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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](mailto: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](http://www.parkcity.org) or by contacting [specialevents@parkcity.org](mailto:specialevents@parkcity.org).

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

<b>Tommy Youngblood</b> <a href="mailto:tommy.youngblood@parkcity.org">tommy.youngblood@parkcity.org</a>	435.615.5187	<b>Jenny Dierson</b> <a href="mailto:jenny.dierson@parkcity.org">jenny.dierson@parkcity.org</a>	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: Ragnar Relay Wasatch Back

FIRST TIME EVENT:	Yes	<input checked="" type="checkbox"/> No	ANNUAL EVENT:	<input checked="" type="checkbox"/> Yes	No	IF ANNUAL, HOW MANY YEARS:	15	
ANNUAL EVENT THAT WILL BE THE SAME AS LAST YEAR:							Yes	<input checked="" type="checkbox"/> No
ANNUAL EVENT THAT WILL HAVE CHANGES FROM LAST YEAR:							<input checked="" type="checkbox"/> Yes	No
NAME OF APPLICANT (FIRST & LAST): Elizabeth Davidson								
TITLE / POSITION: Permit Director								
BUSINESS / ORGANIZATION NAME: Ragnar Events, LLC								
IS BUSINESS / ORGANIZATION A REGISTERED NON-PROFIT							Yes, a copy of IRS paperwork is attached	<input checked="" type="checkbox"/> No
MAILING ADDRESS OR BUSINESS / ORGANIZATION: 12 S 400 W, Suite 200								
CITY, STATE, ZIP: Salt Lake City, UT 84101								



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PHYSICAL ADDRESS OF BUSINESS / ORGANIZATION: Same as above

CITY, STATE, ZIP:

PHONE (PRIMARY): 801-390-6890      PHONE (SECONDARY): 801-499-5024

EMAIL: [wb..permits@ragnarrelay.com](mailto:wb..permits@ragnarrelay.com)

BUSINESS / ORGANIZATION WEBSITE: <https://www.runragnar.com/event-detail/relay/wasatchback>

SOCIAL MEDIA LINKS: TBA

**DAY OF EVENT PRIMARY CONTACT**

ON-SITE DAY OF PRIMARY CONTACT NAME (FIRST & LAST): Will Strauss

ON-SITE DAY OF PRIMARY CONTACT CELL PHONE: 801-318-1097

ON-SITE DAY OF PRIMARY CONTACT EMAIL: [will@ragnarrelay.com](mailto:will@ragnarrelay.com)

**PUBLIC EVENT INFORMATION**

WEB SITE FOR PUBLIC EVENT INFORMATION: <https://www.runragnar.com/event-detail/relay/wasatchback>

PHONE NUMBER FOR PUBLIC EVENT INFORMATION: 801-499-5024

EMAIL ADDRESS FOR PUBLIC EVENT INFORMATION: [will@ragnarrelay.com](mailto:will@ragnarrelay.com)

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"/> FESTIVAL / FAIR	<input type="checkbox"/> PARADE	<input type="checkbox"/> SKI / SNOW BOARD	<input checked="" type="checkbox"/> RUN	<input type="checkbox"/> BIKE	<input type="checkbox"/> WALK	<input checked="" type="checkbox"/> TRAIL USE	<input type="checkbox"/> CONCERT	<input type="checkbox"/> CULINARY	<input type="checkbox"/> FILMING
<input type="checkbox"/> ARTS & CULTURE EVENT		<input type="checkbox"/> HOLIDAY CELEBRATION			<input checked="" type="checkbox"/> RECREATION / SPORTING EVENT		<input type="checkbox"/> OTHER:		

**THE EVENT WILL INVOLVE THE USE OF: (Check all that apply)**

<input type="checkbox"/> MAIN STREET	<input type="checkbox"/> RESORT PROPERTY	<input type="checkbox"/> SCHOOL DISTRICT PROPERTY	<input type="checkbox"/> PRIVATE PROPERTY	<input checked="" type="checkbox"/> CITY PARKS	<input checked="" type="checkbox"/> CITY FIELDS	<input type="checkbox"/> CITY FACILITY RENTAL	<input type="checkbox"/> RESIDENTIAL AREAS	<input checked="" type="checkbox"/> PARK CITY LIMITS	<input checked="" type="checkbox"/> MULTI-JURISDICTION	<input type="checkbox"/> AMPLIFIED SOUND
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**THE TARGET MARKET FOR THIS EVENT IS: (Check all that apply)**

