WEBER-MORGAN DISTRICT HEALTH DEPARTMENT
477 23RD STREET, OGDEN, UTAH 84401
TELEPHONE: (801) 399-7160
FAX: (801) 399-7170

Received on:

_____/_____/_____

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.

Plan Review Fee ($132/2 hours + $66/hr after) Paid: _____ Date: _____
Inspection Fee ($66/hr; $99 after hours, weekends & holidays) 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 the waste containers are in proper locations (including near the hand wash/restroom areas and drinking water stations) and that the containers are emptied as needed during the gathering? _____

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

_____

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? _____

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 flooding or water related nuisances on adjoining properties will be prevented. _____

_____

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: _____

_____

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? _____

_____

How will nuisances, health hazards, or insanitary conditions that develop during the gathering be handled?

_____

_____

_____

A written agreement for services to be provided by law enforcement is required. Please attach.

Emergency Medical Care:

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

Number of first aid stations to be provided: _____ (One is required, more may be necessary). All first aid stations must be clearly marked and staffed by appropriate personnel.

Will emergency vehicles be present? Y N If yes, list the type of vehicle(s): _____
If an ambulance or fire truck is used as a first aid station, an additional stationary first aid station must be present in the event the vehicles are called off-site.

At least two state-licensed or certified medical providers (18 years or older) shall be present to staff each first aid station. These providers must either be emergency medical technicians, paramedics, nurses, physician's assistants, or medical doctors. How many providers are planned? _____
What are their qualifications? _____

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

_____

How will privacy to the person receiving care or treatment be provided? _____

_____

What type of communication equipment will be available for medical providers? _____
All emergency medical services providers shall be provided a map of the gathering showing emergency vehicle ingress/egress routes, landing zones, rendezvous locations, and the location of all first aid stations.

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? Please include a name and phone number. _____

Food Protection*:

*****Each food booth **MUST** obtain their own temporary food service permit before operating. The cost is $35 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.

How many food booths are planned? _____ Please attach a list of expected food vendors. **Food booths shall not be allowed to set up or operate at the gathering until proper permits are in place.**

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:

All drinking water must be from a state-approved safe drinking water supply. Garden hoses or non-food grade hoses and unapproved wells or pumps are not allowed to be used for drinking water.

How many free drinking water stations will be provided? _____ (at least 4 stations are required).

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

_____

If water in coolers is provided, please detail how the coolers will be cleaned, the source of the water, and how the coolers will be filled? _____

_____

Who will be responsible to restock the paper cups? _____

Will there be activities involving water (misters, swimming pools, etc.)? Y N If yes, please list the activities planned and where the water for these activities will come from? (the water must be from an approved safe drinking 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.)?

_____

_____

Wastewater Disposal:

Toilet facilities must be within 300 feet of spectator areas and at least 100 feet away from food service areas.

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

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

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 and at a minimum rate of one hand wash station per 10 portable toilets or portion of 10 portable toilets.
Hand sanitizer may not be used in place of a hand wash station.

Who will be responsible to maintain toilet paper, paper towels, and soap in the restrooms? _____

_____

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 #: _____

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 walkways
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, bowery, 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: _____