

**SPECIAL EVENTS PERMIT APPLICATION
CITY OF TAYLORSVILLE**

City of Taylorsville
2600 West Taylorsville Blvd.
Taylorsville, UT 84129

Phone: 801-963-5400
Fax #: 801-963-7891
www.taylorsvilleut.gov

EVENT NAME:

APPLICANT INFO:

Applicant's Name: _____

Organization: _____

Mailing Address: _____

City, State, Zip: _____

Day Phone: _____ Cell/other: _____

E-mail: _____

Event Web Address: _____

ALTERNATE CONTACT:

Alternate contact: _____ Day Phone: _____

Cell/other: _____ E-mail: _____

LOCATION:

Location: _____ Location Details/Address: _____

EVENT DETAILS:

Event	Date(s):	Start time:	End time:
Set-up	Date(s):	Start time:	End time:
Clean-up	Date(s):	Start time:	End time:

Is this a recurring event? If yes; daily, weekly or other?

TYPE OF ACTIVITY: (check all that apply):

<input type="checkbox"/> Concert	<input type="checkbox"/> Cycling	<input type="checkbox"/> Demonstration	<input type="checkbox"/> Festival
<input type="checkbox"/> March/Procession	<input type="checkbox"/> Parade	<input type="checkbox"/> Protest	<input type="checkbox"/> Rally
<input type="checkbox"/> Religious	<input type="checkbox"/> Walk/Run - Competitive	<input type="checkbox"/> Walk/Run - Fun	<input type="checkbox"/> Other:

PARTICIPANTS:

Number of participants expected: _____ Number of volunteers/event staff: _____

Open to the Public Private Group/Party

If event is open to the public, is it: Entrance Fee/Ticketed Event? Fee for Participants/Racers/Runners Only

VENDORS/FOOD/ALCOHOL:

<input type="checkbox"/> Vendors / merchants <i>if yes, check all that apply</i>	<input type="checkbox"/> Vendors giving away products/services	<input type="checkbox"/> Vendors selling products / food
#:		
<input type="checkbox"/> Food <i>if yes, check all that apply</i>	SL Valley Health Dept., 385-468-3817	
<input type="checkbox"/> given away	<input type="checkbox"/> catered by restaurants/vendors	<input type="checkbox"/> prepared on site
<input type="checkbox"/> Alcoholic Beverages	Taylorsville Business Licensing, 801-963-5400 Utah DABC, 801-977-6800	

TENTS/STAGES/STRUCTURES:

<input type="checkbox"/> Tents/Pop-up Canopies	#:	Taylorsville Building Dept., 801-963-5400
	Dimensions:	
<input type="checkbox"/> Temporary Stage	Dimensions:	<i>(please include details on site map)</i>
Description of Tents/Canopies/Stage, etc.:		

SITE SETUP/SOUND:

<input type="checkbox"/> Fencing/Scaffolding	<i>(please include details on site map)</i>	
<input type="checkbox"/> Barricades	<i>(must obtain privately)</i>	
<input type="checkbox"/> Portable Sanitary Units	SL Valley Health Dept., 385-468-3817	
<input type="checkbox"/> Music <i>if yes, check all that apply</i>	<input type="checkbox"/> Acoustic	<input type="checkbox"/> Amplified
<input type="checkbox"/> PA/Audio system	Type/Description:	
<input type="checkbox"/> Fireworks / Fire Performances / Open Flame	UFA Fire Inspector, 801-743-7232	
<input type="checkbox"/> Propane/Gas on site		

ROAD & SIDEWALK USE:*You may begin to coordinate in advance with these contacts:*

<input type="checkbox"/> Road Use	Location:	Taylorsville Engineer, John Taylor 801-963-5400
	<i>(please include details on site map)</i>	
<input type="checkbox"/> Sidewalk Use	Location:	<input type="checkbox"/> Will stay on sidewalks and follow pedestrian laws
	<i>(please include details on site map)</i>	
<input type="checkbox"/> Parade	# of Floats:	
<input type="checkbox"/> Sidewalk usage	Location:	
	<i>(please include details on site map)</i>	

SECURITY/OTHER:*You may begin to coordinate in advance with these contacts:*

Unified Police Department	Sgt. Mike Schoenfeld – 385-468-9435	# of Personnel:
<input type="checkbox"/> Animals	#:	What kind:
<input type="checkbox"/> Drawing or Raffle		
<input type="checkbox"/> Motion Pictures/Videos	<input type="checkbox"/> Other:	

My signature verifies that I have completed this application to the best of my knowledge and I am aware that I am responsible for paying for City services beyond “basic City services” (if applicable to my event).

Print Applicant’s Name

Applicant’s Signature

Date

EVENT DESCRIPTION

PLEASE DESCRIBE YOUR EVENT IN DETAIL AND ANY ADDITIONAL INFORMATION OR PAGES.

- *Please be sure to include any elements of your event that will help our review committee.*

	HOURS	ATTENDENCE LEVEL	ON-SITE ACTIVITIES	FOOD
DAY 1				
DAY 2				
DAY 3				
DAY 4				
DAY 5				
DAY 6				
DAY 7				

GENERAL DESCRIPTION:

CHECK FOR \$50.00 PROCESSING FEE, MADE PAYABLE TO THE CITY OF TAYLORSVILLE:

YES _____ **NO** _____ **RECEIPT NO:** _____

NAME OF SPONSORING GROUP: _____

SPONSOR CONTACT: _____

ADDRESS: _____ **PHONE:** _____

PROPOSED LOCATION OR ROUTE MAP AND BARRICADE PLAN ATTACHED:

YES: _____ **NO:** _____

EMERGENCY MEDICAL TECHNICIANS: _____

AGENCY: _____ **NUMBER OF PERSONNEL:** _____

ESTIMATED NUMBER OF PARTICIPANTS & SPECTATORS: _____

EXPECTED AVERAGE SPECTATOR'S LENGTH OF STAY: _____

WILL ANY AMPLIFIED MUSIC OR A PUBLIC ADDRESS SYSTEM BE USED AST THE EVENT? YES _____ **NO** _____

**CITY OF TAYLORSVILLE
SPECIAL EVENT PERMIT
LAW ENFORCEMENT STAFF RECOMMENDATION
ATTENTION: Sgt. Mike Schoenfeld, Unified Police Department**

EVENT DATE: _____

APPLICANT: _____

CONTACT PERSON: _____

SITE ADDRESS: _____

PHONE: _____ **FAX:** _____

EMAIL ADDRESS: _____

DESCRIPTION OF EVENT: _____

POLICE DEPARTMENT RECOMMENDATIONS: (For Police Use Only)

OTHER:

APPROVED BY: (PLEASE PRINT) _____

SIGNATURE: _____ **DATE:** _____

DETAILED SITE MAP

PLEASE INCLUDE A DETAILED SITE PLAN AND/OR ROUTE MAP IN THE SPACE PROVIDED BELOW. COMPUTER OR HAND-DRAWN SITE PLANS ARE APPROPRIATE. *Be aware that if you are faxing a map, many elements may not be visible.*

Your map should include: (Please all that apply)

- The names of streets, placement of barricades, and/or road closures
 - The areas where participants and vendors/merchants will park
 - Parade forming and disbanding areas, bleachers, etc.
 - Vendor, food and booth placement
 - Restrooms and water facilities
 - Waste containers
 - EMT center/First Aid Station
 - Contact person
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