



Snyderville Basin Special Recreation District Special Event Application

Special Events
435.649.1564 x 25
sam@basinrecreation.org

Applications may not be made more than one (1) calendar year prior to the event date. All Special Event Applications **MUST** be complete and submitted to Basin Recreation **no less than 90 days** prior to the event for staff review. Applications not submitted within that timeframe may not be granted approval. The required application fee is due at time of submittal. A damage deposit, plus fifty percent of event fees is due **at least 60 days** prior to the event. The remainder balance of fees is due **15 days** before the event. Refer to the Basin Recreation Special Event Planning Guide for answers to the most frequently asked Special Event questions. This application **does not guarantee** your event.

APPLICATION FEES

A **\$125 non-refundable** application processing fee is required for all new events.
A **\$75 non-refundable** application processing fee is required for all returning events.

EVENT TYPE

TOURNAMENT / SPORTING EVENTS <input type="checkbox"/>	RUN / WALK <input type="checkbox"/>	TRAIL RUN MTN BIKE / RACE <input type="checkbox"/>	FAIR / FESTIVAL <input type="checkbox"/>	NORDIC / SNOWSHOE <input type="checkbox"/>	EQUESTRIAN <input type="checkbox"/>
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OTHER TYPE OF EVENT:

APPLICANT AND ORGANIZATION INFORMATION

NAME:		DATE OF APPLICATION:	
STREET ADDRESS:		CITY, STATE, ZIP CODE:	
MAILING ADDRESS: (If different from above)		CITY, STATE ZIP CODE:	
TELEPHONE: (Work)	TELEPHONE: (Mobile)	OTHER:	
EMAIL ADDRESS:		FAX NUMBER:	
SPONSORING ORGANIZATION:		TAX ID#: (Non-Profits)	
NAME OF EVENT:			
OVERALL EVENT DESCRIPTION: (Briefly explain event and activities)			

EVENT DATES AND TIMES

EVENT DATE(S):		START TIME:		END TIME:	
SET UP DATE(S):	TIME:	to	TEARDOWN DATE:	TIME:	to
NUMBER OF PARTICIPANTS:		NUMBER OF SPECTATORS:		NUMBER OF VOLUNTEERS:	
HAS THIS EVENT BEEN PREVIOUSLY HELD? YES <input type="checkbox"/> NO <input type="checkbox"/>				PREVIOUS LOCATION:	



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EVENT INFORMATION

NAME OF EVENT:

1ST CHOICE OF LOCATION OR FIELDS CHECK ALL THAT APPLY:	<input type="checkbox"/> TRAILSIDE UPPER	<input type="checkbox"/> EHMS PINEBROOK	<input type="checkbox"/> MATT KNOOP
	<input type="checkbox"/> TRAILSIDE LOWER	<input type="checkbox"/> EHMS MAIN	<input type="checkbox"/> JEREMY RANCH ELEM
	<input type="checkbox"/> TRAILSIDE ELEM	<input type="checkbox"/> EHMS PRACTICE	<input type="checkbox"/> BACKCOUNTRY MTN CORRIDOR TRAILS
	<input type="checkbox"/> EHIMS EAST	<input type="checkbox"/> WILLOW CREEK 1	<input type="checkbox"/> URBAN CORRIDOR TRAILS
	<input type="checkbox"/> EHIMS WEST	<input type="checkbox"/> WILLOW CREEK 2	

2ND CHOICE OF LOCATION OR FIELDS CHECK ALL THAT APPLY:	<input type="checkbox"/> TRAILSIDE UPPER	<input type="checkbox"/> EHMS PINEBROOK	<input type="checkbox"/> MATT KNOOP
	<input type="checkbox"/> TRAILSIDE LOWER	<input type="checkbox"/> EHMS MAIN	<input type="checkbox"/> JEREMY RANCH ELEM
	<input type="checkbox"/> TRAILSIDE ELEM	<input type="checkbox"/> EHMS PRACTICE	<input type="checkbox"/> BACKCOUNTRY MTN CORRIDOR TRAILS
	<input type="checkbox"/> EHIMS EAST	<input type="checkbox"/> WILLOW CREEK 1	<input type="checkbox"/> URBAN CORRIDOR TRAILS
	<input type="checkbox"/> EHIMS WEST	<input type="checkbox"/> WILLOW CREEK 2	

IF CHOOSING TO USE ONE OF OUR TWO TRAIL SYSTEMS AVAILABLE TO SPECIAL EVENTS, PLEASE USE SPACE PROVIDED TO GIVE A DETAILED COURSE OUTLINE OR ATTACH A MAP AND OUTLINE.

FOOD AND MERCHANDISE

ARE YOU REQUESTING PERMISSION TO SERVE/SELL BEER OR WINE AT EVENT? YES NO

(If yes for beer, a license must be obtained from Summit County. Visit www.co.summit.ut.us/clerk/beer.php for more information. For all other liquor, the Utah Dept. of Alcoholic Beverage Control (UDABC) may require an application for a Single Event Liquor License or other state permit. For more information please contact the UDABC at www.abc.utah.gov or call 801.977.6800)

ARE YOU REQUESTING PERMISSION TO SAMPLE/SELL FOOD OR NON-ALCOHOLIC BEVERAGES? YES NO

IF YES TO THE ABOVE QUESTION, PLEASE CHECK ALL THAT APPLY: (Special Permit may be required from Summit County Health Department (435) 615-3222)	WILL FOOD ITEMS BE PRE-PACKAGED? YES <input type="checkbox"/> NO <input type="checkbox"/>
	WILL FOOD ITEMS BE COOKED ON SITE? YES <input type="checkbox"/> NO <input type="checkbox"/>
	WILL FOOD ITEMS BE PREPARED OFF SITE? YES <input type="checkbox"/> NO <input type="checkbox"/>

WILL THERE BE SALE OF MERCHANDISE? YES NO

DESCRIBE ITEMS OF SALE AND LIST ALL VENDORS:



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TEMPORARY STRUCTURES SITE MAP MUST BE INCLUDED

ALL TEMPORARY STRUCTURES MUST BE APPROVED BY BASIN RECREATION – PLEASE CHECK ALL THAT APPLY

<input type="checkbox"/> BLEACHERS	<input type="checkbox"/> INFLATABLE(S)	<input type="checkbox"/> TENT(S) < 200 SQ. FT.
<input type="checkbox"/> STAGE(S)	<input type="checkbox"/> TEMPORARY LIGHTING	<input type="checkbox"/> TENT(S) > 200 SQ. FT.
<input type="checkbox"/> TRAILER(S)	<input type="checkbox"/> SHADE SHELTER(S)	<input type="checkbox"/> OTHER

WHAT IS THE PURPOSE OF THE STRUCTURES:

AMPLIFIED SOUND / ELECTRICITY

ARE YOU REQUESTING AMPLIFIED SOUND? YES NO
(If yes, special permission must be granted from the Basin Recreation Board.)

WILL YOU HAVE ELECTRICAL NEEDS? YES NO WILL YOU BE USING GENERATORS? YES NO

TEMPORARY SIGNAGE

WILL THERE BE TEMPORARY SIGNS FOR THE EVENT? YES NO
(If yes, please use space below or attach a sign plan stating locations and sizes of all signs.)

EVENT PARKING SITE MAP MUST BE INCLUDED

DRIVING AND PARKING VEHICLES ON GRASS, TRAILS OR ATHLETIC FIELDS IS STRICTLY PROHIBITED!

ARE YOU REQUESTING CLOSURE OF ANY PUBLIC PARKING FACILITY? YES NO

ARE VOLUNTEER PARKING ATTENDANTS ANTICIPATED FOR THIS EVENT? YES NO
(Basin Recreation may require parking attendants for some events.)

WASTE AND RECYCLING

BASIN RECREATION ENCOURAGES SUSTAINABLE EFFORT IN WASTE MANAGEMENT INCLUDING RECYCLING OF AS MUCH EVENT WASTE AS POSSIBLE. PLEASE REFER TO THE BASIN RECREATION SPECIAL EVENT PLANNING GUIDE FOR A LIST OF LOCAL RECYCLERS TO FIND OUT HOW THEY MAY ASSIST YOU.

