

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



## 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  
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., 801-313-6620	
<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., Dan Moore, 801-313-6629	
<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 – Tom Smolka (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:*

Taylorsville Police Dept	Taylorsville Police Department	# of Personnel:
<input type="checkbox"/> Animals	#:	What kind:
<input type="checkbox"/> Drawing or Raffle		801-955-2000
<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

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**EVENT DESCRIPTION**

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

**GENERAL DESCRIPTION:**

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## DETAILED SITE MAP

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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 and booth placement
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