



CITY OF TAYLORSVILLE SPECIAL EVENT PERMIT APPLICATION PACKET

Block Parties, Parades of Less than One Mile, Political Functions and School Events in the Immediate Area

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 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 Unified Police Department. The Police Department can also provide barricades. Unified Police Department, 385-468-9435.
5. Completion of a Temporary Food Service Permit Application may be required. For verification and more information, contact the Salt Lake Valley Health Department at 385-468-3817.

Please return your application to the Taylorsville City Event Coordinator, 30 days prior to the scheduled event. The application will be processed and you will receive a letter granting or denying your request based on ordinance compliance and recommendation by the Unified Police Department. For further questions or clarification, contact Kris Heineman, Event Coordinator at 801-963-3014.

**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
www.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
#:		
<input type="checkbox"/> Food <i>if yes, check all that apply</i>	SL Valley Health Dept., 385-468-3817	
<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., 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 _____

**CITY OF TAYLORSVILLE
SPECIAL EVENT PERMIT
LAW ENFORCEMENT STAFF RECOMMENDATION
ATTENTION: Lt. Wayne Dial, Unified Police Department**

EVENT DATE: _____

APPLICANT: _____

CONTACT PERSON: _____

SITE ADDRESS: _____

PHONE: _____ **FAX:** _____

EMAIL ADDRESS: _____

DESCRIPTION OF EVENT: _____

POLICE DEPARTMENT RECOMMENDATIONS: (For Police Use Only)

OTHER:

APPROVED BY: (PLEASE PRINT) _____

SIGNATURE: _____ **DATE:** _____

