SPECIAL EVENT PERMIT
APPLICATION PACKET

Event Date: _____

Event Location: _____

Dear Citizen:

Thank you for your inquiry regarding a Special Event permit in the City of Taylorsville. The following items are enclosed and/or required with the appropriate contact agencies listed:

1. Application for a permit to hold a special event in the City of Taylorsville. For non-applicable questions, fill in with N/A.
2. A copy of your site plan. The City will provide you a map at your request.
3. Proper notification of each resident who will be affected by street closure and vehicular access located within the designated boundaries of an event.
4. City of Taylorsville Police Department will evaluate and determine street closure, barricade requirements, and the need for officer assistance during the event. The Police Department can also provide barricades. Please contact Officer Mike Schoenfeld at the Unified Police Department, 385-468-9425.
5. If required, completion of Temporary Food Service Permit Application (contact Salt Lake Valley Health Department, (385-468-3817).
6. Initial application fee of $50.00.

Ordinance requires the return of your application within 30 days prior to the scheduled event. The application will be processed and you will receive an explanation letter granting or denying your request for a permit based on ordinance compliance and recommendation of the Unified Police Department.

If you have any questions or require assistance in completing this packet, please contact Tiffany Janzen at 963-5400 ext. 3010.

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):* ☐ Concert ☐ Cycling ☐ Demonstration ☐ Festival
☐ March/Procession ☐ Parade ☐ Protest ☐ Rally ☐ Religious
☐ Walk/Run - Competitive ☐ Walk/Run - Fun ☐ 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:

☐ **Vendors / merchants** *if yes, check all that apply*
#: ☐ **Vendors giving away products/services** ☐ **Vendors selling products / food**

☐ **Food** *if yes, check all that apply* SL Valley Health Dept., 385-468-3817
☐ **given away** ☐ **catered by restaurants/vendors** ☐ **prepared on site**

☐ **Alcoholic Beverages** Taylorsville Business Licensing, 801-963-5400
Utah DABC, 801-977-6800

TENTS/STAGES/STRUCTURES:

☐ **Tents/Pop-up Canopies** **#:** Taylorsville Building Dept., 801-963-5400
Dimensions:

☐ **Temporary Stage** **Dimensions:** *(please include details on site map)*

Description of Tents/Canopies/Stage, etc.:

SITE SETUP/SOUND:

☐ **Fencing/Scaffolding** *(please include details on site map)*

☐ **Barricades** *(must obtain privately)*

☐ **Portable Sanitary Units** SL Valley Health Dept., 385-468-3817

☐ **Music** *if yes, check all that apply* ☐ **Acoustic** ☐ **Amplified**

☐ **PA/Audio system** **Type/Description:**

☐ **Fireworks / Fire Performances / Open Flame** UFA Fire Inspector, 801-743-7232

☐ **Propane/Gas on site**

ROAD & SIDEWALK USE:

You may begin to coordinate in advance with these contacts:

☐ **Road Use** **Location:** *(please include details on site map)* Taylorsville Engineer, John Taylor 801-963-5400

☐ **Sidewalk Use** **Location:** *(please include details on site map)* ☐ **Will stay on sidewalks and follow pedestrian laws**

☐ **Parade** **# of Floats:**

☐ **Sidewalk usage** **Location:** *(please include details on site map)*

SECURITY/OTHER:

You may begin to coordinate in advance with these contacts:

Unified Police Department **385-468-9435** **# of Personnel:**

☐ **Animals** **#:** **What kind:**

☐ **Drawing or Raffle**

☐ **Motion Pictures/Videos** ☐ **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:

DETAILED SITE MAP

PLEASE INCLUDE OR ATTACH A DETAILED SITE PLAN AND/OR ROUTE MAP. 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:

- 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

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

YES _____ **NO** _____ **RECEPT 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: Lt. Wayne Dial, 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:** _____

Neighborhood/Resident Acknowledgement Form

RESIDENT NAME/ADDRESS: **SIGNATURE:**

FOR OFFICE USE ONLY

#		Date Logged:
____ Application Fee Paid	Date Paid:	Date Received: