



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

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 MARCH FOR SCIENCE**

FIRST TIME EVENT: Yes No ANNUAL EVENT: Yes No IF ANNUAL, HOW MANY YEARS: **4?**

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): **JOSH HOBSON**

TITLE / POSITION: **LEAD ORGANIZER**

BUSINESS / ORGANIZATION NAME: **PARK CITY MARCH FOR SCIENCE**

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

MAILING ADDRESS OR BUSINESS / ORGANIZATION: **PO BOX 1926**

CITY, STATE, ZIP: **PARK CITY, UT 84060**



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PHYSICAL ADDRESS OF BUSINESS / ORGANIZATION: 1525 PARK AVE # 102

CITY, STATE, ZIP: PARK CITY, UT 84060

PHONE (PRIMARY): 347.622.1562 PHONE (SECONDARY):

EMAIL: Josh.hobson@gmail.com

BUSINESS / ORGANIZATION WEBSITE:

SOCIAL MEDIA LINKS: FB: MARCHFORSCIENCEPARKCITY

DAY OF EVENT / PRIMARY CONTACT

ON-SITE DAY OF PRIMARY CONTACT NAME (FIRST & LAST): JOSH HOBSON

ON-SITE DAY OF PRIMARY CONTACT CELL PHONE: 347-622-1562

ON-SITE DAY OF PRIMARY CONTACT EMAIL: josh.hobson@gmail.com

PUBLIC EVENT INFORMATION

WEB SITE FOR PUBLIC EVENT INFORMATION: none yet

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)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			PRESENTATIONS AT THE SANTI
ARTS & CULTURE EVENT			HOLIDAY CELEBRATION			RECREATION / SPORTING EVENT			

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

THIS EVENT WILL: (Check all that apply)

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>
WEEKLY		MONTHLY		SERIES		ONE DAY

NUMBER OF EVENT(S): 2 IF YOU COUNT SEPARATELY # OF CONSECUTIVE DAYS: 1



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ONE DAY EVENT HOUR(S)

EVENT HOUR(S): sdfsd APRIL 14, 2018	OPENING TIME: 10 AM	EVENT ENDS: 3 PM
EVENT SET-UP DATE: " "	BREAK-DOWN DATE: 4/14/18	
SET-UP TIME(S): 7am	BREAK-DOWN TIME(S): 1pm main st, 3pm library	

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):	

INCLEMENT WEATHER INFORMATION:

DAY: RAIN, SNOW	DATE:	OPENING TIME:	EVENT ENDS:
EVENT SET-UP DATE: SHINE		BREAK-DOWN DATE:	
SET-UP TIME(S):		BREAK-DOWN TIME(S):	

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: ~500 on MAIN ~130 at LIBRARY	TOTAL DAILY EVENT ATTENDANCE OF PREVIOUS YEAR:
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ALL APPLICANTS MUST COMPLETE THE FOLLOWING SECTION (NEW OR ANNUAL EVENTS)

ESTIMATED # OF PARTICIPANTS: 500	ESTIMATED # OF VENDORS:
ESTIMATED # OF SPECTATORS:	ESTIMATED # OF VOLUNTEERS: 20
ESTIMATED # OF STAFF: 4	ESTIMATED DAILY ATTENDANCE:
ESTIMATED HIGHEST TOTAL ATTENDANCE AT ONE TIME: 500	ESTIMATED TOTAL ATTENDANCE OF ENTIRE EVENT: 500

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 type="checkbox"/> STREET CLOSURE MAP IS ATTACHED		CLOSURE SIGN / MARKING	
<input checked="" type="checkbox"/> ROLLING CLOSURE	<input type="checkbox"/> PARTIAL CLOSURE	<input type="checkbox"/> FULL CLOSURE	<input type="checkbox"/> NO CLOSURE
NAMES OF STREETS TO BE CLOSED:		TIMES: (START / END OF CLOSURE)	
BREW PUB PLAZA, MAIN ST &		START: 10:45 AM	END: 11:15 AM
SWEDE ALLEY ABOVE THE TRANSIT CENTER		START: 10:45 AM	END: 11:15 AM
		START:	END:
		START:	END:
REASON FOR CLOSURE: MARCH ROUTE			

