



Submit

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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: **Park City Kimball Arts Festival**

FIRST TIME EVENT:	Yes	<input checked="" type="checkbox"/> No	ANNUAL EVENT:	<input checked="" type="checkbox"/> Yes	No	IF ANNUAL, HOW MANY YEARS:	50
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ANNUAL EVENT THAT WILL BE THE SAME AS LAST YEAR:	<input checked="" type="checkbox"/>	Yes	No
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ANNUAL EVENT THAT WILL HAVE CHANGES FROM LAST YEAR:	Yes	<input checked="" type="checkbox"/>	No
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NAME OF APPLICANT (FIRST & LAST): **Canice Harte**

TITLE / POSITION: **Event Manager**

BUSINESS / ORGANIZATION NAME: **Kimball Art Center**

IS BUSINESS / ORGANIZATION A REGISTERED NON-PROFIT	<input checked="" type="checkbox"/>	Yes, a copy of IRS paperwork is attached	No
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MAILING ADDRESS OR BUSINESS / ORGANIZATION: **1401 Kearns Blvd**

CITY, STATE, ZIP: **Park City, UT 84060**



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PHYSICAL ADDRESS OF BUSINESS / ORGANIZATION: 1401 Kearns Blvd	
CITY, STATE, ZIP: Park City, UT 84060	
PHONE (PRIMARY): 435-649-8882	PHONE (SECONDARY):
EMAIL: canice.harte@kimballartcenter.org	
BUSINESS / ORGANIZATION WEBSITE: www.kimballartcenter.org	
SOCIAL MEDIA LINKS: facebook, twitter and instagram	

DAY OF EVENT PRIMARY CONTACT
ON-SITE DAY OF PRIMARY CONTACT NAME (FIRST & LAST): Canice Harte
ON-SITE DAY OF PRIMARY CONTACT CELL PHONE: 435-647-6151
ON-SITE DAY OF PRIMARY CONTACT EMAIL: canice.harte@kimballartcenter.org

PUBLIC EVENT INFORMATION
WEB SITE FOR PUBLIC EVENT INFORMATION: www.parkcityartsfestival.org
PHONE NUMBER FOR PUBLIC EVENT INFORMATION: 435-649-8882
EMAIL ADDRESS FOR PUBLIC EVENT INFORMATION: info@kimballartcenter.org
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)									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FESTIVAL / FAIR	PARADE	SKI / SNOW BOARD	RUN	BIKE	WALK	TRAIL USE	CONCERT	CULINARY	FILMING
<input checked="" type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>			OTHER:	
ARTS & CULTURE EVENT		HOLIDAY CELEBRATION			RECREATION / SPORTING EVENT				

THE EVENT WILL INVOLVE THE USE OF: (Check all that apply)										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
YOUTH / FAMILIES	ADULTS	LOCAL	STATE-WIDE	REGIONAL	NATIONAL	INTER NATIONAL	SPECTATORS	PARTICIPANTS	OTHER:

THIS EVENT WILL: (Check all that apply)				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LIMIT # OF PARTICIPANTS	BE FREE FOR SPECTATORS	BE FREE FOR PARTICIPANTS	INCLUDE VENDORS OR SPONSOR	BE FREE AND OPEN TO THE PUBLIC
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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):						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
WEEKLY		MONTHLY		SERIES		ONE DAY
NUMBER OF EVENT(S): 1			# OF CONSECUTIVE DAYS: 4			



