

# Hildale City

## Business License Department



320 East Newel Avenue  
 PO Box 840490  
 Hildale, Utah 84784-0490  
 Phone (435) 874-2323  
 Fax (435) 874-2603  
 Email [recorder@hildalecity.com](mailto:recorder@hildalecity.com)

### OFFICE USE ONLY

Date Issued _____	Permit No. _____
Receipt No. _____	Code _____
Permit Fee _____	
Other Fee _____	
Total _____	

### Master Festival & Special Event Application

Master Festival (MFL) & Special Event Applications MUST be complete and submitted to the Business License Department no less than **90 Days Prior** to a MFL and no less than **60 Days Prior** to a Special Event for staff review. Applications not submitted within That timeframe may not be granted approval. If the event is to be held at a City Park, please refer to the Municipal Park Rules. This application **DOES NOT** constitute a valid permit. A separate permit will be issued once all necessary departments have approved the application.

#### APPLICATION FEES:

All applications require a \$30.00 non-refundable application processing fee. The standard temporary/event fee is \$100.00. Additional fees for other services, including Health Department, Fire Department, Police Department and City Services will be estimated and provided to the applicant.

#### EVENT INFORMATION:

Name of event:					
Location of event:					
Overall event description (Briefly explain event & activities)					
<input type="checkbox"/> First Time Event		<input type="checkbox"/> Annual Event (how many Years?)		Will a fee be charged for attendance or participation <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Master Festival Criteria</b> (Public Event) If one box is checked the event is automatically an MFL	<input type="checkbox"/> Attraction of crowds over 500 participants and or spectators	<input type="checkbox"/> Requires Partial or Full Street Closure or use of Public Right of Way	<input type="checkbox"/> Use of City Park, buildings or other properties	<input type="checkbox"/> Use of off-site parking facility	<input type="checkbox"/> Use of Amplified Music
<b>Special Event Criteria</b> (Public or Private Event)	<input type="checkbox"/> Causes significant public impacts via disturbance, crowd, traffic, and or parking	<input type="checkbox"/> Disruption of the normal routine of the community or affected neighborhood	<input type="checkbox"/> Necessitates temporary business licensing	<input type="checkbox"/> Event signs visible from public property or right of way	<input type="checkbox"/> Temporary structures, including inflatable's

#### EVENT TYPE

<input type="checkbox"/> Festival	<input type="checkbox"/> Run/Walk	<input type="checkbox"/> Road / Bike Event	<input type="checkbox"/> Triathlon	<input type="checkbox"/> Concert	<input type="checkbox"/> Parade
<input type="checkbox"/> Street Fair	<input type="checkbox"/> Trail Event		<input type="checkbox"/> Biathlon		<input type="checkbox"/> Other _____

#### EVENT DATES AND TIMES

Event Date(s):	Event Hours –Start Time:	End Time:
Set-up Date(s):	Time(s):	Breakdown Date(s); Time(s)

#### ESTIMATED PARTICIPANTS

Participants:	Volunteers:	Spectators:	Total:
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#### APPLICATION AND SPONSORING ORGANIZATION INFORMATION

Name:	Position:
Street Address:	
City:	State: Zip:
Mailing address: City, State, Zip	
Telephone (work)	Mobile: Home:
Email:	Fax Number:
Sponsoring Organization:	Is organization a registered non-profit? YES NO (If yes, please provide copy of registration paperwork)
Onsite contact:	Mobile phone:

**HILDALE CITY CORPORATION  
OPERATIONAL PART A**

**Parade/ Street closures/ Street Impact**

**SITE MAP MUST BE INCLUDED WITH APPLICATION**

Will this be a complete road closure? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will this be a partial road closure? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will this be a rolling road closure? <input type="checkbox"/> Yes <input type="checkbox"/> No
Names of streets to be closed /impacted SITE MAP, with proposed route if applicable, MUST BE INCLUDED WITH APPLICATION		
Street:	Between:	And:
Street:	Between:	And:
Street:	Between:	And:
Street:	Between:	And:
Street:	Between:	And:
Street:	Between:	And:
Description of reason for closure:		
Days of Closure: (including setup and breakdown)	Start Date:	End Date:
		Total Hours of Road Closure:

**PARADE INFORMATION**

Assembly Area:	Disbanding Area:	# of anticipated entrants:
Does the event cross over city boundaries? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Town of Colorado City <input type="checkbox"/> Washington County <input type="checkbox"/> Mohave County <input type="checkbox"/> BLM		

**PUBLIC FACILITY USE: SITE MAP MUST BE INCLUDED WITH APPLICATION**

**Check any or all the Apply ADDITIONAL FEES MAY APPLY**

<input type="checkbox"/> Maxwell Park	<input type="checkbox"/> City Hall/ Other	<input type="checkbox"/> Public School (name)
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**EVENT PARKING**

**SITE MAP MUST BE INCLUDED WITH APPLICATION**

**ADDITIONAL FEES MAY APPLY**

Request for Closure or Access to any public parking. This includes any activity that will remove public parking. <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the event be on Private Property? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach letter of permission from property owner.
Will there be transportation services to and from parking lots? <input type="checkbox"/> Yes <input type="checkbox"/> NO
If yes, who is the provider? Name: _____ Contact Information: _____

**TEMPORARY STRUCTURES & IMPROVEMENTS**

**SITE MAP MUST BE INCLUDED WITH APPLICATION ADDITIONAL FEES MAY APPLY**

All temporary structures must be approved and inspected by Hildale City Building Department (435-874-2323) & Hildale Fire Marshall (435-874-2240) Check all that apply

<input type="checkbox"/> Bleachers	<input type="checkbox"/> Inflatable's	<input type="checkbox"/> Canopies
<input type="checkbox"/> Stage(s)	<input type="checkbox"/> Temporary Lighting	<input type="checkbox"/> Tents < 200 square feet
<input type="checkbox"/> Trailers	<input type="checkbox"/> Structures over 6' in height	<input type="checkbox"/> Tents > 200 square feet
What is the purpose of the structure(s)?		

