

**MILLCREEK SPECIAL EVENT PERMIT
APPLICATION PACKET**



**SPECIAL EVENTS HELD ON CITY STREETS, SIDEWALKS
AND ON CITY PROPERTY**

3330 South 1300 East
Millcreek, UT 84106
801-214-2700
Millcreek.us

Dear Resident:

Thank you for your inquiry regarding a Special Event Permit in Millcreek. The following items are enclosed and/or required with the appropriate contact agencies listed:

1. Application for a permit to hold a special event in Millcreek. For non-applicable questions, fill in with N/A. Applications should be submitted at least thirty calendar days before the event is scheduled to take place, but no later than twenty-one calendar days prior to the event.
2. A copy of your site plan.
3. A list of signatures of each resident located within the designated boundaries of an event whose vehicular access to their property is affected by street closure.
4. Street closure, barricade requirements and the need for officer assistance during the event will be evaluated and determined by the Unified Police Department. Contact the Unified Police Department - 385-468-9620 or sdebry@updsl.org.
5. If food is being sold at the special event, completion of a Temporary Food Service Permit Application may be required. For verification and more information, contact the Salt Lake Valley Health Department at 385-468-3817.
6. If the special event lasts more than 2 hours AND will be attended by more than 500 people, a Mass Gathering permit may be required. For verification and more information, contact the Salt Lake Valley Health Department at 385-468-3845 or tempevents@slco.org.
7. If a fireworks display is proposed, verification and approval may be required. Contact Matthew McFarland, Unified Fire Authority at 801-556-5063 or mmcfarland@unifiedfire.org.
8. Additional permits may be required as outlined in permit.

Please return your application to Millcreek 30 days prior to the scheduled event. The application will be processed, and you will receive a letter granting or denying your request based on ordinance compliance and recommendation by the required agencies. For further questions or clarification, contact Rita Lund, Director of Communication and Programs at 801-214-2707.

SPECIAL EVENTS PERMIT APPLICATION MILLCREEK

Millcreek
3330 South 1300 East
Millcreek, UT 84106

Phone: 801-214-2700
www.millcreek.us

EVENT NAME:

APPLICANT INFO:

Applicant's Name:

Organization:

Mailing Address:

City, State, Zip:

Day Phone:

Cell/other:

E-mail:

Event Web Address:

ALTERNATE CONTACT:

Alternate contact:

Day Phone:

Cell/other:

E-mail:

LOCATION:

Location:

Location Details/Address:

EVENT DETAILS:

Event	Date(s):	Start time:	End time:
Set-up	Date(s):	Start time:	End time:
Clean-up	Date(s):	Start time:	End time:

Is this a recurring event? If yes; daily, weekly or other?

TYPE OF ACTIVITY: (check all that apply):		Concert	Cycling	Demonstration	Festival
March/Procession	Parade	Protest	Rally	Religious	
Walk/Run - Competitive		Walk/Run - Fun		Other:	

PARTICIPANTS:

Number of participants expected:

Number of volunteers/event staff:

Open to the Public Private Group/Party

If event is open to the public, is it: Entrance Fee/Ticketed Event? Fee for Participants/Racers/Runners Only

VENDORS/FOOD/ALCOHOL:Vendors / merchants *if yes, check all that apply*#: Vendors giving away products/services Vendors selling products / foodFood *if yes, check all that apply* given away catered by restaurants/vendors prepared on site SL Valley Health Dept., 385-468-3817Alcoholic Beverages Millcreek Business Licensing - 801-214-2718
Utah DABC - 801-977-6800**TENTS/STAGES/STRUCTURES:** Tents/Pop-up Canopies #: Millcreek Building Dept., 801-963-5400

Dimensions:

 Temporary Stage Dimensions: *(please include details on site map)*

Description of Tents/Canopies/Stage, etc.:

SITE SETUP/SOUND:Fencing/Scaffolding *(please include details on site map)*Barricades *(must obtain privately)*

Portable Sanitary Units SL Valley Health Dept. - 385-468-3817

Music *if yes, check all that apply* Acoustic Amplified

PA/Audio system Type/Description:

Fireworks / Fire Performances / Open Flame UFA Fire Inspector - 801-743-7232

Propane/Gas on site

ROAD & SIDEWALK USE:*You may begin to coordinate in advance with these contacts:* Road Use Location: Millcreek Engineer - John Miller
(please include details on site map) 801-214-2719 Sidewalk Use Location: Will stay on sidewalks and
(please include details on site map) follow pedestrian laws Parade # of Floats: Sidewalk usage Location:
*(please include details on site map)***SECURITY/OTHER:***You may begin to coordinate in advance with these contacts:*

Unified Police Department 385-468-9435 # of Personnel:

 Animals #: What kind: Drawing or Raffle Motion Pictures/Videos Other:

My signature verifies that I have completed this application to the best of my knowledge and I am aware that I am responsible for paying for City services beyond "basic City services" (if applicable to my event).

Print Applicant's Name

Applicant's Signature

Date

EVENT DESCRIPTION

PLEASE DESCRIBE YOUR EVENT IN DETAIL AND ANY ADDITIONAL INFORMATION OR PAGES.

- *Please be sure to include any elements of your event that will help our review committee.*

	HOURS	ATTENDENCE LEVEL	ON-SITE ACTIVITIES	FOOD
DAY 1				
DAY 2				
DAY 3				
DAY 4				
DAY 5				
DAY 6				
DAY 7				

GENERAL DESCRIPTION:

DETAILED SITE MAP

PLEASE INCLUDE OR ATTACH A DETAILED SITE PLAN AND/OR ROUTE MAP. COMPUTER OR HAND-DRAWN SITE PLANS ARE APPROPRIATE. *Be aware that if you are faxing a map, many elements may not be visible.* Your map should include:

- The names of streets, placement of barricades, and/or road closures
- The areas where participants and vendors/merchants will park
- Parade forming and disbanding areas, bleachers, etc.
- Vendor, food and booth placement
- Restrooms and water facilities
- Waste containers
- EMT center/First Aid Station
- Contact person

CHECK FOR \$50.00 PROCESSING FEE, MADE PAYABLE TO MILLCREEK:

YES _____ NO _____ RECEIPT NO: _____

NAME OF SPONSORING GROUP: _____

SPONSOR CONTACT: _____

ADDRESS: _____ **PHONE:** _____

PROPOSED LOCATION OR ROUTE MAP AND BARRICADE PLAN ATTACHED:

YES: _____ NO: _____

EMERGENCY MEDICAL TECHNICIANS: _____

AGENCY: _____ **NUMBER OF PERSONNEL:** _____

ESTIMATED NUMBER OF PARTICIPANTS & SPECTATORS: _____

EXPECTED AVERAGE SPECTATOR'S LENGTH OF STAY: _____

WILL ANY AMPLIFIED MUSIC OR A PUBLIC ADDRESS SYSTEM BE USED AT THE EVENT? YES _____ NO _____

**MILLCREEK
SPECIAL EVENT PERMIT
LAW ENFORCEMENT STAFF RECOMMENDATION
ATTENTION: Chief Steve DeBry, Unified Police Department, Millcreek Precinct**

EVENT DATE: _____

APPLICANT: _____

CONTACT PERSON: _____

SITE ADDRESS: _____

PHONE: _____ **FAX:** _____

EMAIL ADDRESS: _____

DESCRIPTION OF EVENT: _____

POLICE DEPARTMENT RECOMMENDATIONS: (For Police Use Only)

OTHER:

APPROVED BY: (PLEASE PRINT) _____

SIGNATURE: _____ **DATE:** _____

