

<b>EVENT:</b>		Date Received:
_____ \$50.00 Application Fee Paid	Date Paid:	City Administrator Review Date:
UPD Approval Date:		Date Approved:



## CITY OF TAYLORSVILLE SPECIAL EVENT PERMIT APPLICATION PACKET

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 located within the designated boundaries of an event who will be affected by street closure and vehicular access.
4. Street closure, barricade requirements and the need for officer assistance during the event will be evaluated and determined by the City of Taylorsville Police Department. The Police Department can also provide barricades. Please contact Saul Bailey at the City of Taylorsville Police Department, 385-468-9425.
5. If required, completion of Temporary Food Service Permit Application – SLVHD, 801-313-6620.

City 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 by the City of Taylorsville Police Department.

Please contact Patricia Kimbrough at 801-955-2009 or [pkimbrough@taylorsvilleut.gov](mailto:pkimbrough@taylorsvilleut.gov) if you have any questions.

**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):  
 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:**

<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., 801-313-6620
<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., 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	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:

- 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: \_\_\_\_\_

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 \_\_\_\_\_

# SPECIAL EVENT PERMIT

LAW ENFORCEMENT STAFF RECOMMENDATION

ATTENTION: SAUL BAILEY, UNIFIED POLICE DEPARTMENT

EVENT DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DESCRIPTION OF EVENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POLICE DEPARTMENT RECOMMENDATIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROVED BY: (PLEASE PRINT) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