Will you have electrical needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you propose to use generators? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be using flammable material, including fuels and gasses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you be requesting permits for fireworks? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, you must contact the Hildale City Fire Department (435) 847-2400, and the Hildale City Records office (435) 874-2323	
<b>Toilet Facilities:</b> Depending on the size, scope and location of this event, SOUTHWEST UTAH PUBLIC HEALTH DEPARTMENT may require a mass gathering permit to ensure adequate public facilities. (435) 986-2584	
<b>SITE PLAN MUST INCLUDE PUBLIC FACILITIES</b>	

**OPERATIONAL –PART B  
WASTE MANAGEMENT**

**ADDITIONAL FEES MAY APPLY**

Hildale City encourages sustainable efforts in Waste Management. Please indicate on the site map where garbage bins and containers will be. All applications must include a waste management plan that includes pre and post event details. Contact the Arizona Strip Land Fill office for Waste Management information on dumpsters, bins, and roll offs (435) 467-8175

**FOOD & MERCHANDISE SALES**

**ADDITIONAL FEES MAY APPLY**

Will there be merchandise for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be food for sale or complimentary? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe items that will be for sale:	
Will food items be prepackaged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will food items be cooked at the event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will food items be prepared off site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>ALL VENDORS MUST OBTAIN A TEMPORARY BUSINESS LICENSE THROUGH HILDALE CITY, ALONG WITH A TEMPORARY SALES TAX # ISSUED THROUGH THE UTAH STATE TAX COMMISSION (801-297-6303). FOOD VENDORS MUST OBTAIN A SOUTHWEST UTAH PUBLIC HEALTH DEPARTMENT FOOD PERMIT (435-986-2584)</b>	
<b>APPLICATION MUST INCLUDE VENDOR LIST BEFORE PERMIT WILL BE ISSUED (See page 6)</b>	
Will there be beer, wine, and/ or liquor sales during the event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will there be alcohol at the event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, the applicant is required to obtain local consent from the Hildale City Council, a background check through the Utah Bureau of Criminal Identification (801-965-4445), and an On-Premise Alcohol permit through the Utah Department of Alcohol and Beverage Control (801-977-6800). A copy of a Surety Bond in the amount of \$2000.00 with Hildale City listed, <b>must be attached with the local consent application.</b>	

**TEMPORARY SIGNS**

Will there be temporary signs at the event? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, attach sign plan describing sign content, sizes and locations
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**ANIMALS AT EVENT**

Will there be animals at the event? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, attach plan to address nuisances or health hazards associated with animals.
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**SAFETY & SECURITY**

**ADDITIONAL FEES MAY APPLY**

An Operational Plan is required for all events outlining: Security and crowd control specifics, Fire District and Access Information, First Aid & EMT requirements.

Does the event require Law Enforcement services beyond routine periodic patrol?  Yes  No

**Upon review the Hildale City Police Department may require additional onsite personnel for event approval.**

**MARKETING OF EVENT**

Who is the target market for this event?	
Where is the target market for this event? <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> International	
Will this event be televised? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> International
Please list print advertisements including newspapers and magazines:	

**ALL EVENTS WITH ATTENDANCE GREATER THAN 500 REQUIRES A WASHINGTON COUNTY MASS GATHERING PERMIT ISSUED THROUGH THE SOUTHWEST PUBLIC HEALTH DEPARTMENT. (435)986-2584.**

**INFORMATIONAL-PART A**

**INSURANCE REQUIREMENTS**

Hildale City Corporation requires proof of liability insurance in the minimum amount of two million dollars (\$2,000,000.00) and the applicant shall name Hildale City Corporation, 320 East Newel Avenue, PO Box 840490, Hildale Utah 84784 as additionally insured.

**RULES and REGULATIONS**

To insure prompt and accurate processing of your application, ensure that ALL relevant support materials and documentation accompanies application. Failure to do so will constitute an incomplete application and may delay review.

A Complete application must include a site plan that includes, but may not be limited to the following: street closures, signs, operational vehicles, barricades, tents and other temporary structures, activity locations, bleachers, portable and fixed toilets, water stations, event headquarters, solid waste and recycle containers, exits/ entrances, walkways, fire lanes, event route(s), operational plan, security/ crowd control plan, power sources, cooking facilities, etc.

Upon reviewing application, Hildale City may set up a meeting to discuss your event.

The applicant(s) shall assume and reimburse Hildale City Corporation for any and all costs and expenses determined by Hildale City such as City staff's time if required at event, additional garbage or waste in city receptacles, providing, erecting or moving equipment such as barricades, directional or event signs, garbage and waste receptacles. Hildale City Corporation may require a deposit that shall not exceed one thousand dollars (\$1000.00) to cover such expenses.

**AGREEMENT & SIGNATURES**

I, the undersigned representative have read the rules and regulations with reference to this application and am duly authorized by the organization to submit the application on its' behalf. The information contained herein, including supporting documentation is complete and accurate.

**Name (Printed)**

**Signature**

**Date:**

**OFFICE USE ONLY**

Engineering Department	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:	Signature:	Comment:
Police Department	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:	Signature:	Comment:
Building Department	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:	Signature:	Comment:
Zoning Department	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:	Signature:	Comment:
Southwest Utah Health Department	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:	Signature:	Comment:
Hildale City Fire Department	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:	Signature:	Comment:
Public Works	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:	Signature:	Comment:
Business License Administrator	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:	Signature:	Comment: