

Receive Date: _____



SPECIAL EVENT PERMIT APPLICATION

*****Along with this application, a plan with a site map and insurance certificate is required*****

Event Name: _____

Event Location Requested: _____

Event Date(s): _____ Event Time(s): _____

Estimated Attendance: _____ Event Description: _____

Applicant Name: _____

Phone Number: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Organization Name: _____ Phone Number: _____

Mark any of the following that may apply:

- ☐ Public roadway closure
- ☐ Food will be served (**Health Department Temporary Permit required**)
- ☐ Fireworks (**Permit from NLC Fire Dept. Required**)
- ☐ Music
- ☐ Need power supply (If yes, please describe: _____)
- ☐ Need water supply (If yes, please describe: _____)
- ☐ Need additional garbage cans
- ☐ Need additional bathrooms

Note any other possible needs/special conditions here: _____

Applicant acknowledges that any license(s) or permit(s) granted pursuant to this application are strictly conditioned upon and subject to the applicable provisions of state law as the Revised Ordinances of the City of North Logan. Applicant agrees to fully comply with such provisions and acknowledges that failure to do so may be a basis for the revocation or suspension of this license or permit.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Fees

Special Event Fee	
Facility Use Fee	
Deposit	
League Fee	
Athletic Fields Use Fee	
Athletic Field Deposit	
Field Prep Fee	
TOTAL	

Facilities/Fields Fee Breakdown

Recreation Department Approval: _____ Date: _____

Public Works Department Approval: _____ Date: _____

Police Department Approval: _____ Date: _____

Fire Department Approval: _____ Date: _____

Payment Date: _____ Payment Method _____ Received By: _____