

SPECIAL EVENTS PERMIT APPLICATION

Mapleton City Corporation
125 West 400 North
Mapleton, UT 84664
Phone: (801) 489-5655
Fax: (801) 489-5657

Permit # _____

Approval: _____

(City Administrator or Designee)

Date: _____

Application Date: _____

Your Name: _____

Organization: _____

Mailing Address: _____

City, State, Zip: _____

Work Phone: _____ Cell Phone: _____

Fax: _____ E-Mail: _____

Brochure, packets, maps, advertisements etc., may not be circulated without prior approval of the event.

Event Title: _____

Location: _____

Date(s) of event: _____

Times: Set up – date/time: _____
Starting time of event: _____
Ending time of event: _____

Number of participants expected: _____

Number of spectators expected: _____

Mapleton City \$25.00 processing fee paid Date: _____ Receipt #: _____

Insurance Company (if needed):

Agents name: _____ Phone number: _____

Address: _____ Fax #: _____

_____ Policy #: _____

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Check Items that apply

- _____ Admission Charged
- _____ Animals what kind: _____ how many: _____
- _____ Barricades (must obtain privately)
- _____ Booths/Vendors giving away products/services
- _____ Competitive Run
- _____ Electrical Requirements
- _____ Fencing/Scaffolding – Temporary
- _____ Food: catered by restaurants (contact Utah County Health Department @ 370-8771)
- _____ Food: prepared on site (contact Utah County Health Department @ 370-8771)
- _____ Food: given away (contact Utah County Health Department @ 370- 8771)
- _____ Garbage Cans/Collection
- _____ Mass Gathering permit needed if attendance is 200 or more (call Utah County Health Department @ 370-8771)
- _____ Monitors: provided by you for walk/run
- _____ Music – Amplified (electricity needed)
- _____ Off Duty Police Officers for additional security (contact Chief Dean Pettersson @ 491-8048)
- _____ Open to the Public
- _____ PA System for speeches
- _____ Parade: Number of Floats _____ Types of Floats and other entries: include details with permit
Forming area: _____ Disbanding area: _____
- _____ Park Reservation (contact City Office @ 489-5655)
- _____ PSU, Portable Sanitary Units
- _____ Private Group/Party
 - Neighborhood
 - Church
 - Family
 - Business
- _____ Private Security Hired: Company name: _____ Number of Personnel _____
- _____ Road Closure Where: _____ (attach plan with permit)
- _____ Sidewalk usage Where: _____ (attach plan with permit)
- _____ Stage used Where: _____ (attach plan with permit)
- _____ Temporary Structures (contact Josh Diamond, Fire Department)
- _____ Tents (contact Josh Diamond, Fire Department)
- _____ Vendors Number: _____ Type: _____
- _____ UDOT Road Use (contact UDOT – Orem 227-8000)
- _____ Walk – non competitive
- _____ Will stay on sidewalks and follow pedestrian laws, ie?
- _____ Ending time _____ Ordinance #: _____
- _____ Noise level _____ Ordinance #: _____
- _____ Clean up requirements _____ Ordinance #: _____

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**PLEASE DRAW A SITE PLAN AND/OR ROUTE MAP. A COMPUTER
DRAWN SITE PLAN MAY ALSO BE USED IN PLACE OF THIS SHEET.**

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**PLEASE EXPLAIN EVENT IN DETAIL. ATTACH PROPOSED
BROCHURE, FLYER, ETC., IF AVAILABLE.**
