



Special Use Permit Application

Application # _____

Instructions: Please type or print clearly. Complete the form below, incorporate all requested information and return it to the appropriate park. Go to www.stateparks.utah.gov for park information. Incomplete or applications with false information will result in the application being denied. The application will be reviewed and a permit issued if approved. Application must be received at least 30 days prior to the event/activity. Late applications may be denied or require additional fees to expedite the process. Additional information may be attached to this form.

1. <input type="checkbox"/> New Application <input type="checkbox"/> Renewal Application	2. Name of Business or Organization
3. Your name (person to contact)	4. Email Address (optional)
5. Mailing Address (street & P.O., city, state, & zip)	6. Phone Numbers (include area code)
	7. Fax Number (include area code)
8. Applicant Entity is: <input type="checkbox"/> Private Citizen <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership or LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Government	
9. Application is for (check all that apply): <input type="checkbox"/> Commercial Use (see definition on reverse) <input type="checkbox"/> For Profit Use <input type="checkbox"/> Non-Profit Event <input type="checkbox"/> Fundraiser <input type="checkbox"/> Civic, Cultural, Educational, & Family Celebrations <input type="checkbox"/> Race/Sports Event <input type="checkbox"/> Temporary Use/Construction <input type="checkbox"/> Other	
10. Proposed Utah State Park and location within the park where event/activity will take place:	11. Proposed Date(s) for the event/activity (Starting/Ending):
12. Proposed Alternative Date(s) if applicable:	13. Proposed Daily Times for the event/activity, set up and cleanup:
14. Description of the event/activity and the estimated gross revenue (include hours of operation, the number of anticipated participants and spectators.	
15. Estimated gross revenue and description of where the revenue would be coming from. Will there be admission/participant fees?	
16. Will your event/activity have children in small activity groups? If yes, all involved staff and volunteers are required to have background checks prior to their involvement with children. <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Is the event an organized Boy Scout event/activity? If so, the Trip Permit will need to be submitted prior to the permit being approved. <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Describe the facilities including water and sanitation facilities you intend to provide or use within the park.	
19. Do you plan to sell beverages? Do you plan to sell or provide alcohol? If yes, explain. Please note, the selected Park may have a concessionaire contract in place where the concessionaire may have "first right of refusal" for beverage services. Food Handlers permit may be required even for free beverages that are provided. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Do you plan to sell food? If yes, explain. Pursuant to state law, your application(s) for a temporary license must be submitted to the Health Department at least 30 days prior to the date of the event. Please note, the selected Park may have a concessionaire contract in place where the concessionaire may have "first right of refusal" for food services. Food Handlers permit may be required for even prepackaged free food. <input type="checkbox"/> Yes <input type="checkbox"/> No	

21.	<p>Please describe your plan for providing security and safety at your event/activity. Depending on the size and nature of your event/activity, your plan needs to include procedures for crowd control, traffic control, collection and depositing of cash, VIP areas, entertainer and stage security, media areas, and private security services.</p> <p style="margin-top: 40px;">Has your plan been reviewed by the local Fire Department and Law Enforcement agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the contact information: <input type="checkbox"/> N/A</p>
22.	<p>Depending on the size and nature of your event, it may be necessary to provide Emergency Medical Services for the event patrons. Who will be providing the staff and the equipment for the Emergency Medical Facility?</p> <p>Agency Name: _____ Contact Person: _____ Phone Number: _____</p> <p style="text-align: right; margin-top: 10px;"><input type="checkbox"/> N/A</p>
23.	<p>Do you plan on building or erecting any stages, tents, or other structures? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.</p>
24.	<p>Is your event/activity an exercise of First Amendment Rights? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
25.	<p>Do you plan to advertise or issue a press release before the event/activity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
26.	<p>Will you distribute printed material? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
27.	<p>Do you intend to solicit donations or offer items for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Is your event co-sponsored by the Utah Division of State Parks and Recreation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
28.	<p>You are required to indemnify the State of Utah and the Utah Division of State Parks and Recreation as detailed below. To protect you and the State of Utah, a minimum of \$2,000,000 liability insurance per occurrence is required for all events/activities, listing the State of Utah, Utah Division of State and Parks and Recreation, and any other required agency (such as Bureau of Reclamation) as additional insured unless waived in writing by Utah Division of State Parks and Recreation. Event insurance may be obtained through the State of Utah's broker at a negotiated favorable rate, please let us know if you need further information regarding that.</p> <p style="margin-top: 20px;">Please list your insurance information. Company: _____ Phone Number: _____ Policy Number: _____</p> <p style="margin-top: 20px;">Waived: _____ Signature of approved Park Official Title</p>
<p>Do you have an approved Waiver of Liability form for Race/Sports Event participants? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	
29.	<p>Have you had a PERMIT with State Parks before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?</p>
30.	<p>Have you ever been denied or had a PERMIT revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.</p>
31.	<p>Are there any pending investigations against you or your company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.</p>
32.	<p>Have you been convicted of violations regarding natural resources, cultural resources, or any activity related to your proposed permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.</p>
33.	<p>Do you have the necessary license(s) required for this event/activity? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain. Examples: City/County Street-Street Blocking Permit, Parade Permit, Fireworks Permit, COR Permit, Application to hold Marine Events, etc.</p>