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

<input checked="" type="checkbox"/> LIMIT # OF PARTICIPANTS	<input type="checkbox"/> BE FREE FOR SPECTATORS	<input type="checkbox"/> BE FREE FOR PARTICIPANTS	<input checked="" type="checkbox"/> INCLUDE VENDORS OR SPONSOR	<input checked="" type="checkbox"/> BE FREE AND OPEN TO THE PUBLIC
<input type="checkbox"/> LIMIT # OF SPECTATORS	<input type="checkbox"/> CHARGE ADMISSION FOR SPECTATORS	<input type="checkbox"/> CHARGE PARTICIPANTS	<input type="checkbox"/> NOT INCLUDE VENDORS OR SPONSOR	<input type="checkbox"/> BE A PRIVATE EVENT

**THIS EVENT WILL BE HELD: (Check all that apply)**

EVENT DATE(S):

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

NUMBER OF EVENT(S):      # OF CONSECUTIVE DAYS:



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ONE DAY EVENT HOUR(S)			
EVENT HOUR(S): 3 AM - 3 PM		OPENING TIME: 3 AM	EVENT ENDS: 3 PM
EVENT SET-UP DATE: June 2, 2018		BREAK-DOWN DATE: June 2, 2018	
SET-UP TIME(S): 12:00 AM		BREAK-DOWN TIME(S): 5:00 PM	
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):	
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:			
TOTAL EVENT ATTENDANCE OF PREVIOUS YEAR: 5500		TOTAL DAILY EVENT ATTENDANCE OF PREVIOUS YEAR: 5500	
ALL APPLICANTS MUST COMPLETE THE FOLLOWING SECTION (NEW OR ANNUAL EVENTS)			
ESTIMATED # OF PARTICIPANTS: 5300		ESTIMATED # OF VENDORS: 2	
ESTIMATED # OF SPECTATORS: 0		ESTIMATED # OF VOLUNTEERS: 30	
ESTIMATED # OF STAFF: 15		ESTIMATED DAILY ATTENDANCE: 5300	
ESTIMATED HIGHEST TOTAL ATTENDANCE AT ONE TIME: 1700		ESTIMATED TOTAL ATTENDANCE OF ENTIRE EVENT: 5300	
<input checked="" 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: <a href="http://www.summitcountyhealth.org/">http://www.summitcountyhealth.org/</a>		



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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 type="checkbox"/> ROLLING CLOSURE	<input type="checkbox"/> PARTIAL CLOSURE	<input type="checkbox"/> FULL CLOSURE	<input checked="" type="checkbox"/> NO CLOSURE
NAMES OF STREETS TO BE CLOSED:		TIMES: (START / END OF CLOSURE)	
		START:	END:
		START:	END:
		START:	END:
		START:	END:
REASON FOR CLOSURE:			

**SIDEWALKS**

<input type="checkbox"/> SIDEWALK CLOSURE MAP IS ATTACHED		<input checked="" type="checkbox"/> CLOSURE SIGN / MARKING	
<input type="checkbox"/> PARTIAL CLOSURE	<input type="checkbox"/> FULL CLOSURE	<input type="checkbox"/> NO CLOSURE	<input checked="" 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 checked="" type="checkbox"/> TRAIL COURSE MAP IS ATTACHED	<input checked="" type="checkbox"/> COURSE / SIGN MARKING INFORMATION IS ATTACHED
NAMES OF TRAILS TO BE USED:	
Rail Trail	

**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 type="checkbox"/>
SANDRIDGE PARKING LOTS	PARK AVENUE	CITY PARK	MAWHINNEY LOT
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OTHER:	
QUINNS LOT	RICHARDSON FLATS		

WILL THE EVENT PROVIDE TRANSPORTATION SERVICES TO THE EVENT FROM PARKING AREAS?:	YES	NO
ADA PARKING AVAILABLE?:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
THE EVENT WILL REQUIRE PARKING REMOVAL?:	YES	<input checked="" 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:	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?

