



### SPECIAL EVENTS PERMIT APPLICATION

FOR OFFICE USE ONLY (0931)		
Received By: _____	Date Received: _____	\$50 Fee Received & Receipt No.: _____ <i>(Non-refundable application fee)</i>

#### APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_

Sponsoring Business or Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Event Web Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone (24-Hour Access): \_\_\_\_\_

Special Event Promoting Organization (if different from Sponsor): \_\_\_\_\_

*If there are multiple sponsoring or promoting organizations, please attach contact information for each organization.*

#### EVENT INFORMATION

Type of Event:  Athletic     Entertainment     Filming     Political     Other \_\_\_\_\_

Event Name: \_\_\_\_\_

Detailed Description and Purpose of Event: \_\_\_\_\_

Event Start Date: \_\_\_\_\_ & Time: \_\_\_\_\_ End Date: \_\_\_\_\_ & Time: \_\_\_\_\_

Preparation Begins: \_\_\_\_\_ & Time: \_\_\_\_\_ Clean-Up Completed Date: \_\_\_\_\_ & Time: \_\_\_\_\_

Event Location: \_\_\_\_\_

Number of Event Staff & Volunteers: \_\_\_\_\_ Estimated Number of Participants / Spectators: \_\_\_\_\_

Number of Special Event Animals (if applicable): \_\_\_\_\_ Number of Special Event Vehicles (if applicable): \_\_\_\_\_

Emergency Medical Services Plan (Please attach any additional information): \_\_\_\_\_

Event Crowd Control and Safety Plan (Please attach any additional information): \_\_\_\_\_

Event Set-Up, Take-Down and Clean-Up Plan (Please attach any additional information): \_\_\_\_\_

#### MARK EACH YES OR NO

**Please see the attached pages to determine if any of the following apply to your event. If you answer yes to any of the following questions, please supply more information on the attached pages as pertinent to each question.**

- |  |   |
|--|---|
| <p>1. Public street/road, parking lot, sidewalk closure or disruption of the safe and orderly movement of vehicular, bicycle, and pedestrian traffic within the public rights of way? _____</p> <p>2. Any portion of event occurs on property not owned by sponsoring organization? _____</p> <p>3. Stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, booths, vehicles, trailers, lighting, sound, and power? _____</p> | <p>4. Any open fires and/or pyrotechnics? _____</p> <p>5. Will you be using signs/banners to advertise your event? _____</p> <p>6. Charging money or having vendors? _____</p> <p>7. Approval/Permits from other entities? _____</p> <p>8. Race, Parade or Pedestrian/Bicycle Event? _____</p> <p>9. Additional needs - portable toilets/waste collection? _____</p> <p>10. Taking place in a City Park/Facility? _____</p> <p>11. Requesting City Staff, Services, or Equipment? _____</p> |
|--|---|

---

**1. PUBLIC STREET/ROAD, PARKING LOT, OR SIDEWALK CLOSURE:** All events that require street closures, have street activities, disrupt the safe and orderly movement of vehicular, bicycle, and pedestrian traffic within the public rights-of-way, or require public parking to be blocked off must provide the following information and a Traffic Control Plan.

- Specify street/road(s) indicated on the Event Site Plan & Traffic Control Plan attached to this application. Streets or parking lots may only be barricaded for the date and hours specified below.
- If vehicular access to property will be affected by the closure, a notification plan must be attached.
- If the event is a neighborhood gathering/block party and will entirely or partially close a road, signatures consenting to the closure from all residents whose vehicular access to their property will be affected by the closure is required. Please attach a Residential Permission Slip.

Street(s)/Road/Hwy to be closed: \_\_\_\_\_  
\_\_\_\_\_

Date of Street or Parking Lot Closure: \_\_\_\_\_

Time(s) of Street or Parking Lot Closure: \_\_\_\_\_ to: \_\_\_\_\_

Name of Traffic Control Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

*If you are closing a State Highway then you must contact the Utah Department of Transportation (UDOT) for additional permits at [www.udot.utah.gov](http://www.udot.utah.gov) or 801-965-4000.*

---

**2. EVENT OCCURS ON PROPERTY NOT OWNED BY SPONSORING ORGANIZATION:** If any of your event occurs on property not owned by the sponsoring organization the following information must be provided (this includes private parking lots). Please see section 10 if the event takes place at a Tooele City facility.

Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Location: \_\_\_\_\_

- The Property Owner Authorization Form must be attached.