SIDEWALKS			
<input type="checkbox"/> SIDEWALK CLOSURE MAP IS ATTACHED		CLOSURE SIGN / MARKING	
<input type="checkbox"/> PARTIAL CLOSURE	<input type="checkbox"/> FULL CLOSURE	<input type="checkbox"/> NO CLOSURE	<input type="checkbox"/> 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAIN STREET	CHINA BRIDGE	FLAGPOLE LOT	BREW PUB LOT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SANDRIDGE PARKING LOTS	PARK AVENUE	CITY PARK	MAWHINNEY LOT
<input type="checkbox"/>	<input type="checkbox"/>		OTHER: <u>HIGH SCHOOL</u>
QUINNS LOT	RICHARDSON FLATS		

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: BREW PUB LOT BETWEEN:

TIME - START / END: 8 AM - 12 PM REASON (what/who): GATHERING POINT, RALLY POINT

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?

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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: WE WILL AGAIN STRONGLY ENCOURAGE PARTICIPANTS TO WALK, BIKE OR TAKE THE BUS IN, SO AS NOT TO CROWD OLD TOWN WITH PARKED CARS.

PUBLIC FACILITY USE

CHECK ALL THAT APPLY:	MINERS HOSPITAL AT CITY PARK	PARK CITY LIBRARY MEETING ROOMS	<input checked="" type="checkbox"/> 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"/>	TEMPORARY BLEACHERS	<input type="checkbox"/>	INFLATABLES	<input type="checkbox"/>	CANOPIES	<input type="checkbox"/>	TEMPORARY BADGES	<input type="checkbox"/>	TEMPORARY LIGHTING		
<input type="checkbox"/>	TENTS 10X10 OR UNDER	HOW MANY:									
<input type="checkbox"/>	TRAILER	HOW MANY:									
<input checked="" type="checkbox"/>	STRUCTURES OVER 6 FEET TALL	PURPOSE: <u>STAGE FOR SPEECHES</u>						HOW MANY:			
DOES EVENT HAVE ELECTRICAL NEEDS?:			YES	<input checked="" type="checkbox"/>	NO	DOES EVENT REQUIRE USE OF GENERATORS			YES	<input checked="" type="checkbox"/>	NO
WILL YOU BE REQUESTING PERMITS FOR FIREWORKS?:			YES	<input checked="" type="checkbox"/>	NO	WILL THE EVENT REQUIRE THE USE OF FLAMMABLE MATERIALS, FUELS OR GASSES?:			YES	<input checked="" type="checkbox"/>	NO
NAME SUCH MATERIALS:											

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 type="checkbox"/>	THE EVENT WILL USE THE CITY'S DUMPSTERS, REQUIRING ADDITIONAL FEES.												
<input type="checkbox"/>	THE EVENT WILL HIRE A COMPANY AND PROVIDE RECYCLING SERVICES FOR THE FOLLOWING MATERIALS:												
<input type="checkbox"/>	PLASTIC	<input type="checkbox"/>	PAPER	<input type="checkbox"/>	ALUMINUM	<input type="checkbox"/>	GLASS	<input type="checkbox"/>	CARDBOARD	<input type="checkbox"/>	COMPOST	<input type="checkbox"/>	OTHER
<input 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?:		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 checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" 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?:									YES	<input checked="" type="checkbox"/>	NO	
WILL THERE BE COMPLIMENTARY FOOD?:									<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO
WILL THERE BE SALE OF FOOD?:									YES	<input checked="" type="checkbox"/>	NO	
WILL THERE BE ALCOHOL FOR SALE?:									YES	<input checked="" type="checkbox"/>	NO	
<input type="checkbox"/>	BEER	<input type="checkbox"/>	WINE	<input type="checkbox"/>	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: SANDWICHES AND CHIPS OFFERED TO PARTICIPANTS AT THE SANTA

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?: SCIENCE-MINDED PARK CITY AREA RESIDENTS

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): KPCW

NEWSPAPER:

MAGAZINES:

OTHER: SOCIAL MEDIA

PLEASE SELECT RANGE OF MARKETING BUDGET:



\$100 OR UNDER



\$100 - \$500



\$500 - \$1,000



\$1,000 - \$2,500



ABOVE \$2,500



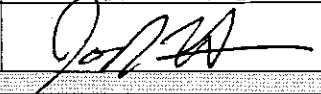
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APPLICANT AGREEMENT & SIGNATURE

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):	JESH HOBSON	
Signature:		Date: 1-11-18