<input type="checkbox"/>	<input type="checkbox"/>	<input 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:

### PUBLIC FACILITY USE

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



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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 checked="" type="checkbox"/>	CANOPIES	<input type="checkbox"/>	TEMPORARY BADGES	<input checked="" type="checkbox"/>	TEMPORARY LIGHTING				
<input checked="" type="checkbox"/>	TENTS 10X10 OR UNDER	HOW MANY: 4-8											
<input type="checkbox"/>	TRAILER	HOW MANY:											
<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
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:

**Fuel for generators**

### WASTE MANAGEMENT AND RECYCLING

<input checked="" type="checkbox"/>	THE EVENT WILL PROVIDE ITS OWN GARBAGE CANS AND WASTE MANAGEMENT.												
<input checked="" type="checkbox"/>	THE EVENT WILL PROVIDE ITS OWN DUMPSTERS, WHICH IS INDICATED ON THE SITE MAP.												
<input 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 checked="" type="checkbox"/>	THE EVENT WILL HIRE A COMPANY AND PROVIDE RECYCLING SERVICES FOR THE FOLLOWING MATERIALS:												
<input checked="" type="checkbox"/>	PLASTIC	<input checked="" type="checkbox"/>	PAPER	<input type="checkbox"/>	ALUMINUM	<input type="checkbox"/>	GLASS	<input checked="" type="checkbox"/>	CARDBOARD	<input type="checkbox"/>	COMPOST	<input checked="" 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 SANITARY 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?:			YES	<input 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?:										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?:										<input checked="" type="checkbox"/>	YES	<input 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								
<input type="checkbox"/>	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](http://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?: Local as well as national

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 type="checkbox"/> INTERNATIONAL
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WILL THIS EVENT BE FILMED AND TELEVISED?: (choose all that apply) YES  NO

<input type="checkbox"/> LOCAL	<input type="checkbox"/> REGIONAL	<input type="checkbox"/> NATIONAL	<input type="checkbox"/> INTERNATIONAL
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PLEASE LIST ALL ADVERTISEMENT INCLUDING MEDIA COVERAGE, NEWSPAPER AND MAGAZINES:

MEDIA (RADIO/TV):

NEWSPAPER:

MAGAZINES:

OTHER: Web advertising

PLEASE SELECT RANGE OF MARKETING BUDGET:

<input type="checkbox"/> \$100 OR UNDER	<input type="checkbox"/> \$100 - \$500	<input type="checkbox"/> \$500 - \$1,000	<input checked="" type="checkbox"/> \$1,000 - \$2,500	<input type="checkbox"/> ABOVE \$2,500
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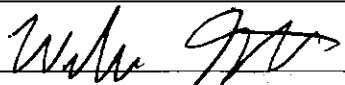
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### APPLICANT AGREEMENT & SIGNATURE

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):	Will Strauss	
Signature:		Date: 12.22.2017





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

Ragnar Events, LLC

Name of Applicant

Ragnar Relay Wasatch Back

Name of Special Event

June 2, 2018

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.

Ragnar Events, LLC

Name of Applicant

[Handwritten Signature]

Signature

Will Strauss

Name Printed

Race Director

Title

12 S 400 W, Suite 200

Salt Lake City, UT 84101

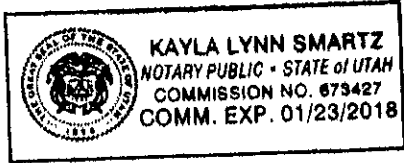
801-499-5024

Applicant Address and Phone Number

STATE OF UTAH )  
 )ss.  
COUNTY OF SUMMIT )

On this 22 day of December, 2017, before me, the undersigned notary, personally appeared Will Strauss, 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 a hold harmless for

PCMC



Kayla Smartz  
Notary Public