



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: _____

Please answer the following questions as completely as possible. If "yes" give details. Use separate sheet if necessary.

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.

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____

Approved By: _____ Date: _____

Denied By: _____ Date: _____

Comments: _____

Signature of Applicant: _____ Date: _____

DEPOSIT Paid _____ Date Paid _____ FEE Paid _____ Date Paid _____