



**City of Sedona
TEMPORARY USE PERMIT
APPLICATION**

Permit No. _____
Date Received _____
Deposit Amt. _____

Note: Applications received less than 30 (thirty) days prior to a scheduled event may not be approved.

1. Applicant Information:
Name _____
Address _____
Phone No. _____ Cell Phone No. _____
Contact name and phone number (if other than above) _____

2. Event Information: *(please be specific, i.e. retail sales, car show, art show, etc)*
Type of Event _____
Date/Time _____
Location _____
Assessor's Parcel Number _____ - _____ - _____
Event Category Classification (Please note that different fees apply for different categories):
_____ A. Existing Commercial Business _____ B. Organized Outdoor Community Event
_____ C. Fund-Raising Activity _____ D. Christmas Tree Lot
_____ E. Construction Support Activity _____ F. Film Permit
_____ G. Accessory Parking Facilities _____ H. Temporary Use Activities
Are you utilizing off site vendors or businesses that are NOT physically located on the subject property?
Yes _____ No _____ If Yes, please list _____
Please be advised all vendors must have a current City of Sedona Business License.

3. Do you own the property on which the event will occur? Yes _____ No _____
If no, please provide a letter of authorization from the property owner with this application.
4. Estimated attendance _____
5. Will alcohol be served or sold at this event? Yes _____ No _____
*If yes, please attach a copy of the State of Arizona Special Event Liquor License Permit application or approval.
Please indicate how the sale and/or consumption of alcohol will be managed.*

6. Is on-site parking available? Yes ____ No ____
If no, please indicate arrangements to accommodate public parking and attach a parking plan.
 If no arrangements have been made, please indicate below the methods of traffic control you intend to use:

7. Provide plans showing type, locations(s) and number of signs that will be used to promote this event. If signs will be located in the ADOT right-of-way, please provide a copy of the ADOT permit with this application. Description of signs: _____

8. What sanitary facilities are available on site? _____
If no facilities are available, what arrangements have been made to provide such facilities in accordance with Health Department standards? _____

9. Are trash bins and/or recyclable receptacles available on site? Yes ____ No ____ . Please describe what will be done to prevent the accumulation of trash and/or debris that may result from the event and address how you intend to recycle applicable materials.

10. Will food be made available at this event? Yes ____ No ____
If yes, will it be prepared on-site or at another location? _____
Please attach a copy of the health department permit or other letter of authorization or exemption.
11. Will a first-aid station be provided on-site for this event? Yes ____ No ____
If yes, please describe.

12. Has it been determined that a Hold Harmless agreement with the city is necessary for this event?
 Yes ____ No ____
If yes, has the agreement been completed? Yes ____ No ____ If so, please attach a copy.
13. Will the proposed event involve the use of city property or public right-of-way? Yes ____ No ____
If yes, please attach letter of approval from the applicable agency or jurisdiction.
14. Has liability insurance been obtained to cover this event? Yes ____ No ____
If yes, please provide proof of insurance with this application. If no, please explain.

15. Is the City of Sedona named as additionally insured? Yes ____ No ____
If no, please state explain.

SITE PLAN

OFFICE USE ONLY

DEPARTMENT APPROVALS:

- Community and Economic Development Department
- Police Department
- Fire Department
- Parks and Recreation
- Building Department
- Risk Management

Bond Required? Yes No Amount required \$

- Business License, current

- Category: A B C D E F

Fee \$ _____ Permit fee paid? Yes _____ No _____ Date received _____

Permit approved by _____ date _____