



## SPECIAL EVENT APPLICATION CHECKLIST

### 5500 West 700 South, Hurricane, Utah 84737

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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 the Special Event Application and provide a copy of the advertisement for the 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. 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.
- ☐ 6. 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.
- ☐ 7. Applicable Fees.
- ☐ 8. Other Requirements: \_\_\_\_\_

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### Review Process Information

The application will be submitted to the event committee for their recommendation for 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 before 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](mailto:virginia.bundy@washco.utah.gov) or Susi Lafaele at 435-301-7761 or [susi.lafaele@washco.utah.gov](mailto:susi.lafaele@washco.utah.gov).

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Date Received Application: \_\_\_\_\_  
Insurance Received: \_\_\_\_\_

Date Issued: \_\_\_\_\_

## SPECIAL EVENT APPLICATION



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

Phone: 435-652-4000; 435-301-7761  
Email: [virginia.bundy@washco.utah.gov](mailto:virginia.bundy@washco.utah.gov)  
[susi.lafaele@washco.utah.gov](mailto:susi.lafaele@washco.utah.gov)

### 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

### TYPE OF ACTIVITY (check all that apply):

☐ Barrel Racing ☐ Rodeo ☐ Sporting ☐ Dog Show ☐ Training Event ☐ Festival  
☐ Roping/Sorting ☐ Expo ☐ Dance ☐ Other: \_\_\_\_\_ ☐ Fundraiser ☐ 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:
Event Set-up/Move-in	Date(s):	Start time:	End time:
RV/Stall Move-in	Date(s):	Start time:	End time:
Clean-up	Date(s):	Start time:	End time:

### 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  |

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

## EVENT DESCRIPTION

PLEASE DESCRIBE YOUR EVENT IN DETAIL; ADD ANY ADDITIONAL INFORMATION OR PAGES.

- *Please be sure to include any elements of your event that will help with the approval of the event.*

## DETAILED SITE PLAN/MAP

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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: \_\_\_\_\_

Police Approved: \_\_\_\_\_

Date Issued: \_\_\_\_\_



All questions must be answered completely or the 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:** \_\_\_\_\_