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ONE DAY EVENT HOUR(S)			
EVENT HOUR(S): sdfsd		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: Tuesday - Thursday	DATE:	OPENING TIME:	EVENT ENDS:
EVENT SET-UP DATE: 7-30-19 to 8-1-19		BREAK-DOWN DATE:	
SET-UP TIME(S): 07:00 to 18:00		BREAK-DOWN TIME(S):	
DAY: Thursday	DATE: 8-1-19	OPENING TIME:	EVENT ENDS:
EVENT SET-UP DATE: 8-1-19		BREAK-DOWN DATE:	
SET-UP TIME(S): 07:00 to 24:00		BREAK-DOWN TIME(S):	
DAY: Friday	DATE: 8-2-19	OPENING TIME: 17:00	EVENT ENDS: 21:00
EVENT SET-UP DATE: 8-2-19		BREAK-DOWN DATE:	
SET-UP TIME(S): 24:00 to 23:59		BREAK-DOWN TIME(S):	
DAY: Saturday	DATE: 8-3-19	OPENING TIME: 10:00	EVENT ENDS: 20:00
EVENT SET-UP DATE: 8-3-19		BREAK-DOWN DATE:	
SET-UP TIME(S): 24:00 to 23:59		BREAK-DOWN TIME(S):	
DAY: Sunday	DATE: 8-4-19	OPENING TIME: 10:00	EVENT ENDS: 18:00
EVENT SET-UP DATE: 8-4-19		BREAK-DOWN DATE: 8-5-19	
SET-UP TIME(S): 24:00 to 23:59		BREAK-DOWN TIME(S): 08:00 to 12:00	
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 checked="" 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: 60,000			
TOTAL EVENT ATTENDANCE OF PREVIOUS YEAR: 50,000		TOTAL DAILY EVENT ATTENDANCE OF PREVIOUS YEAR: 17,000	
ALL APPLICANTS MUST COMPLETE THE FOLLOWING SECTION (NEW OR ANNUAL EVENTS)			
ESTIMATED # OF PARTICIPANTS: 230		ESTIMATED # OF VENDORS: 20	
ESTIMATED # OF SPECTATORS: 60,000		ESTIMATED # OF VOLUNTEERS: 400	
ESTIMATED # OF STAFF: 75		ESTIMATED DAILY ATTENDANCE: 17,000	
ESTIMATED HIGHEST TOTAL ATTENDANCE AT ONE TIME: 9,000		ESTIMATED TOTAL ATTENDANCE OF ENTIRE EVENT: 60,000	
<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			
<input checked="" type="checkbox"/>	STREET CLOSURE MAP IS ATTACHED	<input checked="" type="checkbox"/>	CLOSURE SIGN / MARKING
	<input type="checkbox"/> ROLLING CLOSURE <input checked="" type="checkbox"/> PARTIAL CLOSURE	<input checked="" type="checkbox"/>	FULL CLOSURE NO CLOSURE
NAMES OF STREETS TO BE CLOSED:		TIMES: (START / END OF CLOSURE)	
Main St. (Swede to 9th), 4th, 5th Heber, 7th		START: 8-2-19 03:00	END: 8-5-19 23:00
Swede Alley partial		START: 8-2-19 07:00	END: 21:00
Swede Alley partial		START: 8-3-19 08:00	END: 20:00
Swede Alley partial		START: 8-4-19 08:00	END: 20:00
REASON FOR CLOSURE:			
SIDEWALKS			
<input type="checkbox"/> SIDEWALK CLOSURE MAP IS ATTACHED		CLOSURE SIGN / MARKING	
<input type="checkbox"/> PARTIAL CLOSURE	<input type="checkbox"/> FULL CLOSURE	<input checked="" type="checkbox"/>	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			
<input type="checkbox"/> TRAIL COURSE MAP IS ATTACHED		<input type="checkbox"/> COURSE / SIGN MARKING INFORMATION IS ATTACHED	
NAMES OF TRAILS TO BE USED:			
PARADE			
ASSEMBLY AREA:		DISBANDING AREA:	# OF PARADE ATTENDEES:
PARADE IS:			
<input type="checkbox"/> WALKING ONLY	<input type="checkbox"/> VEHICLES & WALKING	<input type="checkbox"/> VEHICLES ONLY	<input type="checkbox"/> 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?	
<input checked="" type="checkbox"/> MAIN STREET	<input checked="" type="checkbox"/> CHINA BRIDGE	<input checked="" type="checkbox"/> FLAGPOLE LOT	<input checked="" type="checkbox"/> BREW PUB LOT
<input checked="" type="checkbox"/> SANDRIDGE PARKING LOTS	<input type="checkbox"/> PARK AVENUE	<input type="checkbox"/> CITY PARK	<input type="checkbox"/> MAWHINNEY LOT
<input type="checkbox"/> QUINNS LOT	<input type="checkbox"/> RICHARDSON FLATS		OTHER:

WILL THE EVENT PROVIDE TRANSPORTATION SERVICES TO THE EVENT FROM PARKING AREAS?:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
ADA PARKING AVAILABLE?:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
THE EVENT WILL REQUIRE PARKING REMOVAL?:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> 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: Main Street	BETWEEN: see supplemental plan
TIME - START / END: see supplemental plan	REASON (what/who): see supplemental plan
NAME OF AREA OR STREETS: Heber	BETWEEN: see supplemental plan
TIME - START / END: 8/2 to 8/4 07:00	REASON (what/who): see supplemental plan
NAME OF AREA OR STREETS: Swede Alley	BETWEEN: see supplemental plan
TIME - START / END: 7/31 to 8/5	REASON (what/who): see supplemental plan
NAME OF AREA OR STREETS: Parking areas / lots	BETWEEN: see supplemental plan
TIME - START / END: 7/30 - 07:00 to 8/5 12:00	REASON (what/who):

TRANSPORTATION
WILL THE EVENT PROVIDE ALTERNATIVE TRANSPORTATION OPTIONS?

<input checked="" type="checkbox"/> BUS	<input checked="" type="checkbox"/> BIKE	<input checked="" type="checkbox"/> WALK
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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.

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEMPORARY BLEACHERS	INFLATABLES	CANOPIES	TEMPORARY BADGES	TEMPORARY LIGHTING
<input checked="" type="checkbox"/>	TENTS 10X10 OR UNDER	HOW MANY: 240		
<input checked="" type="checkbox"/>	TRAILER	HOW MANY: 10		
<input type="checkbox"/>	STRUCTURES OVER 6 FEET TALL	PURPOSE:		HOW MANY:
DOES EVENT HAVE ELECTRICAL NEEDS?:		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	DOES EVENT REQUIRE USE OF GENERATORS
		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
WILL YOU BE REQUESTING PERMITS FOR FIREWORKS?:				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
WILL THE EVENT REQUIRE THE USE OF FLAMMABLE MATERIALS, FUELS OR GASSES?:				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
NAME SUCH MATERIALS: Propane for food trucks and cooking in Brew Pub parking lot				

WASTE MANAGEMENT AND RECYCLING

<input type="checkbox"/>	THE EVENT WILL PROVIDE ITS OWN GARBAGE CANS AND WASTE MANAGEMENT.						
<input type="checkbox"/>	THE EVENT WILL PROVIDE ITS OWN DUMPSTERS, WHICH IS INDICATED ON THE SITE MAP.						
<input checked="" type="checkbox"/>	THE EVENT WILL USE THE CITY'S GARBAGE CANS AND WASTE MANAGEMENT, REQUIRING ADDITIONAL FEES.						
<input checked="" type="checkbox"/>	THE EVENT WILL USE THE CITY'S DUMPSTERS, REQUIRING ADDITIONAL FEES.						
<input checked="" type="checkbox"/>	THE EVENT WILL HIRE A COMPANY AND PROVIDE RECYCLING SERVICES FOR THE FOLLOWING MATERIALS:						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PLASTIC	PAPER	ALUMINUM	GLASS	CARDBOARD	COMPOST	OTHER
<input checked="" type="checkbox"/>	THE EVENT WILL UTILIZE CITY RESTROOM FACILITIES (List areas of city restroom facilities below:						
<input checked="" type="checkbox"/>	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 checked="" type="checkbox"/> NO	IF YES, PLEASE DESCRIBE TYPE OF ANIMALS AND WASTE PLANS			
TYPES OF ANIMALS:							
<input type="checkbox"/>	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 checked="" type="checkbox"/> NO	<input type="checkbox"/> LEASHED	<input type="checkbox"/> UNLEASHED		
<input checked="" type="checkbox"/>	WASTE MANAGEMENT PLAN HAS BEEN DESCRIBED IN THE CONTINGENCY PLAN ATTACHED TO THIS APPLICATION.						

FOOD & MERCHANDISE SALES

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



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<input checked="" type="checkbox"/>	I UNDERSTAND THAT THE UTAH DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL (UDABC) MAY REQUIRE OTHER PERMITS.			
WILL FOOD ITEMS BE PRE-PACKAGED?:		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
WILL FOOD ITEMS BE COOKED ON SITE?:		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
<input checked="" type="checkbox"/>	I UNDERSTAND THAT IF COOKING IS ONSITE, A PARK CITY BUILDING/FIRE PERMIT MAY BE REQUIRED.			
WILL FOOD ITEMS BE PREPARED OFFSITE?:		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
DESCRIBE ITEMS: Food trucks, Local food providers, caterers				
TEMPORARY SIGNS				
WILL THERE BE TEMPORARY SIGNS AT THE EVENT?:		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
<input checked="" type="checkbox"/>	I HAVE ATTACHED A SIGN PLAN DESCRIBING THE CONTENT, SIZES AND LOCATIONS IN THE CONTINGENCY PLAN.			
SAFETY - SECURITY				
<input checked="" type="checkbox"/>	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.			
<input checked="" type="checkbox"/>	THE EVENT WILL REQUIRE LAW ENFORCEMENT SERVICES BEYOND ROUTINE PERIODIC PATROL.			
<input type="checkbox"/>	THE EVENT WILL NOT REQUIRE LAW ENFORCEMENT SERVICES BEYOND ROUTINE PERIODIC PATROL.			
COMMUNICATION NEEDS				
WILL THERE BE INSTALLATION OF AN ANTENNA FOR COMMUNICATION NEEDS?:		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
<input checked="" type="checkbox"/>	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				
<input checked="" type="checkbox"/>	I HAVE CHOSEN TO LIST INFORMATION REGARDING MY EVENT ON THE PARK CITY CHAMBER'S WEBSITE.			
<input type="checkbox"/>	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)				
<input checked="" type="checkbox"/> LOCAL	<input checked="" type="checkbox"/> REGIONAL	<input checked="" type="checkbox"/> NATIONAL	<input checked="" type="checkbox"/> INTERNATIONAL	
WILL THIS EVENT BE FILMED AND TELEVISED?: (choose all that apply)		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
<input checked="" type="checkbox"/> LOCAL	<input checked="" type="checkbox"/> REGIONAL	<input checked="" type="checkbox"/> NATIONAL	<input checked="" type="checkbox"/> INTERNATIONAL	
PLEASE LIST ALL ADVERTISEMENT INCLUDING MEDIA COVERAGE, NEWSPAPER AND MAGAZINES:				
MEDIA (RADIO/TV): See media plan				
NEWSPAPER: See media plan				
MAGAZINES: See media plan				
OTHER:				
PLEASE SELECT RANGE OF MARKETING BUDGET:				
<input type="checkbox"/> \$100 OR UNDER	<input type="checkbox"/> \$100 - \$500	<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,000 - \$2,500	<input checked="" type="checkbox"/> 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):	Canice Harte	
Signature:		Date: 3-26-19