



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

Application Fee: \$50.00

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: _____