



SPECIAL EVENT APPLICATION CHECKLIST

5500 West 700 South, Hurricane, Utah 84737

Complete applications must be submitted to Legacy Park forty-five (45) days before the event is scheduled to take place. Applications submitted to Legacy Park less than forty-five (45) days will not be accepted by the County.

- 1. Complete Special Event Application and provide copy of advertisement for event.
- 2. Detailed Event Site Plan. Must include Street Names, Placement of Barricades, Road/Sidewalk Closures, Vendor/Merchant Parking, Vendor Booth Placement, Inflatables, Amusement Devices, Table Placement, Portable Toilet Placement, Fencing, Tent(s) Placement, etc.
- 3. Security Plan. Must be approved by the Washington County Sheriff's Office.
- 4. Proof of Insurance/Certificate of Liability
- 5. Proof of Insurance for each vendor
- 6. Temporary Sales Tax Number for Event and Vendors. Please contact State of Utah Special Event Tax Division - 210 North 1950 West, Salt Lake City, UT 84134, 801-297-6303.
- 7. Health Department Approval for Any Food Provided at the event.
Please contact Southwest Utah Health Dept. - 620 South 400 East #400, St. George, UT 84770, 435-986-2580.
- 8. Applicable Fees.
- 9. Other Requirements: _____

Review Process Information

The application will be submitted to the event committee for their recommendation of approval. The applicant will be contacted by Legacy Park with comments/concerns from the event committee. Comments/concerns of the committee must be resolved by the applicant prior to approving the event application. Washington County Sheriff's Office approval is required for Single Event Alcohol Permits. Questions, please contact Virginia Bundy at 435-652-4000 or by e-mail at virginia.bundy@washco.utah.gov or Susi Lafaele at 435-922-2766 or susi.lafaele@washco.utah.gov.

Date Received Application: _____
Insurance Received: _____ Date Issued: _____

APPROVALS:

Park Manager: _____
Date: _____

Fire: _____ Date: _____

Conditions of approval: _____

Police: Please see the Security Plan Request Application for approval and conditions.

Other Staff Approval: _____
Date: _____

Rev. 01-10-2020

SPECIAL EVENT APPLICATION



Legacy Park
5500 W. 700 S.
Hurricane, UT 84737

Phone: 435-652-4000; 435-922-2766
Email: virginia.bundy@washco.utah.gov
susi.lafaele@washco.utah.gov

TYPE OF ACTIVITY (check all that apply):

- | | | | | | |
|---|--------------------------------|-----------------------------------|---------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Barrel Racing | <input type="checkbox"/> Rodeo | <input type="checkbox"/> Sporting | <input type="checkbox"/> Dog Show | <input type="checkbox"/> Training Event | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Roping/Sorting | <input type="checkbox"/> Expo | <input type="checkbox"/> Dance | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Fundraiser | <input type="checkbox"/> Religious |

Please print or type

EVENT NAME:

1. **Location of Event:**

2. **Name of Organization:**

3. **Date(s) of Event:** _____ **Start Date:** _____ **Start Time:** _____

4. EVENT DETAILS:

Event	Date(s):	Start time:	End time:
Set-up	Date(s):	Start time:	End time:
Clean-up	Date(s):	Start time:	End time:

Is this a Recurring Event? _____ If yes; daily, weekly or other?

Is this an Annual Event? _____ If yes; same date and place?

5. PARTICIPANTS

Number of participants expected: _____ Number of Volunteers/Event Staff: _____

- Open to the Public Private Group/Party

If event is open to the public, is it: Entrance Fee/Ticketed Event; Fee for Participants; Free.

6. APPLICANT INFORMATION

Name of Applicant: _____

Address: _____

Day Phone: _____ **Cell/Other:** _____ **E-mail:** _____

Mailing Address (if different): _____

Event Web Address (if applicable): _____

Alternate Contact For Event: _____

Day Phone: _____ **Cell/Other:** _____ **E-mail:** _____

7. **VENUE** (check all that apply)

TYPE OF ACTIVITY (check all that apply):

- Outdoor Arena Grafton
 Indoor Arena Harmony Covered Other: _____

8. **VENDORS/FOOD/ALCOHOL** (check all that apply)

Yes No **Are Vendors/Merchants selling products or services?**
 If yes, Temporary Sales Tax Numbers are required from the Utah State Special Event Tax Division 801-297-6303

Yes No **Is Food available at the event?**
 If yes, Is the food (please check all that apply)
 Given away/pre-packaged Catered by restaurants/vendors Prepared on site
 Events which have food MUST buy out Legacy Park's concessionaire
 Events which have food available must contact the SW Utah Health Department for approval 435-986-2580

Yes No **Will Alcoholic Beverages be available at the event?**
 Fenced-in Beer Garden
 Selling, Serving, Giving Away Alcohol at an event requires local consent from Washington County Commissioners, City of Hurricane, Washington County Sheriff's Office, and State of Utah Department of Alcoholic Beverage Licensing approval (801-977-6800).

