

Salem City Special Event Application

60 N 100 E , Salem Utah 84653
Phone 801-423-1035 Fax 801-423-0149
www.salemcity.org



Event Information

Application date:	Event Date:	Number (Office use only)
Project Name:		Area:
Project Address:		Units:

Applicant Information

Company / Group Contact			Attn:
Address:			Telephone:
City:	State:	Zip:	Alt. Telephone:
Email Address:			Fax:

Insurance Information

Insurance Provider: **\$200,000.00 Liability Policy - must name Salem City as additional insured**

I hereby give authorization to: _____

Address: _____

To represent me in this application. Dated this _____ Day of _____, 2011

Signature of owners(s) of record

City Approval Process and Requirements

1. Staff Review Time: Approximately 4 -7 weeks depending on the amount of events needing review.
2. Council Review : Held every other Wednesday. (1st and 3rd Wed.)

All meetings are held in the Salem City Council Chambers

Office Use Only

- Insurance
- Form App. Filled out
- Event Map
- Police Fees Paid

Event Discription:

Empty rows for event description.

Fees of Event - to patrons

Empty rows for event fees.

Time period:

Empty rows for time period.

Special Needs:

	ROAD CLOSED SIGN
	BARACADES
	ADD. RESTROOMS

Additional Needs Fees:

\$

Police Needs:

Empty rows for police needs.

Map: (please include map of usage area if aplicable)

Large empty area for map.