



Park City Municipal Corporation

Special Event Permit Application

Special Events Department
 City Hall, Third Floor
 445 Marsac Avenue
 P.O. Box 1480
 Park City, Utah 84060
specialevents@parkcity.org

**APPLICATIONS DO NOT CONSTITUTE AS A PERMIT.
 PERMITS ARE APPROVED BY THE SPECIAL EVENTS DEPARTMENT OR CITY COUNCIL IN WRITING AFTER COMPLETE APPLICATIONS ARE REVIEWED UNDER PARK CITY MUNICIPAL CODE 4-8.**

Applications for Special Event Permits are due no later than 90 days (Level 3), 60 days (Level 2), or 30 days (Level 1) prior to an event. Incomplete applications cannot be reviewed. Applications submitted after the deadlines as described above may be denied. More information can be found at www.parkcity.org or by contacting specialevents@parkcity.org.

IF YOU HAVE QUESTIONS, OR WOULD LIKE TO SCHEDULE A MEETING BEFORE SUBMITTING YOUR APPLICATION, PLEASE CONTACT:

Tommy Youngblood tommy.youngblood@parkcity.org	435.615.5187	Jenny Diersen jenny.diersen@parkcity.org	435.615.5188
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APPLICATION FEES & EXPENSES

- | | |
|--|---|
| | Level Three Special Event Permit \$160.00 |
| | Level Two Special Event Permit \$80.00 |
| | Level One Special Event Permit \$40.00 |
- Application Levels are determined by the Special Events Department after reviewing complete applications.
 - Additional fees for other City Services will be estimated and provided to the applicant upon receipt of a complete application.
 - Applicants may incur additional expenses from other City, County or State jurisdictions.
 - Fee Reductions for some City Services are considered bi-annually. Fee Reduction Applications are due on:
 - April 1**, for events July 1 – December 31; and **October 1**, for events January 1 – June 30.

AS THE APPLICANT YOU UNDERSTAND & AGREE TO THE FOLLOWING: (Check all that you understand and agree to)

- To insure prompt and accurate processing of your application, ensure that ALL support materials and documentation accompany your application. Failure to do so will constitute an incomplete application and may delay review and approval processes. I understand a complete application shall include this application completed, with traffic and transportation plan, contingency plan – including operations plan, emergency plan, weather conditions and residential and notification outreach plan; site plan and permission of use for properties.
- Park City Municipal Corporation requires a certificate of insurance in an amount to be determined by the City Attorney's Office. Submitting incomplete application information may delay the ability to determine the amount required. The amount of insurance required by the City Attorney's office is final and the applicant shall be required to submit proof of coverage including naming Park City Municipal Corporation, 445 Marsac, P.O. Box 1480, Park City, Utah 84060 as additionally insured prior to the start of any event activity.
- After the application is evaluated, the applicant will be responsible for providing proof that I have obtained other permits as necessary from City, County or State agencies, as well as the application fee amount based on the Level of event.
- I understand that as the applicant, I will assume and reimburse the City for any and all costs and expenses determined by Park City Municipal Corporation. Park City Municipal Corporation may require a deposit to cover such expenses. I may incur costs from other departments or other jurisdictional agencies. I understand I can request an estimate of City Services for the event upon submitting a complete application, and that should I choose to, I can request a reduction of fees for some services as pertains to Park City Municipal code 4-8-9 through the bi-annual fee reduction application and process.
- I understand I am able to request a meeting with the Special Events Department prior to submitting an application and that this application does not constitute as a valid permit. I understand that permits are approved by the Special Events Department or City Council in writing after complete applications are reviewed under Park City Municipal Code 4-8.

APPLICANT AND SPONSORING ORGANIZATION INFORMATION

NAME OF EVENT:

FIRST TIME EVENT:	Yes	No	ANNUAL EVENT:	Yes	No	IF ANNUAL, HOW MANY YEARS:		
ANNUAL EVENT THAT WILL BE THE SAME AS LAST YEAR:							Yes	No
ANNUAL EVENT THAT WILL HAVE CHANGES FROM LAST YEAR:							Yes	No

NAME OF APPLICANT (FIRST & LAST):

TITLE / POSITION:

BUSINESS / ORGANIZATION NAME:

IS BUSINESS / ORGANIZATION A REGISTERED NON-PROFIT	Yes, a copy of IRS paperwork is attached	No
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MAILING ADDRESS OR BUSINESS / ORGANIZATION:

CITY, STATE, ZIP:



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PHYSICAL ADDRESS OF BUSINESS / ORGANIZATION:										
CITY, STATE, ZIP:										
PHONE (PRIMARY):						PHONE (SECONDARY):				
EMAIL:										
BUSINESS / ORGANIZATION WEBSITE:										
SOCIAL MEDIA LINKS:										
DAY OF EVENT PRIMARY CONTACT										
ON-SITE DAY OF PRIMARY CONTACT NAME (FIRST & LAST):										
ON-SITE DAY OF PRIMARY CONTACT CELL PHONE:										
ON-SITE DAY OF PRIMARY CONTACT EMAIL:										
PUBLIC EVENT INFORMATION										
WEB SITE FOR PUBLIC EVENT INFORMATION:										
PHONE NUMBER FOR PUBLIC EVENT INFORMATION:										
EMAIL ADDRESS FOR PUBLIC EVENT INFORMATION:										
Overall event description is attached as a separate document, with the contingency plan and is submitted with the application.										
EVENT LEVEL DETERMINATION										
THE EVENT WILL INCLUDE THE FOLLOWING ACTIVITIES: (Check all that apply)										
FESTIVAL / FAIR	PARADE	SKI / SNOW BOARD	RUN	BIKE	WALK	TRAIL USE	CONCERT	CULINARY	FILMING	
ARTS & CULTURE EVENT		HOLIDAY CELEBRATION			RECREATION / SPORTING EVENT			OTHER:		
THE EVENT WILL INVOLVE THE USE OF: (Check all that apply)										
MAIN STREET	RESORT PROPERTY	SCHOOL DISTRICT PROPERTY	PRIVATE PROPERTY	CITY PARKS	CITY FIELDS	CITY FACILITY RENTAL	RESIDENTIAL AREAS	PARK CITY LIMITS	MULTI-JURISDICTION	AMPLIFIED SOUND
THE TARGET MARKET FOR THIS EVENT IS: (Check all that apply)										
YOUTH / FAMILIES	ADULTS	LOCAL	STATE-WIDE	REGIONAL	NATIONAL	INTER NATIONAL	SPECTATORS	PARTICIPANTS	OTHER:	
THIS EVENT WILL: (Check all that apply)										
LIMIT # OF PARTICIPANTS	BE FREE FOR SPECTATORS		BE FREE FOR PARTICIPANTS			INCLUDE VENDORS OR SPONSOR		BE FREE AND OPEN TO THE PUBLIC		
LIMIT # OF SPECTATORS	CHARGE ADMISSION FOR SPECTATORS		CHARGE PARTICIPANTS			NOT INCLUDE VENDORS OR SPONSOR		BE A PRIVATE EVENT		
THIS EVENT WILL BE HELD: (Check all that apply)										
EVENT DATE(S):										
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY				
WEEKLY		MONTHLY			SERIES			ONE DAY		
NUMBER OF EVENT(S):					# OF CONSECUTIVE DAYS:					



