

Fairfield Town Special Event Application

Fairfield Town
Established 1855 - Incorporated 2004

Name of Event: _____ **Dates of Event:** _____

Responsible Party(s): _____

Address: _____

City, State, Zip: _____

Contact Name: _____

Phone: _____

Contact Email Address: _____

Type of Event: ___ Public Gathering ___ Private Gathering ___ Parade ___ Walk/Run ___
Fair/Festival ___ Other _____

Location of Event: _____

Use of any Town Property: _____

Private Property: _____

Utah State Commission Sales Tax #: _____

Details of the Event:

Description of Event, be specific:(attach additional pages if needed)

(attach site map of the event)

Onsite Contact(s):

They must carry all permits and tax information on them at all times during the event.

Contact 1 Name: _____

Address: _____
Phone: _____ Email: _____

Contact 2 Name: _____
Address: _____
Phone: _____ Email: _____

Number of employees: _____

Estimated Number of Participants: _____ Estimated Number of Spectators: _____

Proof of Liability Insurance:

Company: _____
Address: _____
Email Address: _____
Phone: _____
Policy Number: _____ (attach a copy of insurance)

Other Permits: You are responsible for obtaining all permits to hold your event.

Health Department (<https://health.utahcounty.gov/environmental-health/annual-permits-and-certifications/>)

Temporary Mass Gathering Permit number: _____

Other Health Department Permit Number: _____

Fire Department Permit number: _____

Sheriff's Department Permit number: _____

Attach all copies of permits to the application.

The undersigned acknowledges that the information in this application is true and correct and agrees to adhere to all rules, regulations, and policies established by Fairfield Town. The applicant also understands that an Event Permit does not authorize any violation of the provisions of the Fairfield Town Code or any other code of law, rules, regulations, or ordinances. The undersigned agrees to waive and release all rights and claims that might be had against Fairfield Town facilities or services.

Signature of Applicant: _____ Date: _____

Signature of Property Owner: _____ Date: _____

**Advertising and/or ticket sales should not begin until the application is approved.
Allow 30 days for the application and approval process.**

Payment must be received before the application will be processed. Include a check payable to Fairfield Town with your application.

Office Use Only:

Town Council: ___ Approved ___ Denied _____ Date

Health Department Approval? ___ N/A ___ Yes ___ No _____ Date

Fire Department: ___ N/A _____ Approved _____ Date

Sheriff's Department: ___ N/A _____ Approved _____ Date

Denied Reason/Comments:

Special Event Permit #: _____

Temporary Business License Number: _____

Check Amount: _____ Check #: _____ Receipt #: _____

Fairfield Town Recorder/Clerk

Date