

P.O. Box 190068
56 North Highway 143

Brian Head, UT 84719
435-677-2029



BRIAN HEAD TOWN SPECIAL EVENT APPLICATION

New Application

Renewal Application

Date of Application: _____

I, hereby make application for a permit for a Special Event within the Town of Brian Head, County of Iron, State of Utah, for the period from _____ through _____.

APPLICANT INFORMATION

(Person/business/agency coordinating the event)

APPLICANT NAME: _____

HOME STREET ADDRESS: _____

PHONE NO: _____, CELL NO: _____

E-MAIL ADDRESS: _____

EVENT INFORMATION

NAME OF EVENT(S) TO BE PERMITTED: _____

PHYSICAL LOCATIONS OF EVENT: _____

DESCRIPTION OF EVENT: _____

I certify that the information provided and represented are complete and correct to the best of my knowledge and my application is in accordance with Brian Head Town Ordinances. This permit shall be void if information provided and representations provided by the permittee is incorrect or later changes and I fail to update such information within ten business days of the change of information. I acknowledge and understand the following: 1) **THIS IS NOT A PERMIT** but merely an application for a Special Event within Brian Head Town. 2) If my application is approved, I shall be notified and issued a permit certificate.

Signature of Applicant / Owner

**PLEASE COMPLETE THE FOLLOWING
INFORMATION FOR STAFFING PURPOSES**

- Does the event require the advertising assistance?
- Anticipated attendance _____
- Insurance requirements met _____
- Alcohol to be served _____
- Food to be served _____
- Number of vendors (concessions) _____
- Restrooms Identified or # of Portable restrooms _____
- Dumpsters needed _____ Location(s) _____
- Overflow parking/traffic, anticipated Number of vehicles _____
- Shuttle services (seasonal only) _____
- Additional law enforcement officers requested _____
- Medical identified (ambulance, EMT, etc) _____
- Please provide a site map of the Event _____
- Building inspection if temp structure is larger than 200 sq. ft _____
- Type of music being provided _____
- Electrical needs/requests _____
- Road closure requests _____
- Other _____

OFFICE USE ONLY

- Alcohol: Permit from DABC Yes / No Date Received: _____
- Food: Permit from Health Dept. Yes / No Date Received: _____
All food vendors are responsible for health department permit.
- Building inspection required: Yes / No - Square Footage Total of Temp. structure _____
- Electrical needs/requests: Yes / No – Person responsible _____
- Number of dumpsters required: _____
- Road Closure – Town Council item: Date of approval: _____.
- Vendors – list to be submitted to State Tax Commission/Special Event Unit.
- Advertising Assistance for reimbursement from Iron Co. Tourism
\$ _____ requested \$ _____ received. Person responsible _____
- Event in conflict with other events: Yes / No. Event: _____
- Fees: _____ Type of Fee: _____

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Department Sign Off

Public Safety Department

Public Works Department

Signature – Signed off

Signature – Signed off

Administration Department

All Departments Signed off: Yes / No
Application Approved: Yes / No
If denied, date of letter sent: _____

Town Council:

Date Presented to Council: _____
Permit Approved / Denied _____
Conditions Required: _____

Additional Conditions / Comments: _____

Business License Officer

Permit No. _____