



Application must be received 30 days in advance

Special Event
Permit Application
Cedar City, Utah

Outdoor Dances - Block Party - Amusement Activity - Exhibition
Call City Recorder at (435) 865-5106, 10 N. Main St.

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 attach a site plan and contact the Cedar City Police Department at (435) 586-2956.

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

If event includes alcoholic beverages, contact City Recorder (435) 865-5106

All events are subject to Cedar City Ordinance 27A

(Go to http://www.cedarcity.org/DocumentCenter/Home/View/263)

ANY OTHER NEEDS, PLEASE LIST HERE:

BLOCK PARTIES

Please contact neighbors who will be affected by blockage of the street(s) for approval. List their names below. (Place the number next to their name on the map at their location). **STREETS CANNOT BE COMPLETELY BLOCKED TO ALLOW FOR EMERGENCY VEHICLE ACCESS.**

1 _____	5 _____	9 _____
2 _____	6 _____	10 _____
3 _____	7 _____	11 _____
4 _____	8 _____	12 _____

EVENT SECURITY

Is security required for this event? () Yes () No
 If so, has security been contacted for this event? () Yes () No
 If yes, provide the following:
 Security Company _____
 Scheduled Date(s) and Time(s) _____
 Total number of security staff contracted _____
 Contact Person/Phone Number _____
 Comments from the Police Department: _____

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
- Chief of Police _____ date
- Parks Division Head _____ date
- Leisure Services Director _____ date
- Street Superintendent _____ date**

- City Recorder _____ date
- Insurance Required
(Cedar City Corp may require insurance coverage naming Cedar City as additional insured in the amount of _____ per event.
- If Required, has Insurance been received?
- UDOT Permit (Attach)
- Southwest Health Permit (Attach)

Comments / Requirements (by City Personnel)