34.	Is there any reason to believe there will be attempts to disrupt, protest, or prevent your event/activity	<input type="checkbox"/> Yes If yes, explain.	<input type="checkbox"/> No
35.	<p>Park and PERMITTEE agree that the risk of loss or damage from any cause to any property belonging to the PERMITTEE is to be borne by the PERMITTEE. This includes, but is not limited to, all personal property and all vehicles of PERMITTEE or its invitees and loss or damage caused in any way including, but not limited to fire, theft, storm, explosion, or negligence of Park. PERMITTEE therefore agrees that it will carry insurance covering its property for any loss or damage while on the property of the Park and PERMITTEE agrees that it shall have no recourse against the State of Utah, Park, it's board, officers, directors, agents, representatives, employees, assigns, affiliates, insurers, and successors in interest and PERMITTEE waives, on behalf of itself and it's insurers, any and all rights of recovery, including but not limited to subrogation rights, against the State of Utah, Park, it's board, officers, directors, agents, representatives, employees, assigns, affiliates, insurers, and successors in interest.</p> <p>PERMITTEE'S Initials:</p> <p>In consideration of Park's allowance of the use of the Park, to the fullest extent permitted by law PERMITTEE will indemnify, hold harmless and, at the option of the Park, defend the State of Utah, Park, it's board, officers, directors, agents, representatives, employees, assigns, affiliates, insurers, and successors in interest from and against any and all suits and causes of action, claims, charges, costs, damages, demands, expenses (including, but not limited to attorney's fees and cost of litigation), judgments, civil fines and penalties, liabilities or losses of any kind or nature whatsoever arising out of or incident to your use of the park by PERMITTEE, it's employees, agents, volunteers, attendees, and invitees including, but not limited to, death, bodily injury, damage or destruction to any property of either party to this agreement, or injury to third persons in any way connected with your event at a State park except where an injury or property damage arises out of the sole negligence of the State Parks, or its officers, agents, representatives or employees. PERMITTEE also agrees to be liable for any damage to the Park caused by it or it's employees, agents, volunteers, attendees, and invitees. This indemnity agreement is not intended to waive any defense available to Park under the Utah Governmental Immunity Act, Utah Code Ann. 63G-7-101 et. seq.</p> <p>PERMITTEE'S Initials:</p> <p>PERMITTEE shall observe all state and local laws and rules and regulations of the Park for the use of Park property. Failure to do so will be grounds to terminate use of the Park property.</p> <p>PERMITTEE'S Initials:</p>		
36.	<p>Certification of Information: I CERTIFY the information in this application is true, complete, and correct to the best of my knowledge and belief is given in good faith. I acknowledge that I (we) am (are) required to comply with any conditions or stipulations that are required by the park when the permit is issued. I understand that false or incomplete information will result in denial of this application.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> (Signature of Applicant) </div> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> (Date) </div> </div>		
37.	Attach the following documents with this application: operations plan, maps, and non-refundable \$10 processing fee.		
For Official Use Only			
<input type="checkbox"/> Recommend	<input type="checkbox"/> Not Recommended	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Park Manager	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date
<input type="checkbox"/> Recommend	<input type="checkbox"/> Not Recommended	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Region Manager (if applicable)	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date
<input type="checkbox"/> Recommend	<input type="checkbox"/> Not Recommended	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Deputy Director (if applicable)	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date
Receipt information	Date Received:		
	Type of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other		
	Amount Received:		
	Receipt #:		
Certificate of Insurance Information:	Date Obtained: _____ Policy Number: _____		
If insurance is waived, note the reason:			

