

## TEMPORARY MASS GATHERING PERMIT APPLICATION

Application must be submitted at least 30 days prior to the first day of the gathering to avoid a late fee.  
Permit fees are not refundable. Permits are non-transferable.

**Permit Fee:** (>30 days prior to event) \$350.00 (<30 days prior) \$400.00 **Paid:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Required additional inspections:** \$100/day **Paid:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name of Gathering: \_\_\_\_\_

Location of Gathering: \_\_\_\_\_

Dates of Operation: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Type of Gathering (fair, walk/run, parade, concert, etc.): \_\_\_\_\_

Total number of attendees expected for the gathering: \_\_\_\_\_ Per day: \_\_\_\_\_

What is the expected peak crowd size for each day of the gathering? \_\_\_\_\_

Estimated length of stay of the peak crowd? \_\_\_\_\_ (hours per day)

### Gathering Operator Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # (daytime) \_\_\_\_\_ Phone # (during event) \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax #: \_\_\_\_\_

List any additional operator contacts and phone #'s (daytime and during event): \_\_\_\_\_

### Property Owner information:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Solid Waste Management:**

Company contracted for solid waste: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

List the number and type of waste containers to be provided (dumpsters, cans, etc.): \_\_\_\_\_

Who will be responsible to ensure that waste containers are in proper locations and emptied as necessary?

**Site Maintenance:**

Who will be responsible to ensure any buildings or structures to be used on the gathering site are safe, clean, in good repair, and vermin free? \_\_\_\_\_

Who will be responsible for site clean-up during and after the gathering? \_\_\_\_\_

Will animals be present at the gathering? Y N If yes, list the types of animals and how the animals will be involved (attendee's pets, rodeo, petting zoo, fair, etc.): \_\_\_\_\_

Who will be responsible to clean up animal waste during and after the gathering? \_\_\_\_\_

What plan is in place to ensure that any nuisances or health hazards occurring at the gathering are controlled (including in relation to animals at the gathering)? \_\_\_\_\_

Will overnight parking of recreational vehicles or camping be allowed at the gathering site? Y N

Does the gathering site have surface drainage issues? Y N If yes, briefly explain how these issues will be handled: \_\_\_\_\_

How will entrances, exits, first aid stations, restrooms, free drinking water, and the operator's headquarters be identified for gathering attendees? \_\_\_\_\_

Will the gathering be held before or after daylight hours? Y N If yes, please provide a plan for additional lighting: \_\_\_\_\_

## **Emergency Medical Care:**

Number of first aid stations to be provided: \_\_\_\_\_ (one first aid station is required, more may be necessary).

Briefly explain the types of medical care that will be available at the first aid stations: \_\_\_\_\_

\_\_\_\_\_ Will

emergency vehicles be present? Y      N      If yes, list the type of vehicle(s): \_\_\_\_\_

Ambulances and fire trucks may not be the only first aid station for the gathering if there is the possibility the vehicles may be called off-site. If an emergency vehicle is called off-site, a first aid station must remain available for attendees of the gathering.

What type of communication equipment will be available for medical providers? \_\_\_\_\_

Who will be responsible to ensure that accurate records of patients and treatment are kept, and that the Health Department is notified of cases involving serious injury or a communicable disease? \_\_\_\_\_

A written agreement to provide emergency medical services from the provider is required. Please attach.

## **Food Protection\*:**

How many food booths will be present? \_\_\_\_\_

Please attach a list of expected food vendors and the type of foods to be served.

**\*Each food booth **MUST** obtain their own temporary food service permit before operating. The cost is \$50 for the first day and \$5 for each additional operating day of the gathering.**

*Permits must be obtained prior to 5 days before the event or a short notice fee will be assessed.*

Name of the food booth coordinator: \_\_\_\_\_

Phone # (daytime): \_\_\_\_\_ Phone # (during event): \_\_\_\_\_

List any additional food booth coordinator contacts and phone #'s (daytime and during event):

Will electricity be available? Y      N      If yes, list the source (generator, power pole, extension cords, etc.): \_\_\_\_\_

## **Drinking Water:**

Number of free drinking water stations provided: \_\_\_\_\_ (four water stations are required, more may be necessary)

How will the free drinking water be presented to attendees (coolers with cups, bottled, etc.)? \_\_\_\_\_  
\_\_\_\_\_

If water in coolers is provided, where and how will the coolers be filled? (non-food grade hoses are not allowed) \_\_\_\_\_  
\_\_\_\_\_

Will there be activities involving water (mistifiers, swimming pools, etc.)? Y N If yes, where will the water for these activities come from? (the source must be a potable water supply)  
\_\_\_\_\_  
\_\_\_\_\_

**Hazardous Conditions:**

What contingency plan is in place for dangerous conditions that may arise during the gathering (tripping hazards, weather, evacuation, cancellation or delay of the gathering, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Waste Water:**

How many permanent restrooms are available? Men \_\_\_\_\_ Women \_\_\_\_\_ ADA \_\_\_\_\_

How many portable toilets are planned (5% of the total number of toilets must be ADA)? \_\_\_\_\_

Will alcohol be served? Y N If yes, the number of toilets must be increased by 40%.

Toilet facilities may not be closer than 100 feet to food service operations and must be within 300 feet of spectator areas.

How many hand wash stations are planned for the portable toilets? A hand wash station with running water, soap, and paper towels must be provided adjacent to each bank of portable toilets at a minimum rate of one hand wash station per 10 portable toilets or portion thereof). \_\_\_\_\_

A waste container must be placed next to each portable hand wash station for paper towel disposal.

Company contracted for liquid waste: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Who will be responsible to ensure paper towels and toilet paper are stocked: \_\_\_\_\_  
\_\_\_\_\_

Additional toilet facilities may be required based on the peak crowd size.

**Site Map:**

Please attach a map of the gathering location with the following detailed information:

1. Total area to be impacted by the gathering and adjoining properties
2. Designated parking areas for patrons
3. Location of entrance, exit, interior roadways and walks
4. Location of restroom facilities labeled with the type (permanent, portable, ADA)
5. Location of drinking water stations labeled with the type (bottled water, coolers with paper cups, permanent drinking fountains, pumps, wells)
6. Location of portable hand washing stations
7. Location of food stands
8. Location of solid waste containers
9. Location of operator's headquarters / information booth
10. Location of the first aid station. Please note if emergency vehicles will be present and where they will be located.
11. Location of permanent structures (buildings, boweries, etc.)

I understand that the Weber-Morgan Health Department may issue a notice of violation to the owner, operator or the operator's designee if the gathering fails to meet the requirements of Utah State Rule R392-400 Temporary Mass Gatherings Sanitation or the conditions of the permit.

I understand that a mass gathering permit may be denied for any of the following reasons:

- Failure of the applicant to show that the gathering will be held or operated in accordance with the requirements and standards or R392-400
- Submission of incorrect, incomplete, or false information in the application
- The gathering will be in violation of law

I understand that a notice of closure of the gathering or part thereof may be issued to the owner, operator, or operator's designee if the conditions of the gathering constitute a serious or imminent health hazard and that a gathering site or part thereof that has been closed may not be used for a gathering until the Weber-Morgan Health Department determines the conditions causing the closure have been abated and written approval is received from the Health Department.

Gathering Operator or Operator's Designee: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_