PARKS & RECREATION
Special Event Application and Permit

Today's Date: _________________________ Date of Event: ______________ to ______________
Time(s): ________ a.m. _________ p.m. to ________ a.m. _________ p.m.

Type of Event: ___________________________________________________________________________________

Facility Requested for Event: __________________________________________________________________________

Responsible Individual:
Name: _______________________________________________________________________________________

Address: __________________________ City: __________ State: _____ Zip: ______________
Home Phone: ___________ Business: ___________ Cell: ___________ Fax: ______________
Company or Organization: ____________________________

Approximate number of people attending _________________________________________________

Will you be serving food or drinks? □ Yes □ No
Will there be amplified sound? □ Yes □ No
Will a tent(s) be used for this event? □ Yes □ No
Will there be inflatable play apparatus? □ Yes □ No
Will you need special lighting? □ Yes □ No
Will you need electricity? □ Yes □ No
Traffic and Parking expectations:
________________________________________________________________________________________

Spanish Fork City will review the request for a Special Event to ensure that your rights and the rights of others can be maintained. Upon review, there may be conditions of approval attached to this permit. You must comply with any and all conditions to conduct this event. Please allow ten business days for processing.

The undersigned acknowledges that the information in this application is true and correct and agrees to adhere to all rules, regulations, and policies established by Spanish Fork City. Applicant also understands that an Event Permit does not authorize any violation of the provisions of Spanish Fork City Code or any other code or law, rules, regulations or ordinances. The undersigned agrees to waive and release all rights and claims that might be had against Spanish Fork City, its employees, officers, boards or agents.

Signature of Applicant: __________________________________________________________________________  Date: _________________________

FOR OFFICE USE ONLY
All Spanish Fork City Departments that are affected will be consulted. Special Conditions or Concerns may be attached to the approved permit.

Admin___ Parks/Rec___ Public Safety___ Public Works___ City Attorney___ City Planner___ Finance___
Risk Management___ SFCN___ Library___

Approved By: __________________________ Date: _________________________
Denied By: __________________________ Date: _________________________
Comments: _____________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

DEPOSIT Paid _________ Date Paid _________ FEE Paid _________ Date Paid _________