---

**3. STAGES, PLATFORMS, SCAFFOLDING, BLEACHERS, GRANDSTANDS, CANOPIES, TENTS, BOOTHS, VEHICLES, TRAILERS, LIGHTING, SOUND AND POWER:** May require inspection by the Building Department and/or Fire Department (additional fees may be applicable).

Describe any semi-permanent, mobile or moveable buildings, structure or vehicles to be used including stages, carts, stands, fences and barriers and attach illustrations and indicate location of these items on the Event Site Plan.

Please contact the Building Department and Fire Department for information regarding permitting and inspections at **(435) 843-2132**.

---

**4. ANY OPEN FIRES AND/OR PYROTECHNICS:** May require additional permits.

Please provide a detailed description.

Please contact the Fire Department at 435-843-2200 or [www.tooelefire.org](http://www.tooelefire.org).

---

**5. SIGNAGE/ADVERTISING:** Any of your event advertising that includes signs or banners must follow Tooele City Code 7-25-12(9) for temporary special event signs. Please Note: Signs may not be placed in public right-of-way (i.e.: park strips) and may not be placed in City Parks and Facilities (unless permission is granted through written authorization).

Please provide a detailed description of your advertising plan:

Please contact Tooele City at 435-843-2141 if you have questions about event advertising.

---

**6. BUSINESS LICENSE:** A business license is required any time you are receiving compensation for services or goods (this includes fundraisers). Special events sponsored by an existing, licensed business shall pay the special event license fee. Special events sponsored by a person or organization without a business license shall obtain a business license in addition to the special event license if required by Tooele City Code 5-1.

A copy of your Business License must be attached.

**Number of Merchandise Vendors:** \_\_\_\_\_ **Number of Onsite Food Service Vendors:\*** \_\_\_\_\_

Please contact the Tooele City Business Licensing Office to obtain a business license or for additional information regarding Business Licenses at (435) 843-2110. Tooele City Business License applications are available on our website [www.tooelecity.gov](http://www.tooelecity.gov).

*It is the Sponsoring Business or Organization's responsibility to notify anyone who collects money at the event that they are responsible to make the appropriate payments to the Utah State Tax Commission [http://tax.utah.gov/](http://tax.utah.gov) 800-662-4335 or 801-297-2200.*

\*It is the Sponsoring Business or Organization's responsibility to ensure that food vendors comply with Health Department regulations and have required permits.

---

**7. APPROVAL/PERMITS FROM OTHER ENTITIES:** Tooele City's Special Event Permit does not exclude you from having to permit with other entities neither can Tooele City issue permits or approve activities on behalf of other jurisdictions. It is the responsibility of the Sponsoring Organization to secure any and all necessary approvals from other entities. Examples of this may include mass gathering, noise, sanitation, food handling, alcohol and other matters. *Note: Every entity has their own permitting process and may take more than 30 days for approval, we recommend you plan accordingly.*

**Tooele County:** (435) 843-3140 or [www.tooeleco.gov](http://www.tooeleco.gov)

**Tooele County Health Department:** (435) 277-2300 or [www.tooelehealth.org](http://www.tooelehealth.org)

**Utah Department of Transportation (UDOT):** (801) 965-4000 or [www.udot.utah.gov](http://www.udot.utah.gov)

**Utah Department of Alcohol Beverage Services (DABS):** (801) 977-6800 or [www.abs.utah.gov](http://www.abs.utah.gov)

---

**8. RACE, PARADE, OR PEDESTRIAN/BICYCLE EVENT:**

Number and type of motor vehicles to be used (if any): \_\_\_\_\_

Number of walkers/foot racers: \_\_\_\_\_ Number of bicycles: \_\_\_\_\_

Description of staging/pre-event gathering and finish areas:

Race/Parade Route Map must be attached.

---

**9. ADDITIONAL NEEDS – PORTABLE TOILETS/WASTE COLLECTION:** Some events will require additional portable toilets/restroom facilities and waste collection. The following minimum requirements must be met:

**Bathroom Facilities:** Daily restroom inspections. Specify their locations on your Site Plan.

**Bathroom Service Provider's Name:** \_\_\_\_\_

**Garbage:** Daily garbage removal. Specify their locations on your Site Plan.

**Garbage Service Provider's Name:** \_\_\_\_\_

---

**10. EVENT TAKING PLACE IN A CITY PARK:** If your event is taking place in a city park, you may be required to reserve the pavilion(s). Additional fees may be applicable. It is the responsibility of the Sponsoring Organization to reserve any necessary facilities. Inflatable toys, such as bounce houses are only allowed in specific parks and locations, and additional insurance is required.