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ONE DAY EVENT HOUR(S)			
EVENT HOUR(S):		OPENING TIME:	EVENT ENDS:
EVENT SET-UP DATE:		BREAK-DOWN DATE:	
SET-UP TIME(S):		BREAK-DOWN TIME(S):	
MULTIPLE DAY EVENT HOUR(S) – If different for each date			
DAY:	DATE:	OPENING TIME:	EVENT ENDS:
EVENT SET-UP DATE:		BREAK-DOWN DATE:	
SET-UP TIME(S):		BREAK-DOWN TIME(S):	
DAY:	DATE:	OPENING TIME:	EVENT ENDS:
EVENT SET-UP DATE:		BREAK-DOWN DATE:	
SET-UP TIME(S):		BREAK-DOWN TIME(S):	
DAY:	DATE:	OPENING TIME:	EVENT ENDS:
EVENT SET-UP DATE:		BREAK-DOWN DATE:	
SET-UP TIME(S):		BREAK-DOWN TIME(S):	
DAY:	DATE:	OPENING TIME:	EVENT ENDS:
EVENT SET-UP DATE:		BREAK-DOWN DATE:	
SET-UP TIME(S):		BREAK-DOWN TIME(S):	
DAY:	DATE:	OPENING TIME:	EVENT ENDS:
EVENT SET-UP DATE:		BREAK-DOWN DATE:	
SET-UP TIME(S):		BREAK-DOWN TIME(S):	
DAY:	DATE:	OPENING TIME:	EVENT ENDS:
EVENT SET-UP DATE:		BREAK-DOWN DATE:	
SET-UP TIME(S):		BREAK-DOWN TIME(S):	
INCLIMATE WEATHER INFORMATION:			
DAY:	DATE:	OPENING TIME:	EVENT ENDS:
EVENT SET-UP DATE:		BREAK-DOWN DATE:	
SET-UP TIME(S):		BREAK-DOWN TIME(S):	
<input type="checkbox"/> No inclement weather date is required, and the event will be held rain or shine. I understand the event may be cancelled or postponed by the city due to hazardous or damaging conditions			
EVENT ATTENDANCE (Complete all that apply)			
IF ANNUAL EVENT:			
TOTAL EVENT ATTENDANCE OF PREVIOUS YEAR:		TOTAL DAILY EVENT ATTENDANCE OF PREVIOUS YEAR:	
ALL APPLICANTS MUST COMPLETE THE FOLLOWING SECTION (NEW OR ANNUAL EVENTS)			
ESTIMATED # OF PARTICIPANTS:		ESTIMATED # OF VENDORS:	
ESTIMATED # OF SPECTATORS:		ESTIMATED # OF VOLUNTEERS:	
ESTIMATED # OF STAFF:		ESTIMATED DAILY ATTENDANCE:	
ESTIMATED HIGHEST TOTAL ATTENDANCE AT ONE TIME:		ESTIMATED TOTAL ATTENDANCE OF ENTIRE EVENT:	
<input type="checkbox"/> I anticipate the event to have an attendance of 500 or more people and understand, as the applicant, I may be required to obtain a mass gathering permit from summit county: http://www.summitcountyhealth.org/			



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SIDEWALK & STREET USE (circle and complete all that apply)

THE EVENT WILL HAVE:

STREETS

STREET CLOSURE MAP IS ATTACHED		CLOSURE SIGN / MARKING	
ROLLING CLOSURE	PARTIAL CLOSURE	FULL CLOSURE	NO CLOSURE
NAMES OF STREETS TO BE CLOSED:		TIMES: (START / END OF CLOSURE)	
		START:	END:

REASON FOR CLOSURE:

SIDEWALKS

SIDEWALK CLOSURE MAP IS ATTACHED		CLOSURE SIGN / MARKING	
PARTIAL CLOSURE	FULL CLOSURE	NO CLOSURE	CROWD CONTROL PLAN
ADDRESS:			
ADDRESS OF CLOSURE: (FROM / TO)		TIMES: (START / END OF CLOSURE)	
FROM:	TO:	START:	END:
FROM:	TO:	START:	END:
FROM:	TO:	START:	END:
FROM:	TO:	START:	END:

REASON FOR CLOSURE:

TRAILS

TRAIL COURSE MAP IS ATTACHED	COURSE / SIGN MARKING INFORMATION IS ATTACHED
NAMES OF TRAILS TO BE USED:	

PARADE

ASSEMBLY AREA:	DISBANDING AREA:	# OF PARADE ATTENDEES:
PARADE IS:		
WALKING ONLY	VEHICLES & WALKING	VEHICLES ONLY
WILL HAVE ANIMALS		

OTHER PARADE INFO:

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CITY PARKING FACILITIES REQUEST

GENERAL PARKING (Where will you be directing event attendees to park cars?)

HOW MANY PARKING SPACES DOES THE EVENT NEED? AT HIGHEST POINT?

