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17 North 100 East

P.O. Box 457

Monticello, Utah 84535

(435) 587-2271

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## SPECIAL EVENTS PERMIT

NAME OF APPLICANT: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS MAILING ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

EVENT LOCATION: \_\_\_\_\_

EVENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

TYPE OF EVENT: \_\_\_\_\_

DO YOU PLAN TO DESPAY AN ADVERTISING SIGN: **YES OR NO**

DO YOU PLAN TO USE CITY PROPERTIES OR FACILITIES: **YES OR NO**

HAVE YOU RESERVED ANY CITY FACILITES REQUIRED: **YES OR NO**

**THIS LICENSE WILL EXPIRE AFTER 30 DAYS**

**THE CITY HAS THE RIGHT TO DENY ANY LICENSE**

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**MONTICELLO CITY ADMINISTRATION APPROVAL:** \_\_\_\_\_ **DATE** \_\_\_\_\_