



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. Should you have any police related questions, contact the Unified Police Dept., Special events officer at 385-468-9435.
5. If required, completion of a 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 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.

Please submit your completed application in person at Taylorsville City Hall, or by email to the Event Coordinator at kheineman@taylorsvilleut.gov. If you have any questions or require assistance in completing this packet, please contact Kris Heineman at 963-5400 Ext. 3014.

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

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"/> Block Party	<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
#:		SL Valley Health Dept., 385-468-3817
<input type="checkbox"/> Food <i>if yes, check all that apply</i>	<input type="checkbox"/> catered by restaurants/vendors	<input type="checkbox"/> prepared on site
<input type="checkbox"/> given away		Taylorsville Business Licensing, 801-963-5400
<input type="checkbox"/> Alcoholic Beverages		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., Andrea Gamble, 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 – Tom Smolka 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	Attn: Special Events Officer 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:

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: (Please list 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

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

YES _____ NO _____ RECEIPT NO: _____

NAME OF SPONSORING GROUP: _____

SPONSOR CONTACT: _____ Email _____

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 AT THE EVENT? YES _____ NO _____

CITY OF TAYLORSVILLE

SPECIAL EVENT PERMIT

LAW ENFORCEMENT STAFF RECOMMENDATION

ATTENTION: Unified Police Department, Special Events Officer

EVENT DATE: _____

APPLICANT: _____

CONTACT PERSON: _____

SITE ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

DESCRIPTION OF EVENT: _____

POLICE DEPARTMENT RECOMMENDATIONS: _____

OTHER:

APPROVED BY: (PLEASE PRINT) _____

SIGNATURE: _____ DATE: _____