TOILET FACILITIES – DEPENDING ON SIZE, SCOPE AND LOCATION OF THIS EVENT THE SUMMIT COUNTY HEALTH DEPARTMENT MAY REQUIRE ADDITIONAL PUBLIC FACILITIES. A SITE PLAN MUST INCLUDE THE LOCATION OF PUBLIC FACILITIES.

WILL YOU BE RENTING EXTRA DUMPSTERS? YES NO
(Basin Recreation may require additional dumpsters for certain events.)



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INSURANCE

BASIN RECREATION REQUIRES ALL APPLICANTS TO CARRY A POLICY OF GENERAL LIABILITY INSURANCE IN AN AMOUNT NO LESS THAN \$2,000,000 UP TO A MAXIMUM OF \$5,000,000. THE DISTRICT MUST BE NAMED AS AN ADDITIONAL INSURED ON THE CERTIFICATE OF LIABILITY INSURANCE. A COPY OF THE POLICY MUST BE PROVIDED TO THE DISTRICT **15 DAYS** PRIOR TO THE EVENT.

ADDITIONAL PERMITTING

THIS IS NOT A SUMMIT COUNTY PERMIT. THE APPLICANT IS RESPONSIBLE FOR ACQUIRING ALL THE NECESSARY PERMITS THAT MAY BE REQUIRED BY VARIOUS GOVERNMENT ENTITIES. IT IS ALSO THE RESPONSIBILITY OF THE APPLICANT TO NOTIFY ALL PARTIES THAT MAY HAVE A VESTED INTEREST IN THIS EVENT, ESPECIALLY IF IT CROSSES MULTI-JURISTCTIONAL BOUNDARIES.

CANCELLATIONS

APPLICATION FEE IS NON-REFUNDABLE. EVENTS MAY BE CANCELLED BY THE APPLICANT **UP TO 60 DAYS** PRIOR TO THE EVENT DATE WITHOUT PENALTY. FOR **CANCELLATIONS WITHIN 60 DAYS AND NOT LESS THAN 30 DAYS** PRIOR TO THE EVENT, 50 PERCENT OF THE EVENT FEES SHALL BE REFUNDED TO THE APPLICANT. FOR **CANCELLATIONS WITHIN 30 DAYS** PRIOR TO THE EVENT, 25 PERCENT OF THE EVENT FEES SHALL BE REFUNDED TO THE APPLICANT. EVENTS CANCELLED BY THE DISTRICT SHALL RESULT IN A FULL REFUND OF EVENT FEES AND THE APPLICATION FEE.

RIGHT TO DENY

APPLICANTS THAT FAIL TO MEET ANY OF THE REQUIREMENTS OR FILL OUT AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED. THE DISTRICT RESERVES THE RIGHT TO TURN DOWN ANY APPLICATION BASED ON PAST PERFORMANCE OF AN EVENT OR AT THE DISTRICT'S DISCRETION.

AGREEMENT AND SIGNATURE

I, THE UNDERSIGNED REPRESENTATIVE HAVE READ ALL COMPONENTS OF THIS APPLICATION AND AM DULY AUTHORIZED BY THE ORGANIZATION TO SUBMIT THIS APPLICATION ON ITS BEHALF. THE INFORMATION CONTAINED HEREIN, INCLUDING SUPPORTING DOCUMENTATION IS ACCURATE AND COMPLETE.

NAME: (Printed)		
SIGNATURE:		DATE:

ADMINISTRATIVE USE ONLY

DATE APPLICATION RECEIVED:	REVIEWED BY:	
APPROVED / DENIED DATE:		
APPLICATION IS SIGNED BY APPLICANT:		
DEPOSIT PAYMENT RECEIVED:	AMOUNT: \$	FINAL PAYMENT RECEIVED:
DAMAGE DEPOSIT AMOUNT: \$	DAMAGE DEPOSIT REFUNDED: \$	DATE: (Initials)