



Special Events 435.615.5150
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**PARK CITY MUNICIPAL CORPORATION
 SPECIAL EVENT
 FEE REDUCTION APPLICATION**

Complete applications for Special Events Fee Reductions must be received by following dates each year to be eligible for bi-annual consideration; October 1st for events occurring January 1st through June 30th, and April 1st for events occurring July 1st through December 31st. Applications received outside the scheduled application process may be denied for approval. In order to be eligible for a Special Event Fee Reduction, applications must be filled out in their entirety.

**FEE REDUCTIONS ARE NOT VALID UNTIL SIGNED AND APPROVED
 BY THE CITY MANAGER OR CITY COUNCIL**

Per Park City Municipal Code Section 4A-2-9: Annually, the City will allocate up to two hundred thousand dollars (\$200,000) to be used to reduce City Service Fees required for Special Events. Allocation of reduced Fees will be determined at the sole discretion of the Economic Development Manager and Budget Manager(s), City Manager, and City Council. Unmet thresholds at the end of a year will not be carried forward to future years. Please refer to the Park City Municipal Code and Fee Reduction Policy for complete information.

APPLICANT AND SPONSORING ORGANIZATION INFORMATION

Date of Fee Reduction Application		
Event Applicant Organization Name		
Event Name		
Organization Contact (First, Last)		
Title/Position	Phone :	Email :
Organization Street Address		
Organization Mailing Address		
Is organization a registered non-profit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

SPECIAL EVENT FEE INFORMATION TO BE COMPLETED BY APPLICANT

EVENT TITLE:		
EVENT DATE (S)		
Estimate of total fees requested to be waived, MUST BE COMPLETED BY THE APPLICANT:		Total fees which could be Reduced:
1. Event Application Fee	\$ _____	_____
2. Building Permit	\$ _____	Total Fees Requesting to be Reduced: % or \$ amount
3. Facility/Equipment Rental	\$ _____	_____
4. Field/Park Rentals	\$ _____	Total Fees reduced in previous year if annual event:
5. Special Use of Parking	\$ _____	_____
6. Bleacher Rental	\$ _____	Total City Service Fees paid to the City in previous year if annual event:
7. Trail Fees	\$ _____	_____
8. Public Safety Personal	\$ _____	
TOTAL	\$ _____	_____

EVENT LEVEL Circle One 1 2 3 4 5	<i>Refer to the Special Event Fee Reduction Policy for more information</i>	
<input type="checkbox"/> Local/Community Cultural	<input type="checkbox"/> Local/Community Recreational	
<input type="checkbox"/> Regional Recreational	<input type="checkbox"/> National/International	<input type="checkbox"/> Regional Cultural

SPECIAL EVENT FEE REDUCTION EVALUATION CRITERIA

All questions must be answered in order to be considered. If questions are not applicable, please indicate as so please limit responses to each of the following criteria to no more than 500 words.

1. On a separate page, please indicate your reasons for choosing Park City as the location for your event.

2. Will a fee be charged for attendance or participation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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3. On a separate page, please include a summary of all registration and/or participation fees, and policy regarding participants' or attendees inability to pay such fees.

4. Does the event provide free programs to the community, or raise funds for organizations that provide free or low-cost programs local youth, seniors or other underserved populations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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5. On a separate page, please include a summary of how the event provides programs to the community or raises funds for organizations that provide free or low-cost programs for local youth or youth organizations, seniors or other underserved populations. Your description should address how the above mentioned expect to benefit, and include projections and/or statistics and data.

6. On a separate page, please include a summary of how the event will generate positive tax benefits, raise funds for an organization or provide revenue and economic opportunities to Park City to offset City Services and costs required by the event. Your description should include projections and/or statistics and data.

7. Does the event provide community and/or economic opportunity during the off season? Please explain on a separate page.

8. Applicant demonstrates extraordinary efforts to reduce and mitigate environmental, transportation and residential impacts associated with the event. Please describe mitigation efforts, and statistics to reduce and mitigate environmental, transportation and residential impacts.

9. If applicable, please include a Statement of Need on a separate page. Your summary should address how the imposition of fees would create a financial hardship on the Event Applicant or would have a detrimental effect on services provided to the public.

APPLICANT AND SPONSORING BUDGET INFORMATION

The following information is required in order for the City to consider waiving Special Event fees. Only direct program or event fees may be listed.

Program or Event Expenses

A. Salaries/ Fees

Artists/Performance/Speakers Contracted Staff	\$ _____
Administrative	\$ _____
Program Staff	\$ _____
Other (Specify)	\$ _____
Total Salaries/Fees	\$ _____

B. Facility/ Space Rental Fees (non-city)

\$ _____

C. Remaining Costs (Itemize)

Equipment Rental (non-city)	\$ _____
Marketing	\$ _____
Travel	\$ _____
Insurance (non-city)	\$ _____
Misc. fees (please specify)	\$ _____
Other (please specify)	\$ _____
Total Event Costs	\$ _____

D. Total Special Events Fees

\$ _____

Attach additional pages as needed to illustrate details of expenses listed above.

TOTAL Program Operating Expenses (A+B+C+D)

\$ _____

Program or Event Income

E. Registration and/or Participation Income

\$ _____

_____ participants x	\$ _____ reg. or part. fees
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F. Donations or Sponsorships

Corporate/ Business	\$ _____
Foundations/ Grants	\$ _____
Clubs/Organizations	\$ _____
Memberships	\$ _____
Individual Donors	\$ _____
Other (please specify)	\$ _____
Total Donation/ Sponsorship Total	\$ _____

G. Other income (please specify)

\$ _____

Attach additional pages as needed to explain other income sources.

TOTAL Program Operating Income (E+F+G)

\$ _____

AGREEMENT AND SIGNATURE

I hereby certify that the information provided is true and correct to the best of my knowledge and that a true financial hardship would be wrought on the organization I represent if the municipal event fees are not waived.

Name (printed)

Signature (if electronic signature is available):

Date:

TO BE COMPLETED BY APPLICANT	TO BE COMPLETED BY THE CITY
<p><u>City Service Fees</u></p> <ul style="list-style-type: none"> • Application Fee \$ _____ • Building Permit \$ _____ • Facility/Equipment Rental \$ _____ • Field/ Park Rental \$ _____ • Special Use of Parking Permit \$ _____ • Bleacher Rental \$ _____ • Trail Fees \$ _____ • Public Safety Personnel \$ _____ <p>Total of fees that can be waived \$ _____</p> <p>Amount requesting to be waived \$ _____</p>	<p><u>Total Amount or % of Fees Waived</u></p> <p>\$ or % _____</p> <p>_____</p> <p style="text-align: center;">Approved By:</p> <p>_____</p> <p style="text-align: center;">Date</p> <p>Notes or Clarifications:</p> <p>_____</p> <p>_____</p> <p>_____</p>

FOR MUNICIPAL USE ONLY
Date, Application received
Date, Application approved
Date, Applicant notified