



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

\$50 SPECIAL EVENT FEE

## 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: \_\_\_\_\_