



SANTA CLARA CITY
2603 SANTA CLARA DRIVE, SANTA CLARA, UT 84765
TELEPHONE: 435-673-6712 FAX: 435-628-7338
www.sccity.org

SPECIAL EVENTS PERMIT APPLICATION

Today's Date: _____ Event Date: _____

Applicant's Name: _____

Applicant's Address: _____ City: _____ State: _____ Zip: _____

Applicant's Phone: _____ Cell Phone: _____

Event Type: _____ Event Name: _____

Event Location: _____

Have all neighbors on your street been notified of this event? YES NO

Estimated number in Attendance and/or participating in the event: _____

Will music be played? YES NO (if yes, written approval of all neighbors required)

Start Time: _____ am/pm End Time: _____ am/pm

2 Chaperones must be provided for each 15 juveniles

List Chaperones:

1. Name: _____

Phone: _____

2. Name: _____

Phone: _____

3. Name: _____

Phone: _____

4. Name: _____

Phone: _____

Will any fees be charged to attendees? YES NO

*The applicant acknowledges the possibility that damage or injury may be caused to City property being used by the applicant, and that such damage may be caused by the applicant or its attendees. If such damage occurs, the applicant hereby agrees to reimburse Santa Clara City for any and all such damage upon demand.

Applicant's Signature: _____ Date: _____

City approval: _____ Date: _____

Public Safety Approval: _____ Date: _____

Fee Paid: _____ Date: _____