



# Providence City

164 N. Gateway drive Providence, UT 84332 www.providencecity.com  
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## SPECIAL EVENT APPLICATION

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

### Applicant Information

Name:
Address:
Phone:
Email:

### Contact Information

Sponsoring Entity Information	Promoting Entity Information
Name:	Name:
Address:	Address:
Phone:	Phone:
Email:	Email:
Contact Person:	Contact Person:
Phone:	Phone:
Email:	Email:

### Event Information

Type of Event: <input type="checkbox"/> Athletic <input type="checkbox"/> Commercially Related <input type="checkbox"/> Free Expression <input type="checkbox"/> Entertainment <input type="checkbox"/> Political			
Detailed Description of the Event.			
Date(s):		Hours:	
Estimated No. Staff:	Estimated No. Participants:	Estimated No. Spectators:	
Are you charging or accepting: <input type="checkbox"/> Admission Fee <input type="checkbox"/> Donations <input type="checkbox"/> Other Consideration			

### Facility Requirements:

Location (please attach map if using public right-of-ways and/or multiple locations):
Will you be bringing any of the following:

	Tent(s)		Stage(s)
	Vending Wagon(s)		Barricades
	Food Cart(s)		Security Fencing
	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](http://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 <b>mass gathering permit</b> 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 Company Information		
Name:	Phone No.	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