Park reservation confirmation must be attached.

Pavilions may be reserved online at [www.tooelecity.gov](http://www.tooelecity.gov) or in person at the Tooele City Parks and Recreation Office located at 255 South 100 East, Tooele. For additional information, contact the Parks and Recreation Office at (435) 843-2143.

---

**11. REQUESTING CITY STAFF, SERVICES, OR EQUIPMENT:** If requested services are approved additional fees may be applicable.

Please describe the additional City Staff, Services, or Equipment you are requesting (be specific):

---

**CHECKLIST OF REQUIRED ATTACHMENTS:** In addition to the required attachments previously listed (as applicable), the following must also be attached to this application.

- EVENT SITE PLAN and/or DETAILED ROUTE MAP:** Special Event applications must include a detailed Event Site Plan (or sketch) that shows the precise layout of the event demonstrating, at a minimum, the following information:
  - **Outline of the entire event venue;**
  - **Street/Road closures:** Include any and all street closures proposed, races must indicate start/end locations;
  - **Entrance and exits;**
  - **Shuttle/Transportation plan;**
  - **Parking areas:** Show location that accommodates the number of estimated vehicles and overflow parking area. Emergency vehicle access and parking must be included;
  - **Stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, booths, vehicles and trailers:** Location, type, semi-permanent, mobile buildings, or temporary structures to be used;
  - **Audio, lighting, visual equipment, open fires and pyrotechnics:** Include location, size and type;
  - **Generators:** Include locations and/or sources of electricity;
  - **Bathroom facilities:** Include location, type, and provider of Bathroom facilities;
  - **Garbage:** Include locations, type, and provider of solid waste containers;
  - **Command Post:** Include location;
  - **Beer gardens/cooking areas:** Include location;
  - **Vendor stations:** Include locations;
  - **First aid and water stations:** Include locations.
  
- TRAFFIC CONTROL PLAN (as applicable)**
  - Barricades: Include location and provider;
  - Traffic signage: Include location and provider;
  - Neighboring Property Owner Access;
  - Security Location(s) & Layout;
  - Road Closure Plan.
  
- COPY OF LIABILITY INSURANCE POLICY:** Prior to the issuance of a special event permit, the sponsoring organization shall provide proof of comprehensive general liability insurance coverage, including for both property damage and bodily injury/death coverage, name Tooele City and its agents as additional insureds. Coverage shall be maintained for the duration of the special event. Minimum coverage shall be \$1,000,000 per occurrence with a \$2,000,000 general aggregate, for a total aggregate of \$3,000,000.
  
- APPLICATION REVIEW:** Tooele City would like to help you have a safe and successful event. We are happy to help guide you through the application process and make it as quick and easy as possible. We strongly recommend you schedule an appointment with Tooele City at 435.843.2141 to review your application so we can answer any questions and help you complete your application.

**RELEASE AND INDEMNIFICATION:** Applicant acknowledges that the information in this application is true and correct and agrees to adhere to all rules, regulations, and policies established by Tooele City. Applicant understands that a Special Event Permit does not authorize any violation of the provisions of Tooele City Code or any other code or law, rules, regulations or ordinances. Applicant agrees to waive and release all claims that might be had against Tooele City for any and all injuries or losses suffered arising out of the event. Applicant agrees to indemnify and defend Tooele City against all claims arising out of the event and to reimburse Tooele City.

**DISCLAIMER:** Tooele City recommends that applicants do not print brochures, packets, maps, advertisements, etc., or circulate promotional information until a Special Event Permit is issued. The City WILL NOT be responsible for costs of those printed materials, promotional items, etc., particularly if dates, locations and/or other requested services are denied, amended, or changed during the permit process.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*FOR OFFICE USE ONLY\***

- Not a Special Event
- Special Event with no additional services (requires deposit and insurance)
- Special Event with additional services (requires deposit, insurance, and additional fees)

COMMENTS:

---

---

---

**Department Approvals**

- |  |  |
|--|--|
| <input type="checkbox"/> Police Department             | <input type="checkbox"/> Parks Department                        |
| <input type="checkbox"/> Fire Department               | <input type="checkbox"/> Records Department                      |
| <input type="checkbox"/> Administration/Mayor          | <input type="checkbox"/> Community Development/Building Division |
| <input type="checkbox"/> Public Works/Streets Division |  |