

MIDWAY CITY
Planning Office

75 North 100 West
Midway, Utah 84049

Phone: 435-654-3223 x105
Fax: 435-654-2830
mhenke@midwaycityut.org

Special Event Permit
Class "B" Beer License Holder
\$100 Non-refundable License Fee

License Holder: _____ **Class "B" License Number:** _____

Name: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____

Applicant or Authorized representative:

Name: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____

Nature and Purpose of the Event: _____

Event Time: _____

Event Date(s): _____

Event Location: _____

Estimated Attendance: _____

Note: Each Licensee is subject to the provisions of Chapter 7.03 Alcoholic Beverages of the Midway City Municipal Code.

FOR OFFICE USE ONLY

STAFF:

Date Received: _____

Received By: _____

Fee Paid: _____

Application Number: _____

Zone: _____

Tax ID Number: _____

PLANNER:

Complete / Incomplete

Date: _____ Reviewed by: _____

Our Vision for the City of Midway is to be a place where citizens, businesses, and civic leaders are partners in building a city that is family-oriented, aesthetically pleasing, safe, walkable and visitor friendly. A community that proudly enhances our small town Swiss character and natural environment, as well as remaining fiscally responsible.

Please give us a detailed statement and diagram showing the location at the premises at which the event will take place, the location at which restaurant patrons will be seated and the location at which beer will be sold.

Diagram

Please read and sign before application submittal

I declare under penalty of perjury that I am the owner or authorized agent of the property subject to this request and the foregoing statements, answers and attached documents are true and correct. As the applicant for this proposal, I understand that my application is not deemed complete until the Planning Office has reviewed the application. I further understand I will be notified when my application has been deemed complete. At that time I expect that my application will be processed within a reasonable time, considering the work load of the Planning Office.

I fully understand that I am responsible for the payment of any fees incurred.

Signature of Owner or Agent: _____ Date: _____

IMPORTANT: Your application cannot be processed until determined complete by the Planning Staff.