



Application must be received 30 days in advance

Special Event Permit Application Cedar City, Utah

Lake at the Hills: (435) 865-9223 Aquatic Center – 2090 W. Royal Hunte Dr.

EVENT SHOULD NOT BE SCHEDULED OR ADVERTISED WITHOUT FINAL APPROVAL PLEASE ALLOW 10 BUSINESS DAYS FOR APPROVAL PROCESS

APPLICANT & EVENT INFORMATION

Estimated Daily Attendance: _____

Print Name of Applicant (Must be on-site during the event)

Printed E-mail (REQUIRED)

Best Contact Phone Number

Fax (If Any)

Sponsoring Entity

Business Address, City, State, ZIP

Name of Event

Location(s) of Event

Will there be music?

If so, music provided by:

Admission Charge (If Any)

Event Date(s)

Hours of Event (Include set-up & take-down times)

If event proposes closing or impeding access to any City streets, sidewalks, alleys or parking lot, please indicate on site plan and contact the Cedar City Police Department at (435) 586-2956.

SITE PLAN

Will the event include any of the following? (Indicate on attached site plan)

- Tents or Canopies () Yes () No
Barriers () Yes () No
Temporary Fencing () Yes () No
Inflatables/Amusement () Yes () No If yes, specify _____

ENTERTAINMENT

Will there be entertainment? () Yes () No

If yes, list group(s) and scheduled time(s):

Outside dances and events that create similar noise must conclude by: 10:30 p.m. Sun. – Thurs. 11:30 p.m. Fri., Sat. and Holidays

VENDOR SALES

If selling food, a food handler's permit from the Health Dept. is required Any vendors contact the City Recorder (435) 865-5106

ALCOHOL

All events are subject to Cedar City Ordinance 27A
(Go to <http://www.cedarcity.org/DocumentCenter/Home/View/263>)

ALCOHOL AND SMOKING ARE NOT ALLOWED IN CITY PARKS

I have read and do understand the terms and conditions of this permit, and do hereby agree on behalf of the Sponsor of this event, that all participating in this event shall adhere to and abide by all applicable ordinances, state, and local rules and regulations. Sponsor shall release Cedar City from any liability and will hold Cedar City harmless from any claims resulting from leased premises during the term of use.

Applicant Signature: _____ **Date:** _____

Reviewed By (Signature Required):

City Manager _____ date

City Recorder _____ date

Chief of Police _____ date

Insurance Required
(Cedar City Corp may require insurance coverage naming Cedar City as additional insured in the amount of _____ per event.)

Parks Division Head _____ date

If Required, has Insurance been received?

Leisure Services Director _____ date

UDOT Permit (Attach)

Street Superintendent _____ date

Southwest Health Permit (Attach)

Comments / Requirements (by City Personnel)

Park Reservation Fees

0 – 4 Hour Event: (\$25 Picnic Area Fee)

0-8 Hour Event: Entire Facility (\$500 includes Paddleboards & Kayaks)
(CANNOT CLOSE THE ENTIRE LAKE FROM THE REST OF THE PUBLIC)

(See Cedar City Corporation fee schedule: <http://www.cedarcity.org/DocumentCenter/View/8336>)

Total Fee \$ _____ **Cash** _____ **Check #** _____ **CC** _____

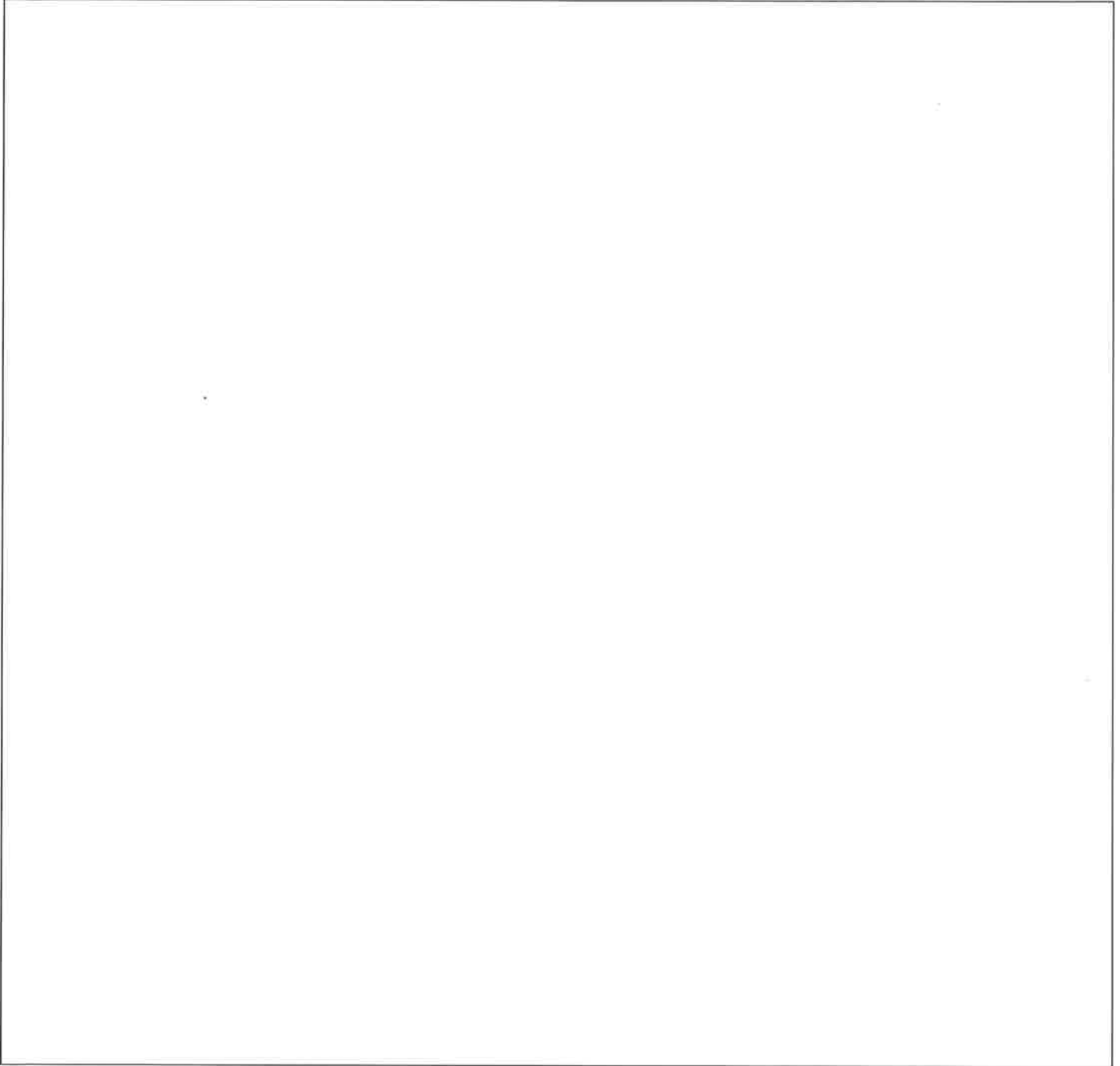
Dumpsters:
Rocky Ridge Roll-Offs – 867-1368
Mosdell Sanitation – 586-8823

Portable Toilets:
Hero Plumbing – 586-2756

SITE PLAN

***Site Plan is required before Event is approved.**

North



South

Any extension cords must be 12 gauge/OSHA approved

