

Providence City

15 South Main Street ●Providence, UT 84332● www.providencecity.com (435) 752-9441 ● Fax: (435)753-1586 ●providencecityutah@gmail.com

SPECIAL EVENT APPLICATION

Please complete the following information; attach additional sheets if necessary. Please be as specific and detailed as possible.

specific and detailed as possible.						
Applicant Information						
Name:						
Address:						
Phone:						
Email:						
	Contact Ir	nformation				
Sponsoring Entity Information		Promoting Entity Information				
Name:		Name:				
Address:		Address:				
Phone:		Phone:				
Email:		Email:				
Contact Person:		Contact Person:				
Phone:		Phone:				
Email:		Email:				
T (5 1 1 1 1 1 1 1 1 1		formation				
Type of Event: []Athletic []Co Detailed	mmercially Related	[]Free Expressio	n []Entertainment []Political			
Description of the						
Event.						
Lvent.						
Date(s):	Hours:					
Estimated No. Staff:	Estimated No. P	articipants:	Estimated No. Spectators:			
Are you charging or accepting: []Admission Fee []Donations []Other Consideration						
	Facility Red	quirements:				
Location (please attach map if us	sing public right-of-v	ways and/or multip	ole locations):			
Will you be bringing any of the f	ollowing:					
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Tent(s)		Stage(s)			
Vending Wagon(s)		Barricade	es .		
Food Cart(s)		Security F	encing		
Other (specify):					
NOTE: All food service vendors, serving food at a public event, must obtain a temporary food permit if					
food is provided for free or for a cost (see www.brhd.org for more information).					
Public Health and Safety Information					
Please describe your plans for the following:					
Culinary water supplies					
Solid waste collection/disposal					
Wastewater					
Fire prevention					
Emergency medical services					
Security and law enforcement					
Parking and access					
Note: Events estimating 500 or more people for a period of 2 or more hours are also required to obtain a					
mass gathering permit from Bear River Health Department, 435-792-6500.					
Insurance Required					
A certificate of insurance, listing Providence City as an additional insured party, on an occurrence policy issued by an insurance company authorized to do business in the state of Utah, showing comprehensive general liability and property damage coverage for the event with minimum limits of one million dollars (\$1,000,000) for injury or death for one person in any one occurrence; three million dollars (\$3,000,000) for injury or death for two (2) or more persons in any one occurrence; and five hundred thousand dollars (\$500,000) for property damage in any one occurrence, is required.					
Insurance certificate attached					
Insurance Certificate attached Insurance Company Information					
Name:	Phone No.	ily illiormation	Policy No.		
I hereby agree to conduct said event in accordance with the regulations as set forth in the Providence City Code and any other applicable rules, regulations, or code (including but not limited to Utah Code,					
Bear River Health Department rules and regulations, etc.), and swear under penalty of law the					
information contained herein is true.					
Signature of Applicant/Authorized Agent			Date		