

Date Received: _____ Permit Number: _____
 Date Police Approval: _____ Date Issued: _____



Security Plan Request Form

5 South Main Street
 Ephraim Utah, 84627
 435-283-4602
 www.ephraimcity.org

Approvals

City Manager: _____ Date: _____
 Police Chief: _____ Date: _____
 Police Lieutenant: _____ Date: _____
 Patrol Sergeant: _____ Date: _____

This application must be completed in its entirety. Incomplete applications will not be processed. Please allow up to ten (10) days for approval

Type of Activity (Check all that apply)		<input type="checkbox"/> Sporting	<input type="checkbox"/> Training	<input type="checkbox"/> Festival	_____
<input type="checkbox"/> Film Production	<input type="checkbox"/> Parade	<input type="checkbox"/> Dance	<input type="checkbox"/> ATV/UTV Ride	<input type="checkbox"/> Religious	_____
<input type="checkbox"/> Outdoor Sales	<input type="checkbox"/> Fun Run, 5K, 10K	<input type="checkbox"/> Concert	<input type="checkbox"/> Block Party	<input type="checkbox"/> _____	_____

EVENT NAME: _____
LOCATION OF EVENT: _____
ORGANIZATION NAME: _____
DATE(S) OF EVENT: _____

EVENT DETAILS:	Date(s)	Start Time	End Time
Event Set-up			
Event			
Event Clean-up			

Part 1: Participants

Number of participants expected: _____ Number of volunteers/event staff: _____
 Is this event open to the public: _____ Is this a private event: _____
 Does this event require: Tickets/Entrance Fees: Participant Fees: Free:

Part 2: Applicant Information

Name: _____ Address: _____
 Cell Phone: _____ Email: _____
 Address: _____
 Event Web Address: _____ Alternate: _____
 Contact: _____

Please provide names and phone numbers for additional persons that will be involved in the planning and organization of this event:

Part 6: Detailed Security Map

Please include or attach a detailed security map:



Part 7: Signatures

By submitting this signed application, the applicant certifies that falsifying and information on this application constitutes cause for rejection or revocation of the permit:

Applicants Name (PRINT)

Applicants Signature

Date

Security Directors Name (PRINT)

Security Directors Signature

Date