



KAMAS CITY SPECIAL EVENT PERMIT GUIDELINES \$25 APPLICATION FEE

This information has been prepared to assist you in planning and meeting the necessary requirements for a safe and enjoyable event. If you should have any questions which are not answered in this application packet, please contact Kamas City at 435-783-4630.

You will need to fill out a special event permit application if your event:

- Will interfere with vehicular or pedestrian traffic (occurs on City streets or right-of-way), or
- Takes place on any property within Kamas City limits.

A special event permit does not include a “noise permit”. Noise violations may result in citation(s) issued to event applicant/responsible person if a violation occurs.

This includes block parties, parades, athletic events, and other special events, as defined below:

- **Block Party:** A festive gathering which requires the closure of a street. A special event permit is not required for block parties not requiring street closure.
- **Parade:** A march or procession which interferes with pedestrian and/or vehicular traffic.
- **Athletic Events:** An occasion when a group of participants collectively engage in a sport or other form of physical exercise which interferes with pedestrian or vehicular traffic. This includes bicycle and foot races.
- **Other Special Events:** Street fair, arts and crafts show, carnival, soapbox derby, rally or other event.

PROCESSING PROCEDURE:

Once you obtain a permit application, please submit the completed application to the Kamas City Hall not less than **30 business days** before the date of the event for block parties, **45 business days** before the date of the event for events involving the sales or service of alcohol, and **60 business days** before the date of the event for all other events, and no more than one year prior to the event date. This will allow sufficient time for processing the application. The application will be routed through the Police Department and Business License Administrator for approval to ensure that the application meets the requirement of each respective department. This review process may require additional time if questions and/or problems with the application arise. If alcohol is to be served at the event, you must also contact the Liquor Licensing Authority and Kamas City Council to obtain a permit.

APPLICANT RESPONSIBILITIES:

- Attach route or event map:** A map is required for all events.
- Fee:** A \$100/day fee will be required for all events. If any special event requires a City staff or support person to be present, the cost of service will be billed at \$85 for Police, Public Works, and Administration, per hour, per staff person with a 4-hour minimum. All other costs (calls, faxes, etc.) will be charged at cost plus 30%. South Summit School District will be exempt from these fees upon approval from the City Council.
- Indemnification Agreement:** Prior to issuance of a permit, the applicant, and sponsor if applicable, must sign an indemnification agreement. This agreement indemnifies the City of Kamas from any liability, which may arise as a result of the special event.
- Signatures of affected residents and/or businesses:** Required for any street or sidewalk blockages or closures.



KAMAS CITY SPECIAL EVENT PERMIT APPLICATION

APPLICANT INFORMATION

Sponsoring Organization: _____

Name of Applicant: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____ Event Website: _____

Contact Person During Event: _____ Cell Phone: _____
(if different from Applicant)

EVENT INFORMATION

Name of Event: _____

Location or Address of Event: _____

Facilities to be used:

Park Street Sidewalk Private Property Other:

Type of Event:

Foot Race Bicycle Race Parade Community Celebration Block Party Street Fair
 Other:

Date of Event: _____ Event Time: from: _____ (a.m./p.m.) to: _____ (a.m./p.m.)

Set-Up Date: _____ Time: _____ Take-Down Date: _____ Time: _____

Blockage/Closure Time: Starting _____ (a.m./p.m.) Until: _____ (a.m./p.m.)

Location of Street/Sidewalk Blockage/Closure:

(Note: Location or route map is REQUIRED for EVERY event. A Traffic Control Plan may also be required.)

Estimated Number of Participants/Spectators: _____

(For Office Use Only)

Application Fee Required: Yes No

Authorizing Official: _____

Application Fee Paid: _____

Date: _____

GENERAL INFORMATION

Parking Control? (Attach Plan) Yes _____ No _____
Traffic Control/Security (Attach Plan) Yes _____ No _____ (Required for any street closure)
Sound Amplification Equipment? Yes _____ No _____
Medical Aid Stations? Yes _____ No _____
Alcoholic Beverage Present? Yes _____ No _____ (City License Required)
Sale of Merchandise? Yes _____ No _____
Sale of Food/Beverages? Yes _____ No _____ (Health Dept. approval required)

Description for any information marked "yes" above:

Will event involve open burning? Yes _____ No _____
Will event involve any open flame cooking? Yes _____ No _____
Will event involve the use of tent or canopy of 400 sq ft? Yes _____ No _____
Will event involve fireworks display? Yes _____ No _____

(Permit required from the South Summit Fire Department – Attach Copy)

Will event involve use of a City Park/park building or facility? Yes _____ No _____ Approved By: _____

(Approval required from Kamas City office)

ROUTE INFORMATION (for parades, races, etc.)

Assembly Location: _____ Assembly Time: _____
Completion Point: _____ Event Start Time: _____
Route Map Attached? (Required)
Floats: Number: _____ Types: _____
Signs/Banners: Material: _____ Size: _____

I acknowledge that the information contained in this application is true and complete to the best of my knowledge.

Applicant Signature: _____ **Date:** _____

INDEMNITY/INSURANCE

The applicant agrees that in the event the permit is granted, the following indemnity agreement applies to the event. The undersigned hereby waives his or her right to any and all claims, of any nature or type, against Kamas City, its officers, agents, servants, and employees, arising out of the special event and specifically agrees to indemnify, and hold harmless, the City, its invites, officers, agents, servants, and employees from and against any and all suits, actions, legal proceedings, claims, demands, damages, costs and expense, and attorney's fees incident to such claim.

A Certificate of Insurance must be filed with the city ten (10) working days before the event which names Kamas City as an additional insured.

The applicant and/or party represents and warrants that all necessary approvals for this agreement have been obtained, and the persons whose signatures appear below have the authority necessary to execute this agreement on behalf of the party/organization indicated.

The applicant agrees to comply with all federal, state and local laws, rules and regulations with respect to the conduct and operations on the premises.

Any misrepresentation in this application or deviation from the final agreed upon method of operation described herein may result in the immediate revocation of the permit.

I am aware of the terms and conditions of the permit and will advise the participants in this event of these terms and conditions.

Print Applicant's Name

Date

Applicant's Signature

DEPARTMENT APPROVALS/COMMENTS:

City Planner: _____
Comments: Site Plan Required.

Mayor: _____
Comments:

Business License: _____
Comments:

Building Inspector: _____
Comments:

Police: _____
Comments:

Health Department: _____
Comments:

VENDOR INFORMATION

Business Name:	Business Name:
Current License issued by:	Current License issued by:
Type of Business:	Type of Business:
Contact Name:	Contact Name:
Address:	Address:
Phone:	Phone:

Business Name:	Business Name:
Current License issued by:	Current License issued by:
Type of Business:	Type of Business:
Contact Name:	Contact Name:
Address:	Address:
Phone:	Phone:

Business Name:	Business Name:
Current License issued by:	Current License issued by:
Type of Business:	Type of Business:
Contact Name:	Contact Name:
Address:	Address:
Phone:	Phone:

Business Name:	Business Name:
Current License issued by:	Current License issued by:
Type of Business:	Type of Business:
Contact Name:	Contact Name:
Address:	Address: