



HYDE PARK CITY
 113 East Center, Hyde Park, UT 84318
 P: (435) 563-6507 F: (435)563-9029
hydepark.utahlinks.org

CATEGORY:
 INDOOR
 OUTDOOR
 BOTH

TYPE:
 FIRST-TIME APPLICANT
 REPEAT APPLICATION (LAST LICENSE YEAR) _____
 APPLICATION AMENDMENT _____

SPECIAL EVENT APPLICATION

LICENSE NO.: _____

A complete application must be submitted at least 30 days prior to the event.
 Applications not submitted within that time frame may not be approved.

DATE RECEIVED: _____

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. This application does not constitute a valid permit.

SECTION I: EVENT ORGANIZER/BUSINESS INFORMATION

PARENT BUSINESS/ORGANIZER: _____

EVENT/BUSINESS NAME (DBA): _____

MAILING ADDRESS: _____
STREET (INCLUDE UNIT #)/PO BOX CITY, STATE, ZIP CODE

CONTACT PHONE: _____

STATE REGISTRATION:
 DBA SOLE PROPRIETORSHIP CORPORATION
 LLC PARTNERSHIP NON-PROFIT CORPORATION

SECTION II: EVENT DESCRIPTION - GENERAL (COMPLETE ALL SECTIONS)

EVENT LOCATION:

ADDRESS: _____

START DATE: _____ **END DATE:** _____ **HOURS:** _____

IS THIS EVENT OPEN TO THE PUBLIC FOR A FEE? YES NO

INSURANCE:

Events on public property must be insured according to Hyde Park City Special Event Ordinance

IS THIS EVENT ON HYDE PARK CITY PROPERTY? YES NO

THIS EVENT WILL MOST LIKELY RECUR:

- AT THE SAME TIME EVERY YEAR
- MULTIPLE TIMES DURING THE YEAR
- NEVER - THIS IS A ONE-TIME ONLY
- OTHER: _____

PROFIT / NON-PROFIT STATUS

- FOR-PROFIT FOR THE BENEFIT OF A NON-PROFIT REGISTERED CHARITY
- FOR THE BENEFIT OF A 501(c)(3) NON-PROFIT CORPORATION:
 - THE PARENT BUSINESS / ORGANIZER
 - A THIRD PARTY "BENEFICIARY ORGANIZATION"

BENEFICIARY ORGANIZATION: (IF APPLICABLE) INCLUDE CONTACT NAME / PHONE / WEBSITE / EMAIL

TO REGISTER AS A CHARITY WITH THE STATE OF UTAH GO TO: [HTTP://CONSUMERPROTECTION.UTAH.GOV/REGISTRATIONS/CHARITIES.HTML](http://consumerprotection.utah.gov/registrations/charities.html)

SPECIAL EVENT CLASSIFICATION: CHECK ALL THAT APPLY

- RUNNING / WALKING / BIKING CAR WASH
- FESTIVAL / CARNIVAL/PARTY CIRCUS
- CONCERT / PUBLIC DANCE AUCTION
- VENDOR & CONSUMER SHOW SPORTING
- SEMINAR / WORKSHOP / CONFERENCE
- RALLY / PROTEST / DEMONSTRATION
- PARADE PROCESSION OTHER
- GOLD & COIN SHOW

TEMPORARY SALES TAX NUMBER: N/A

I HAVE TEMPORARY SALES TAX NUMBERS FOR VENDORS:

- YES NO

Event organizers are responsible to ensure that all participating vendors have sales tax numbers and state and/or federal licenses, as applicable.

THIS SPECIAL EVENT INCLUDES CHECK ALL THAT APPLY

- SIGNAGE
- SALE OF ANY MERCHANDISE-PARENT ORGANIZATION AS THE VENDOR
- SALE OF ANY MERCHANDISE-OTHER VENDOR(S) # OF VENDORS:
- FRESH FOOD PREPARATION, SALES, OR SERVICE
- LIVE ENTERTAINMENT
- OUTDOOR AMPLIFIED SOUND
- TEMPORARY STRUCTURES
- TEMPORARY POWER
- OPEN FLAME (i.e. FIREWORKS, FIRE, COOKING FLAME)
- USE OF AN UNDEVELOPED LOT
- AMUSMENT RIDES AND/OR INFLATABLES
- TRAMPOLINES OR CLIMBING WALLS
- USE OF ROADWAY, SIDEWALK, PARK STRIP*
- REQUEST FOR ROAD CLOSURE*
- CROSSING AT LEAST ONE INTERSECTION*
- *PLEASE COMPLETE SECTION V ON PAGE 2.

