, at its sole cost and expense, shall at all times during the Term maintain in force an insurance policy or policies that name SITLA and Permittee as insureds against all liability resulting from property damage, injury or death occurring to persons in or about the Permitted Property, with limits for each occurrence of not less than \$2,500,000, combined single limit, with respect to personal injury, death, and property damage. Permittee shall provide SITLA, without necessity of demand, a certificate of insurance.
- b. Other Insurance. Permittee, at its sole cost and expense, shall at all times during the Term maintain and keep in force:
  - i. workmen's compensation insurance on its employees, if any, required under the applicable workmen's compensation laws of the State of Utah; and

- ii. such other and additional insurance policies as a prudent permittee in the position of Permittee would maintain consistent with industry standards for Permittee's business, or as required by law.
  - c. Policy Requirements. All insurance policies held by Permittee must:
    - i. be issued by a company rated "A" or better by the then most current edition of Best's Insurance Guide (or if such guide is no longer published, then having a comparable rating as specified by SITLA), responsible and authorized to do business in the State of Utah, and approved by SITLA;
    - ii. waive the insurance company's rights of subrogation against the State of Utah;
    - iii. name the State of Utah as an additional insured;
    - iv. provide for specific coverage of Permittee's assumed obligation to indemnify the State of Utah; and
    - v. ensure the name of the insured on the insurance policy is the same as the name of Permittee.
  - d. Notice of Change. Permittee shall notify SITLA at least 30 days prior to the termination or modification of any insurance policies.
6. Leave No Trace. Permittee shall keep the Permitted Property in pristine condition and ensure that all activities conform to the *Leave No Trace Seven Principles*:
  - Plan ahead and Prepare
  - Travel and camp on durable surfaces
  - Dispose of waste properly
  - Leave what you find
  - Minimize campfire impacts
  - Respect wildlife
  - Be considerate of other visitors

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