9. **TENTS/STAGES/STRUCTURES** (include details on site map)

Yes No **Tents/Pop-up Canopies?**
How many Tents/Pop-up Canopies will be used for the event? _____
Dimensions of Tents/Pop-up Canopies: _____
 All Tents/Pop-up Canopies require Inspections from the Hurricane Valley Fire Marshall 435-635-9562

Yes No **Temporary Stage?** **Dimensions of Stage:** _____

Description of Tents/Canopies/Stage, etc.:

10. **SITE SETUP/SOUND** (check all that apply - please include details on site map)

- | | |
|---|--|
| <input type="checkbox"/> Fencing/Scaffolding | (must obtain privately) |
| <input type="checkbox"/> Barricades | (must obtain privately) |
| <input type="checkbox"/> Portable Sanitary Units | (must obtain privately) |
| <input type="checkbox"/> Inflatable/Bounce House(s) <input type="checkbox"/> Generator(s) & <input type="checkbox"/> Certificate of Liability Insurance | are required (must obtain privately) |
| <input type="checkbox"/> Music If yes, check all that apply: <input type="checkbox"/> Acoustic <input type="checkbox"/> Amplified | |
| <input type="checkbox"/> PA/Audio System Type/Description: | |
| <input type="checkbox"/> Fireworks / Fire Performances / Open Flame | Requires approval from Hurricane Fire Dept. 435-635-9562 |
| <input type="checkbox"/> Propane/Gas On-site | Requires approval from Hurricane Fire Dept. 435-635-9562 |
| <input type="checkbox"/> Trash/Recycle Bin coordination On-site | WCSW 435-673-2813 |

11. **ROAD & SIDEWALK USE** (please include details on site map)

Yes No **Will Roads & Sidewalks Be Used?**
 Yes No **Are you requesting Road &/or Sidewalk Closures?**
 Sidewalk Use **Location:** _____ Will stay on sidewalks and follow pedestrian laws.

12. **COVID-19**

Licensee must adhere to all COVID-19 precautions as directed by the Southwest Utah Public Health Department, Washington County and the State of Utah. This may include temperature checks, face masks, observing physical distance, regularly cleaning high touch point areas, promoting healthy hygiene including frequent hand washing.

Yes No

By submitting a signed application, the applicant certifies that falsifying any information on this application constitutes cause for rejection or revocation.

Applicant's Name [PRINT]

Applicant's Signature

Date

DETAILED SITE PLAN/MAP

PLEASE INCLUDE [OR ATTACH] A DETAILED SITE PLAN AND/OR ROUTE MAP. COMPUTER OR HAND-DRAWN SITE PLANS ARE APPROPRIATE. *Be aware that if you are faxing a map, many elements may not be visible.*

Your map should include:

- The names of streets, placement of barricades, and/or road/sidewalk closures
- The areas where participants and vendors/merchants will park
- Vendor and booth placement, tables, etc.
- Portable toilets, fencing
- Location of information booth, lost and found booth
- Stage, tents and materials, storage, inflatable amusement devices, table placement, etc. used in the event.

North



Date Received Vendor List: _____

Payment Received: _____

Date Completed: _____

VENDOR LIST



EVENT NAME: _____ CONTACT PHONE: _____

EVENT DATE(S): _____ EVENT LOCATION: _____

VENDOR INFORMATION

Please provide the following information for all vendors. If more room is needed, please use additional sheet.
Special Event Tax Numbers are required for each Vendor, 801-297-6303. Those Vendors selling, giving away, or preparing food on site are required to obtain approval from the Southwest Utah Public Health Department, 435-986-2580.

#	Vendor Name	Vendor Phone #	Product or Service to be offered at Event
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Approval with Comments:

Date Received: _____

Police Approved: _____

Date Issued: _____



All questions must be answered completely or application will not be considered. Please allow TEN (10) days for approval. Together with this application, please provide a written Security Plan.

EVENT NAME:

Event Location:

Type of Event:

Date of Event:

Hours of Event:

Number of Expected Attendance:

Occupancy Load:

Name of Applicant:

Address:

Day Phone:

Cell/Other:

E-mail:

Name of On-site Point of Contact: _____ **Cell Number:** _____

E-mail: _____

Comments: _____

I understand that falsifying any information on this application constitutes sufficient cause for rejection or revocation of the Special Event Application. I also understand that the Sheriff's Office may require additional information as permitted by Ordinance, and also agree to supply the same.

Applicant Signature: _____ **Date:** _____

Approved

Denied

Comments: _____

Deputy Signature: _____ **Name and Title:** _____ **Date:** _____