SECTION III: EVENT OFFICERS

LEGAL NAME: _____ APPLICATION CONTACT VOLUNTEER EMPLOYEE
HOME ADDRESS: _____ OWNER LOCAL MANAGER OTHER _____
STREET (INCLUDE UNIT #)/PO BOX CITY, STATE, ZIP CODE
CONTACT PHONE: _____ EMAIL: _____
DATE OF BIRTH: _____ DRIVERS LIC #: _____ STATE: _____
 THIS PERSON CAN BE CONTACTED DURING THE EVENT OR AFTER-HOURS BY POLICE, FIRE, OR ANY OTHER CITY DEPARTMENT.

LEGAL NAME: _____ APPLICATION CONTACT VOLUNTEER EMPLOYEE
HOME ADDRESS: _____ OWNER LOCAL MANAGER OTHER _____
STREET (INCLUDE UNIT #)/PO BOX CITY, STATE, ZIP CODE
CONTACT PHONE: _____ EMAIL: _____
DATE OF BIRTH: _____ DRIVERS LIC #: _____ STATE: _____
 THIS PERSON CAN BE CONTACTED DURING THE EVENT OR AFTER-HOURS BY POLICE, FIRE, OR ANY OTHER CITY DEPARTMENT.

SECTION IV: EVENT DESCRIPTION (IN DETAIL, INCLUDE PICTURES, MAPS AND PARKING PLAN)

Empty space for event description, including pictures, maps, and parking plan.

SECTION V: USE OF RIGHT-OF-WAY (DETAIL)

Submit a detailed Traffic Plan

Traffic Control

Approved traffic control is required any time any roadway is to be used and / or intersection crossed. Your attendance at a LUA meeting is required in order to discuss the details of your route or right-of-way closure.

The following can address specific questions:

North Park Police Department: 435-753-7600
Smithfield City Fire Department: 435-563-3056

Traffic Control will be provided by:

- Certified, equipped flaggers
- North Park Police Department - \$50/hour/officer
- Road Closure through Hyde Park City

THE FOLLOWING CITY SIDEWALKS/ROADWAYS WILL BE USED:

- N/A _____
- MAIN / HWY 89-91 _____
- Center Street _____

UDOT PERMIT

If using a UDOT regulated right-of-way, apply for a UDOT permit.
For more information go to:
WWW.UDOT.UTAH.GOV OR CALL (801) 620-1639.

SECTION VI: ENVIRONMENTAL

ARE GARBAGE SERVICES NEEDED: YES NO

EXPLAIN: _____
For information, contact the Environmental Department at: (435) 716-9794.
For storm water regulations contact the
Public Works Department at: (435) 563-6507

SECTION VII: NOTIFICATIONS AND VERIFICATION OF AUTHORITY

- 1) MANDATORY REVIEW PROCESS** This application does not constitute a license. ALL applications are subject to review process. Decisions on special event applications take approximately 30 business days from the submission of a complete application.
- 2) DENIAL OF LICENSE** Application denial is most often the result of: (i) an accurate or incomplete application, and/or (ii) Non-compliance with the Municipal Code, the Land Development Code, and/or applicable building, fire, and environment codes.
- 3) OTHER REGULATORY BODIES** It is the applicant's responsibility to determine and comply with any requirements from other regulatory agencies. Issuance of a City of Hyde Park license indicates compliance with requirements specific to the Division of Business Licensing, and not those of any other agency.
- 4) SIGNAGE-** Consult with the Planning and Zoning commission prior to making temporary signage arrangements. A planner can be contacted at (435) 563-6507.
- 5) ANY DEVIATION FROM THE DESCRIPTION OF THE ACTIVITY ON THIS FORM RENDERS THE LICENSE NULL AND VOID.**

I affirm that: (i) I am an authorized agent of the parent entity over the event or business for which application is being made, and (ii) the information on this form and on all application materials is both complete and accurate to the best of my knowledge.

SIGNATURE

PRINT NAME

DATE