



152 E. 100 N.
Vernal, UT 84078
Office (435)-781-5336 Fax (435)-781-5352

OUTDOOR EVENT PERMIT APPLICATION

INSTRUCTIONS

1. The application form must be filled out with ink and be legible.
2. Incomplete applications will be rejected.
3. If a question does not apply, enter N/A in the space provided for the answer. Do not leave anything blank.
4. This is an application for an outdoor event permit only. **If you intend to serve alcoholic beverages at this event, inquire about additional licenses that would be required.**
5. A personal interview may be required as part of the license investigation. Failure to participate in the interview will result in denial of the license.
6. In addition to this permit, a temporary Business License will be required.
7. Questions concerning this permit application can be directed to the Community Development Department at (435) 781-5336.

VENDING

Special events may vend at their approved premise, but must meet the following requirements:

1. **Business license:** Event agrees to either 1) obtain a single Uintah County Temporary Business License that will cover any and all sub-contractors working for the event or 2) provide a list of all subcontractors (including contact information) and inform them of Uintah County's business license requirements.
2. **Sales tax collection:** Event agrees to adhere to all state and local sales, excise, and lodging tax regulations. Events must provide a list of all vendors (including contact information) and collect and submit all applicable taxes on behalf of all vendors.
3. **County health standards for food handling and serving:** All local and state regulations should be adhered to. Please contact the Tri County Health Department at (435) 247-1177

APPLICANT INFORMATION

Name: _____
(First, Last, Middle)

Place of Birth: _____ Date of Birth: _____
(City, County, State) (Month, Day, Year)

Residence Address: _____
(Street, City, State)

Business Name: _____ Address: _____ Phone: _____
(Street, City, State)

Have you ever been denied this type of license? If yes, List location and date.

EVENT INFORMATION

Sponsoring Organization
Name: _____
Address: _____
Phone: _____ Cell: _____ Email: _____

Event Contact Information (if different from sponsor or applicant)
Name: _____
Address: _____
Phone: _____ Cell: _____ Email: _____

Type of event:

Date(s) that event will be held:

Time that event will began and end:

Location that event will be held:

(Physical Address)

If this is a musical event, list the names of the musicians or groups that will be performing:

Sound Technician Information:
Name: _____
Address: _____
Phone: _____ Cell: _____ Email: _____

Number of people attending event:

Number of employees that will be present at the event:

List or attach security arrangements you have made for the event (ie., crowd control, fences, security personnel, etc.)

How many Vehicles do you expect in connection with your event?

PLEASE ATTACH THE FOLLOWING:

TRAFFIC CONTROL PLAN

A Traffic Control Plan must indicate vehicle/pedestrian traffic control, detour routes and directional signs, the time period of closures for any street, sidewalk, alley, right-of-way, & parking lots of other public access areas.

Notice of any Closures must be posted 72 hours prior to the event with appropriate Uniform Traffic Control Devices.

SITE PLAN

A site drawing must be attached to your application. Please include signs, stages, tents, carnival/amusement rides, electrical services, location and direction of the amplified sound, alcohol serving areas if any, temporary fencing, open flames/cooking areas, first aid, parking/transportation transfer areas, recycling containers, merchandise/food vendors, controlled access/admission areas, portable toilets, handicap parking and emergency access. If there will be tents, a floor plan of the tents showing exits, occupant load, fire extinguishers etc. must be shown. Also show any residential/commercial properties that may be affected within 1 mile of the staging area.

INSURANCE

The County of Uintah requires that any event occurring on County Property, must provide proof of adequate general liability insurance coverage to Uintah County for all dates that public property is used, including setup and cleanup dates.

The policy must include:

1. An endorsement of the County of Uintah as an additional insured;
2. A minimum of \$1,000,000 per occurrence **primary** coverage and \$2,000,000 annual aggregate;
3. A minimum of 30 days notice of cancellation;
4. Host and general liquor liability coverage for events serving or selling alcoholic beverages (if applicable);
5. A minimum of \$1,000,000 personal and advertising injury coverage;
6. A minimum of \$50,000 fire damage; and
7. A minimum of \$1,000,000 comprehensive automobile liability (if applicable).

Include the name of the insurance company that will be providing insurance coverage for this event? Please attach a copy of the policy to this application:

I hereby understand and agree that the information revealed in support of this application for an outdoor event permit in Uintah County will be used by the County in accordance with federal, state, and local laws regarding privacy of records.

I declare that the information provided in this application is truthful and I authorize Uintah County to investigate the information and contact the persons named herein.

Applicant agrees to indemnify and hold harmless the County of Uintah and its agencies, representatives, employees and officers from and against any and all claims, liabilities, damages or judgments caused by or arising out of (a) dealings between the Applicant and third parties; (b) the issuance of this permit; and (c) the County's approval of security provisions regarding the proposed event for which this application is being prepared. This indemnification includes the costs of litigation and legal fees. Applicant agrees at its own expenses, to defend all of the persons to whom this covenant extends against any such claim. The Applicant shall have full control of the defense of any litigation and may settle, compromise or adjust the same, provided that the County, on relieving the Applicant in writing of indemnification, shall have the right to conduct any such litigation at its own expense by its own counsel.

Applicant further certifies that he/she will abide by all federal, state and local laws. This permit is not transferable to any other individual or group and must be available for inspection by a County employee at all times during the event.

Applicant
Signature _____ Date: _____

Office Use Only

Insurance Certificate Provided:	Yes	No	Site Plan Provided:	Yes	No
Traffic Control Plan Provided:	Yes	No	Liquor License Application Provided:	Yes	No
Floor Plan of the tent showing exits, occupant load, fire extinguishers etc. Provided?					
	Yes	No			

**UINTAH COUNTY
CONSENT FOR RELEASE OF INFORMATION**

I _____
Print full name (first, middle, last)

Residing at _____
Full address (city, state, zip)

Driver's License number/state _____ Date of Birth _____

Authorize the Uintah County Sheriff to disclose to Uintah County all information collected as a result of the background investigation done for the purpose of evaluating the attached permit application.

I understand that failure to provide this release will result in a denial of my application.

I understand that my records are subject to the Federal GRAMA Act and become public documents unless otherwise provided for by state or federal law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event, the consent expires automatically as described below.

(Specification of the date, event, or condition upon which this consent expires)

Signature of above individual authorizing release

Date

Witness

AGENCY APPROVAL CHECKLIST

SHERIFF DEPT.

APPROVED DENIED N/A

DATE _____

HEALTH DEPT

APPROVED DENIED N/A

DATE _____

FIRE MARSHAL

APPROVED DENIED N/A

DATE _____

CODE ENFORCEMENT OFFICER

APPROVED DENIED N/A

DATE _____

COUNTY COMMISSION DECISION

Approved with conditions

Denied

Commission Chairman

Date

Comments: _____

