



55 N. Main St., Ivins, UT 84738
 Tel: 435-628-0606 Fax: 435-674-5486
 www.ivins.com

Rec'd By: _____
Filing Fee: \$100.00
Receipt #: _____
Date: _____
Valid Until: _____

SPECIAL EVENT PERMIT APPLICATION

Date of Event	Name of Event
Applicant Name	Phone #
Address	City, State, Zip

Detailed Description of Event: _____

Location of Event _____

Time and Duration of Event _____

Anticipated Participants	Anticipated Participation Fee	Anticipated Spectators
--------------------------	-------------------------------	------------------------

A Special Event that creates a need for municipal coordination of parking, traffic flow, fire, police/security service and/or otherwise impacts the public health, safety, and welfare or general peace and tranquility of the community beyond that which would be reasonably necessary and ordinarily anticipated relative to personal and individual use of public or private property, and in all cases where an admission fee is required, shall be required to apply for and be granted a Special Event Permit for the specific event and its venue(s).

Events, which occur in a series such as live performances, may apply for the entire series of Special Events under one Special Event Permit.

Applications for Special Events shall be made in writing to Ivins City on this form. Applications must be completed and submitted to the Ivins City Recorder not less than sixty (60) days prior to the scheduled event. The application shall be signed by the person, or group of people, who is or are the organizer(s) and with whom the responsibility for conduct of the event lays. The applicant must be a natural person or persons and not a corporation, corporate sponsor, or business, or any other entity that is not a natural person.

CHECKLIST

(Please do not refer to "on file from previous year.")

- _____ Attach a site plan of event
- _____ Attach a traffic and parking plan
- _____ Attach a plan of anticipated necessity for public personnel, equipment, and other public services at the event
- _____ Obtain a Temporary Sales Tax License from the State Tax Commission
- _____ Submit a vendor list and copy of the Temporary Sales Tax License
- _____ Proof of liability insurance in the amount of \$1,000,000, naming Ivins City as additional insured
- _____ Sign and return a Special Event Hold Harmless Agreement

Once application has been submitted and complete, the Special Event Coordinator will submit the completed Special Event Permit Application to Department Heads for needs assessment review.

I hereby declare that the foregoing information given on this application for a special event permit is true and that falsifying any information constitutes cause for rejection of my permit.

Applicant

Date

*******STAFF REVIEW*******

	Date Approved	Comments
Public Works	_____	_____
Public Safety	_____	_____
Parks & Recreation	_____	_____
City Manager	_____	_____
City Attorney	_____	_____



55 N. Main St. Ivins, UT 84738
Tel. 435-628-0606 Fax 435-674-5486
www.ivins.com

SPECIAL EVENT HOLD HARMLESS AGREEMENT

Date and Time of Event: _____

Event Location: _____

Event Type: _____

Applicant Name: _____

Applicant Address: _____

Applicant Telephone: _____

In consideration of being permitted to hold the above-referenced Special Event within Ivins City, the undersigned does hereby personally, and on behalf of the above-named applicant, agree to waive, release, indemnify, and hold harmless Ivins City, its officers, employees, and agents from and against any and all liability, claims, demands, actions, causes of action, proceedings, awards, judgments, and expenses (including attorney's fees and litigation costs) of every kind and nature, and by whomsoever made or brought, in respect of any personal or bodily injury (including death) to any person, and any loss of or damage to any property, caused directly or indirectly by the undersigned and/or applicant, its officers, employees, agents, or subcontractors, engaging in and/or sponsoring the above-referenced Special Event.

Dated this _____ day of _____

By: _____
Signature

Printed Name

State of Utah)
) ss.
County of Washington)

On this ____ day of _____, _____, before me, _____,
the undersigned Notary Public, personally appeared _____,
personally known to me or proved to me on a basis of satisfactory evidence to be the person(s)
whose name(s) is/are subscribed in the within instrument, and acknowledged that he/she/they
executed it.

Witness my hand and official seal.

Notary Signature

My Commission Expires: _____