MAIN STREET	CHINA BRIDGE	FLAGPOLE LOT	BREW PUB LOT
SANDRIDGE PARKING LOTS	PARK AVENUE	CITY PARK	MAWHINNEY LOT
QUINNS LOT	RICHARDSON FLATS	OTHER:	

WILL THE EVENT PROVIDE TRANSPORTATION SERVICES TO THE EVENT FROM PARKING AREAS?: YES NO

ADA PARKING AVAILABLE?: YES NO

THE EVENT WILL REQUIRE PARKING REMOVAL?: YES NO

The event will require parking removal as indicated below, and I will complete a special use of public parking application as required with the Park City Parking Services Department

NAME OF AREA OR STREETS: BETWEEN:

TIME – START / END: REASON (what/who):

NAME OF AREA OR STREETS: BETWEEN:

TIME – START / END: REASON (what/who):

NAME OF AREA OR STREETS: BETWEEN:

TIME – START / END: REASON (what/who):

NAME OF AREA OR STREETS: BETWEEN:

TIME – START / END: REASON (what/who):

NAME OF AREA OR STREETS: BETWEEN:

TIME – START / END: REASON (what/who):

TRANSPORTATION

WILL THE EVENT PROVIDE ALTERNATIVE TRANSPORTATION OPTIONS?

BUS BIKE WALK

THE APPLICANT IS PROVIDING SHUTTLE OR BUS TRANSPORTATION OUTSIDE OF THE CITY'S SCHEDULE. THE APPLICANT HAS PROVIDED BUS DROP OFF AREA ON THE SITE MAP ATTACHED WITH THIS APPLICATION.

NAME OF TRANSPORTATION PROVIDER / COMPANY:

PHONE: EMAIL:

THE APPLICANT IS PROVIDING BIKE TRANSPORTATION AT THE EVENT. WE HAVE PROVIDED BIKE PARKING AREAS ON THE SITE MAP WITH THIS APPLICATION.

WE ARE PROVIDING WALKING AS AN OPTION TO ATTEND THE EVENT. WE HAVE PROVIDED WALKING PATH IDEAS ON THE SITE MAP WITH THIS APPLICATION.

ADDITIONAL TRANSPORTATION INFORMATION:

PUBLIC FACILITY USE

CHECK ALL THAT APPLY:		MINERS HOSPITAL AT CITY PARK	PARK CITY LIBRARY MEETING ROOMS	JIM SANTY AUDITORIUM
		SOUTH CITY PARK	CITY PARK COVERED BBQ AREA	CITY PARK GAZEBO / STAND
		CITY PARK SOFTBALLFIELD	CITY PARK RUGBY FIELD	SKATE PARK AT CITY PARK
		QUINN'S SPORTEX FIELDS	ROTARY PARK	SCHOOL DISTRICT FIELDS
		DIRT JUMP PARK	PARK CITY ICE ARENA	OTHER:



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TEMPORARY STRUCTURES & FLAMMABLE MATERIALS

I UNDERSTAND ALL TEMPORARY STRUCTURES AND FLAMMABLE MATERIALS MUST BE APPROVED BY THE PARK CITY BUILDING DEPARTMENT. SUCH INSPECTIONS WILL REQUIRE A FIRE/BUILDING PERMIT TO BE SUBMITTED 10 DAYS BEFORE THE EVENT, AS WELL AS AN INSPECTION THE DAY OF THE EVENT.

TEMPORARY BLEACHERS	INFLATABLES	CANOPIES	TEMPORARY BADGES	TEMPORARY LIGHTING
TENTS 10X10 OR UNDER		HOW MANY:		
TRAILER		HOW MANY:		
STRUCTURES OVER 6 FEET TALL		PURPOSE:		HOW MANY:
DOES EVENT HAVE ELECTRICAL NEEDS?:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
DOES EVENT REQUIRE USE OF GENERATORS	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
WILL YOU BE REQUESTING PERMITS FOR FIREWORKS?:				<input type="checkbox"/>
WILL THE EVENT REQUIRE THE USE OF FLAMMABLE MATERIALS, FUELS OR GASSES?:				<input type="checkbox"/>
NAME SUCH MATERIALS:				

