



2603 Santa Clara Drive, Santa Clara, UT 84765
Phone: (435) 673-6712 or email www.santaclarautah.gov

SPECIAL EVENT PERMIT CHECK LIST & APPLICATION AS PROVIDED BY SANTA CLARA, UTAH, CITY CODE CHAPTER 12.22

Documents:

- ___ 1. Complete Special Event Application (Due 45 days before event). Events filed less than 45 days will not be accepted.
- ___ 2. **\$150.00/\$300.00 (500+ people) Application Fee.**
- ___ 3. Written Description/Narrative of the event.
- ___ 4. Event Site Plan. Must include street names, placement of barricades, road/sidewalk closure, vendor/merchant parking, vendor booth placement, inflatables, amusement devices, table placement, portable toilet placement, fencing, tents, temporary signage, etc.
- ___ 5. Security Plan. This is required by the police department. It must include: an estimated amount of people expected at your event, a security director on the site at all times with a cell phone, the total number of security personnel (required to be 21 years or older), security personnel must be in security shirts or vests that look the same, and a name and phone number of someone to contact as necessary.
- ___ 6. Written Authorization for events held on private property from the property owner.
- ___ 7. Provide a Certificate of Insurance with a minimum limit of one million dollars (\$1,000,000.00) per person in any occurrence and two million dollars (\$2,000,000.00) aggregate.
- ___ 8. Alcohol Sales/Single Event Liquor License Application – Please contact the State of Utah, Alcoholic Beverage Control at (801) 977-6800.
- ___ 9. Temporary sales tax number for event and vendors. Please contact state of Utah special events tax division – (801) 297-6303.
- ___ 10. Health Department approval for any food provided at the event. Southwest Health Department – (435) 986-2580.
- ___ 11. Proof of park reservation or city facility reservation.
- ___ 12. Sign and return a Special Event Hold Harmless Agreement.

Event Details:

1. Event Name: _____
2. Applicant Names(s)& Contact information: _____
3. Organization: _____
4. Applicant Address: _____
5. Mailing Address: _____
6. Phone Number & Email: _____
7. Location of Event: _____
8. Event Date(s) including Start Time & End Time: _____
9. Clean up Date(s) including Start Time & End Time: _____
10. Approximate Number of Persons attending the event per day: _____
11. Is the event being held on private property: _____
12. Will Food be served at the event: _____
13. Will Alcohol be sold or served at the event: _____, if yes,
please submit Single Event Liquor License application.
14. Will Outdoor Music be part of the event: _____, if yes,
written approval of all neighbors is required.

****A completed application of City Forms shall be submitted to the City at least forty-five (45) calendar days before the event is scheduled to take place, to allow sufficient time to process the application.***

I HEREBY DECLARE THAT THE FOREGOING INFORMATION GIVEN ON THIS APPLICATION FOR A SPECIAL EVENT PERMIT IS TRUE AND THAT FALSIFYING ANY INFORMATION CONSTITUTES CAUSE FOR REJECTION OF MY PERMIT.

Signature Applicant(s)

Date

****This permit is approved subject to any conditions communicated to the applicant in writing at the time of issuance.***

City Approval

Date