

TEMPORARY ADVERTISING

BANNER PERMIT

APPLICATION

SUBMIT TO: EMILIE.PINKELMAN@SGCITY.ORG

FORM REVISED – 09/27/2023

1. APPLICANT & ORGANIZATION INFORMATION

CONTACT NAME: _____ PHONE #: _____

ORGANIZATION/BUSINESS NAME: _____

ORGANIZATION/BUSINESS ADDRESS: _____

EMAIL ADDRESS: _____

2. TEMPORARY ADVERTISING BANNER CATEGORY

- 10-DAY CUSTOM EVENT OR HOLIDAY (for onsite commercial business display)
- CIVIC (for city, county, or other governmental agencies)
- DIXIE CENTER (for events held at the Dixie Center for at least two (2) days)
- NON-PROFIT (for 501(c)3 organizations only)

3. SIGN & DISPLAY INFORMATION

EVENT NAME: _____

EVENT DATES: ___/___/___ TO ___/___/___ DISPLAY DATES: ___/___/___ TO ___/___/___

SIGN HEIGHT: _____ x SIGN WIDTH: _____ = TOTAL SQUARE FOOTAGE: _____
(Max 4') (Max 8') (Max 32 sq. ft.)

NOTE: CIVIC, DIXIE CENTER, OR NON-PROFIT BANNERS CAN ONLY BE DISPLAYED 15 DAYS PRIOR TO AN EVENT AND MUST BE REMOVED 2 DAYS AFTER.

4. DOCUMENT SUBMISSION CHECKLIST

- TEMPORARY ADVERTISING BANNER PERMIT APPLICATION
- COLOR RENDERING OR PROOF OF BANNER WITH HEIGHT/WIDTH DIMENSIONS

FOR CIVIC, DIXIE CENTER, OR NON-PROFITS BANNERS:

- WRITTEN PERMISSION FROM PROPERTY OWNERS FOR BANNERS (see page 2)
- PROOF OF 501(C)3 (for non-profit only)

NAME OF APPLICANT

X

SIGNATURE OF APPLICANT

OFFICE USE ONLY – (435) 627-4712

DENIED (SEE COMMENTS BELOW) APPROVED

PERMIT #: _____ DATE: _____ STAFF SIGNATURE: _____

COMMENTS:

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EVENT NAME: _____

5. WRITTEN PERMISSION FOR CIVIC, DIXIE CENTER, OR NON-PROFIT BANNERS

BANNER 1 - LOCATION

ADDRESS: _____ BUSINESS NAME: _____

NAME OF AUTHORIZED SIGNER

SIGNATURE

BANNER 2 - LOCATION

ADDRESS: _____ BUSINESS NAME: _____

NAME OF AUTHORIZED SIGNER

SIGNATURE

BANNER 3 - LOCATION

ADDRESS: _____ BUSINESS NAME: _____

NAME OF AUTHORIZED SIGNER

SIGNATURE

BANNER 4 - LOCATION

ADDRESS: _____ BUSINESS NAME: _____

NAME OF AUTHORIZED SIGNER

SIGNATURE

BANNER 5 - LOCATION

ADDRESS: _____ BUSINESS NAME: _____

NAME OF AUTHORIZED SIGNER

SIGNATURE

BANNER 6 - LOCATION

ADDRESS: _____ BUSINESS NAME: _____

NAME OF AUTHORIZED SIGNER

SIGNATURE