WASTE MANAGEMENT AND RECYCLING

THE EVENT WILL PROVIDE ITS OWN GARBAGE CANS AND WASTE MANAGEMENT.						
THE EVENT WILL PROVIDE ITS OWN DUMPSTERS, WHICH IS INDICATED ON THE SITE MAP.						
THE EVENT WILL USE THE CITY'S GARBAGE CANS AND WASTE MANAGEMENT, REQUIRING ADDITIONAL FEES.						
THE EVENT WILL USE THE CITY'S DUMPSTERS, REQUIRING ADDITIONAL FEES.						
THE EVENT WILL HIRE A COMPANY AND PROVIDE RECYCLING SERVICES FOR THE FOLLOWING MATERIALS:						
PLASTIC	PAPER	ALUMINUM	GLASS	CARDBOARD	COMPOST	OTHER
THE EVENT WILL UTILIZE CITY RESTROOM FACILITIES (List areas of city restroom facilities below:						
THE EVENT WILL BRING ITS OWN RESTROOMS AND SANATARY STATIONS. (May be required by Summit County Health Department or Park City Building Department)						
WILL ANIMALS BE AT THE EVENT?:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	IF YES, PLEASE DESCRIBE TYPE OF ANIMALS AND WASTE PLANS	
TYPES OF ANIMALS:						
I HAVE INCLUDED THE PLACEMENT OF THE ANIMALS IN THE SITE MAP OR LINE UP IN THE CONTINGENCY PLAN						
WILL DOGS BE ALLOWED AT THE EVENT?:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	LEASHED
					<input type="checkbox"/>	UNLEASHED
WASTE MANAGEMENT PLAN HAS BEEN DESCRIBED IN THE CONTINGENCY PLAN ATTACHED TO THIS APPLICATION.						

FOOD & MERCHANDISE SALES

I UNDERSTAND THAT ALL VENDORS MUST OBTAIN A PARK CITY BUSINESS LICENSE. ALL VENDORS SERVING FOOD OR DRINKS MAY BE REQUIRED TO OBTAIN A FOOD SERVICE OR FOOD HANDLERS PERMIT FROM SUMMIT COUNTY.

WILL THERE BE SALE OF MERCHANDISE?:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
WILL THERE BE COMPLIMENTARY FOOD?:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
WILL THERE BE SALE OF FOOD?:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
WILL THERE BE ALCOHOL FOR SALE?:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
BEER	WINE	LIQUOR		
I HAVE CONTACTED THE PARK CITY FINANCE DEPARTMENT REGARDING REQUIREMENTS FOR BEER & LIQUOR LICENSES.				



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I UNDERSTAND THAT THE UTAH DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL (UDABC) MAY REQUIRE OTHER PERMITS.				
WILL FOOD ITEMS BE PRE-PACKAGED?:			YES	NO
WILL FOOD ITEMS BE COOKED ON SITE?:			YES	NO
I UNDERSTAND THAT IF COOKING IS ONSITE, A PARK CITY BUILDING/FIRE PERMIT MAY BE REQUIRED.				
WILL FOOD ITEMS BE PREPARED OFFSITE?:			YES	NO
DESCRIBE ITEMS:				
TEMPORARY SIGNS				
WILL THERE BE TEMPORARY SIGNS AT THE EVENT?:			YES	NO
I HAVE ATTACHED A SIGN PLAN DESCRIBING THE CONTENT, SIZES AND LOCATIONS IN THE CONTINGENCY PLAN.				
SAFETY - SECURITY				
THE EMERGENCY AND SECURITY PLAN HAS BEEN ATTACHED IN THE OPERATIONS PLAN, INCLUDING CROWD CONTROL, ACCESS, FIRST AID. AFTER REVIEW OF THIS APPLICATION, REQUIREMENTS FOR EMTS, FIRE AND POLICE SERVICES WILL BE DETERMINED AS PART OF THE CONDITIONS OF APPROVAL OF THIS EVENT. THE SPECIAL EVENTS DEPARTMENT WILL BE ABLE TO GIVE THE APPLICANT AN ESTIMATE OF SUCH CITY SERVICE REQUIREMENTS.				
THE EVENT WILL REQUIRE LAW ENFORCEMENT SERVICES BEYOND ROUTINE PERIODIC PATROL.				
THE EVENT WILL NOT REQUIRE LAW ENFORCEMENT SERVICES BEYOND ROUTINE PERIODIC PATROL.				
COMMUNICATION NEEDS				
WILL THERE BE INSTALLATION OF AN ANTENNA FOR COMMUNICATION NEEDS?:			YES	NO
INSTALLATION OF AN ANTENNA FOR COMMUNICATION IS INDICATED IN THE SITE PLAN WITH SPECIFICATIONS.				
MARKETING OF EVENT				
PROPER MARKING OF YOUR EVENT IS VITAL TO ITS SUCCESS. PLEASE CONTACT THE PARK CITY CHAMBER FOR ADDITIONAL INFORMATION AND ASSISTANCE: www.visitparkcity.com				
I HAVE CHOSEN TO LIST INFORMATION REGARDING MY EVENT ON THE PARK CITY CHAMBER'S WEBSITE.				
I HAVE CHOSEN NOT TO LIST INFORMATION REGARDING MY EVENT ON THE PARK CITY CHAMBER'S WEBSITE.				
WHO IS THE TARGET MARKET FOR THIS EVENT?:				
WHERE IS THE TARGET MARKET FOR THIS EVENT?: (choose all that apply)				
LOCAL	REGIONAL	NATIONAL	INTERNATIONAL	
WILL THIS EVENT BE FILMED AND TELEVISED?: (choose all that apply)			YES	NO
LOCAL	REGIONAL	NATIONAL	INTERNATIONAL	
PLEASE LIST ALL ADVERTISEMENT INCLUDING MEDIA COVERAGE, NEWSPAPER AND MAGAZINES:				
MEDIA (RADIO/TV):				
NEWSPAPER:				
MAGAZINES:				
OTHER:				
PLEASE SELECT RANGE OF MARKETING BUDGET:				
\$100 OR UNDER	\$100 - \$500	\$500 - \$1,000	\$1,000 - \$2,500	ABOVE \$2,500



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APPLICANT AGREEMENT & SIGNATURE

I, the undersigned representative, have read the rules and regulations with reference to this application and am duly authorized by the organization to submit this application on its behalf. The information contained herein, including supporting documentation is complete and accurate.

Name (Printed):		
Signature:		Date:



PARK CITY MUNICIPAL CORPORATION
Special Event Hold Harmless and Indemnification Agreement

This Hold Harmless and Indemnification Agreement must be completed and returned to the Special Event Manager ten (10) working days prior to the event or the event will be cancelled.

PLEASE PRINT

Name of Applicant

Name of Special Event

Date(s) of Event

Each person signing this Agreement represents and warrants that he or she is duly authorized and has legal capacity to execute and deliver this Agreement. Each party represents and warrants to Park City Municipal Corporation that the execution and delivery of the Agreement and the performance of such party's obligations hereunder have been duly authorized and that the Agreement is a valid legal agreement and binding on such party and enforceable in accordance with its terms.

The person signing this Agreement represents and warrants to Park City Municipal Corporation that it has insurance coverage in place that covers the scope of activities associated with this event. This person further represents and warrants that the insurance coverage limits meet or exceed the coverage required to obtain this permit.

For and in consideration of Park City Municipal Corporation (PCMC) issuing a permit permitting the use of City streets and/or City owned/public property for the conducting of an event to be held as reported above, hereby agrees to defend, hold harmless, and indemnify PCMC, its officers, agents, servants, employees, and their successors, from and against all claims, loss, or demands for damages, including claims for loss of life, personal injury or wrongful death and/or damage to property arising out of the conduct of said Special Event as defined by Title 4 of the Park City Municipal Code, and further agrees that Applicant is indemnifying and holding harmless PCMC irrespective of whether the scope or limits of Applicant's insurance policies adequately cover any of the aforementioned claims or demands.

Name of Applicant

Signature

Name Printed

Title

Applicant Address and Phone Number

STATE OF UTAH)
)ss.
COUNTY OF SUMMIT)

On this _____ day of _____, 20____, before me, the undersigned notary, personally appeared _____, personally known to me/proved to me through identification documents allowed by law, to be the person whose name is signed on the preceding or attached document, and acknowledged that he/she signed it voluntarily for its stated purpose as _____ for _____.

Notary Public