



BRIAN HEAD TOWN  
Special Event Application

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*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.*

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Date of Application: \_\_\_\_\_ New Event \_ Renewal Application

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**Event Information**

Name of Event: \_\_\_\_\_

Dates of Event: \_\_\_\_\_ through \_\_\_\_\_

Time of Event: \_\_\_\_\_ until \_\_\_\_\_

Physical Location of Event: \_\_\_\_\_

Inclement Weather Location: \_\_\_\_\_

Description of Event: \_\_\_\_\_

\_\_\_\_\_

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**Event Coordinator Information**

Organization/Business Name: \_\_\_\_\_

Event Coordinator Name: \_\_\_\_\_

Mailing 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.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*All applications must be submitted to the Town Clerk for processing.*

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**Advertising**

Brian Head Town will assist in advertising by posting the event on [visitbrianhead.org](http://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:

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If requesting specific advertising assistance, please describe: \_\_\_\_\_

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**Event Details**

- ☐ Site Map of Event Submitted: Y / N (circle one)
- ☐ 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 Y / N (Circle One) - All Food Vendors must have special event permit from Southwest Health Department  
Alcohol Served: Y / N (Circle One)  
Local Consent for DABC Permit Received: Y / N  
DABC Permit # \_\_\_\_\_  
Number of Vendors (concessions): \_\_\_\_\_ (All vendors must have a Special Event Temporary Sales Tax ID# provided by the Utah State Tax Commission). This is the responsibility of the event coordinator.  
Restrooms Identified Y / N OR Number of Portable Restrooms: \_\_\_\_\_ Location of Portable Restrooms: \_\_\_\_\_ (additional fees may apply)  
Number of Dumpsters needed: \_\_\_\_\_ Location(s): \_\_\_\_\_  
Overflow Parking/Traffic needed: Y / N \_\_\_\_\_  
Shuttle service needed (seasonal only): Y / N (Town Manager Approval Needed)  
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:  
\_\_\_\_\_ square feet.
- ☐ Music provided: Y / N Times Music will be playing: \_\_\_\_\_  
Road Closure requests (Town Council Approval Required): \_\_\_\_\_  
Electrical Needs requests: \_\_\_\_\_  
Additional Law Enforcement Officers requested: \_\_\_\_\_ (Additional fees may apply)  
Medical identified (ambulance, EMT's etc): \_\_\_\_\_

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**FOR TOWN STAFF ONLY**

- ☐ Event in conflict with other event(s): Y / N      Event: \_\_\_\_\_
  - ☐ 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: \_\_\_\_\_
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**Department Sign Off**

Administration Dept. \_\_\_\_\_

Building/Planning Dept.: \_\_\_\_\_

Public Works Dept.: \_\_\_\_\_

Public Safety Dept.: \_\_\_\_\_

**Town Council - Road Closures**

Date presented to Council \_\_\_\_\_

Council Approved \_\_\_\_    Denied \_\_\_\_

If denied, reason for denial: \_\_\_\_\_

All Documents submitted: Y / N

Event Staffing Date: \_\_\_\_\_

Permit Approved Date: \_\_\_\_\_

If denied, date of letter sent: \_\_\_\_\_

Business License Officer Initials: \_\_\_\_

Town Permit No: \_\_\_\_\_