



BRIAN HEAD TOWN
Special Event Application

It is the intent of Brian Head Town to assist event coordinators and their events in a collaborative effort to provide the best experience for everyone. We thank you for taking the time to complete this form which allows us to do so.

Date of Application: _____

____ New Event

____ Renewal Application

Applicant Information

Organization/Business Name: _____

Event Coordinator Name: _____

Address: _____

Phone No: _____ -- _____ -- _____

Cell No: _____ -- _____ -- _____

Website: _____

Email Address: _____

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

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Event Information

Dates of Event: _____ through _____

Time of Event: _____ until _____

Name of Event: _____

Physical Location of Event: _____

Inclement Weather Location: _____

Description of Event: _____

Advertising

Brian Head Town will assist in advertising by posting the event on visitbrianhead.org website and Facebook. Please provide electronic materials for advertising.

Advertising assistance: Y / N

If Yes, please list the type of advertising the event coordinator/organizer is already providing:

If requesting specific advertising assistance, please describe:



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Event Details

Estimated Attendance: _____

Insurance Requirements Met: Y / N _____

If Event is held on Town Property, Insurance Certificate must be submitted prior to the event.

Food Vendors: _____

Alcohol Served: Y / N (Circle One)

Dept. of Alcohol & Beverage Control Permit Received: Y / N – Date Submitted: _____

Number of Vendors (concessions): _____ (All vendors must have a Special Event Temporary Sales Tax ID# provided by the Utah State Tax Commission).

Restrooms Identified Y / N OR Number of Portable Restrooms: _____

Location of Portable Restrooms: _____

Number of Dumpsters needed: _____ Location(s): _____

Overflow Parking/Traffic needed: Y / N _____

Shuttle service needed (seasonal only): Y / N

Building inspection required (if temp structure is larger than 200 sq. ft.): Y / N If yes, please provide the square footage of the temporary structure: _____

Music provided: Y / N Times Music will be playing: _____

Road Closure requests (Town Council Approval Needed): _____

Electrical Needs requests: _____

Event Personnel

Additional Law Enforcement officers requested: _____

Medical identified (ambulance, EMT, etc): _____

Event set-up assistance: _____



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FOR TOWN STAFF ONLY

Event in conflict with other event(s): Y / N Event: _____

Fees Assessed: _____ **Type of Fee:** _____

Food: Permit received from the Health Dept: Y / N Date Received: _____
(all food vendors are responsible for health department permit)

Vendors: List submitted to State Tax Commission / Special Event Unit: Y / N

Alcohol: Permit received from the DABC: Y / N Date Received: _____

Road Closure: Town Council item. Date of Approval: _____

Electrical Needs: Y / N Person Responsible: _____

Trails: Cleaned Y / N. **Trail Closed:** Y / N **Description of closure:** _____

Department Sign Off

Public Safety Dept.

Public Works Dept.

Administration Dept.

Town Council

All departments signed off: Y / N
Application approved: Y / N
If denied, date of letter sent: _____

Date presented to Council _____
Permit approved: Y / N
Conditions Required: _____

Business License Officer

Permit No: _____

