



TEMPORARY MASS GATHERING PERMIT APPLICATION

Environmental Health Services Division

Physical Address
 22 South State Street
 Clearfield, Utah 84015

Mailing Address
 P. O. Box 618
 Farmington, Utah 84025

Phone Numbers
 801-525-5128
 Fax: 801-525-5119

Date Received
Date Fees Paid
Receipt #
Amount Paid

EVENT INFORMATION

NAME OF EVENT			LOCATION OF EVENT
PHYSICAL ADDRESS OF EVENT			DATES OF OPERATION
CITY	STATE	ZIP	HOURS OF OPERATION

DESCRIPTION OF EVENT

TYPE (CIVIC, CONCERT, FAIR, MARKET, PARADE, WALK/RUN, ETC.)	EXPECTED PEAK CROWD	EST. HOURS STAY PER DAY
	TOTAL NUMBER EXPECTED	PER DAY

OPERATOR INFORMATION

NAME OF OPERATOR	PHONE NUMBER(S) OF OPERATOR
STREET/PO BOX OF OPERATOR	FAX, EMAIL(S) OF OPERATOR
CITY STATE ZIP	ADDITIONAL INFORMATION

PERSON IN CHARGE (PIC) INFORMATION

The Person-In-Charge means the individual(s) present at a Mass Gathering who is responsible for event operations.

PERSON-IN-CHARGE (PIC)	PHONE NUMBER(S, EMAIL) OF PIC
PERSON-IN-CHARGE (PIC)	PHONE NUMBER(S, EMAIL) OF PIC
PERSON-IN-CHARGE (PIC)	PHONE NUMBER(S, EMAIL) OF PIC

PROPERTY OWNER INFORMATION

Is the property owner different than the operator? No. Yes. If yes, fill in the Owner Information below (that varies from above).

NAME OF PROPERTY OWNER	PHONE NUMBER(S, FAX, EMAIL) OF PROPERTY OWNER
STREET/PO BOX OF PROPERTY OWNER	PHONE NUMBER(S, FAX, EMAIL) OF PROPERTY OWNER
CITY STATE ZIP	ADDITIONAL INFORMATION

Have you obtained and reviewed a copy of the Temporary Mass Gathering Permit Appendix? Yes. No.
 A site plan is required with this application. See Appendix for details (pages 5-6).

EMERGENCY MEDICAL CARE REQUIREMENTS

Number of First Aid Stations Proposed? _____

Number of Licensed or Certified Staff Proposed? _____

SAFE DRINKING WATER REQUIREMENTS

From where will the drinking water be obtained?

FREE DRINKING WATER STATION INFORMATION

How many Free Drinking Water Stations will be present? _____

FOOD SERVICE REQUIREMENTS

Will food vendors be present during this event? Yes. No.

Who will assure that all food vendors obtain the required permits? _____

VENDOR WASTEWATER MANAGEMENT REQUIREMENTS

Will a wastewater station be available for the disposal of vendor wastewater? Yes. No. If no, provide details indicating how vendor wastewater will be properly disposed?

HANDWASHING STATION REQUIREMENTS

How many handwashing stations will be provided? Permanent: _____ Portable: _____

TOILET REQUIREMENTS:

How many portable toilet banks are proposed? _____

Will alcoholic beverages be consumed at the gathering? No. Yes. If yes, increase the number of required toilets by 40%.

Permanent toilets available?

_____	_____	_____
MEN	WOMEN	ADA

Portable toilets available?

_____	_____	_____
MEN	WOMEN	ADA (5%)

HAZARDOUS CONDITIONS & NUISANCE CONTROL REQUIREMENTS

Will animals be present at the event? No. Yes. If yes, provide details indicating how any nuisance pertaining to an animal will be eliminated prior to, during, and immediately following the gathering.

Will the public have access to animals present at the event? No. Yes. If yes, provide details indicating the types of animals and how safety and sanitary risks to the public will be reduced:

SOLID WASTE MANAGEMENT REQUIREMENTS

Will the Operator be responsible for solid waste management and site clean up? Yes. No.

SITE MAINTENANCE REQUIREMENTS

Will the event be held after daylight hours? No. Yes. If yes, is the event site equipped with sufficient permanent lighting? Yes. No. If no, indicate on the **site plan** the locations and details of power sources and lights.

Will overnight parking for occupied recreational vehicles be provided? No. Yes. If yes, indicate on the **site plan** the locations and details for recreational vehicle parking.

PERMIT INFORMATION

In order to operate a temporary mass gathering, all requirements of the *Utah State Rule R392-400* shall be met.

All applications shall be submitted at least 30 days prior to the first day of the gathering.

A temporary mass gathering may not exceed 30 days unless otherwise approved by the health department.

This application does not authorize operating a mass gathering until final approval is given by this agency and all applicable state and local agencies including Business Licensing.

Upon acceptance of a permit, the permit holder shall:

- Immediately contact the health department to report any changes in the information listed on this application;
- Comply with all provisions, **Closures**, **Notices**, **Notice of Violations**, and **Orders** of the health department.

I have read and agree to the items listed above and to the items outlined in the supplemental packet. I also agree that maintenance of a health permit is predicated on compliance with the Utah Rule R392-400 (Temporary Mass Gathering Sanitation) and the Davis County Food Service Sanitation Regulation. This permit may be suspended for noncompliance.

Statement: I hereby certify that all information provided is correct, and I fully understand that any deviation without approval from the health department may be grounds for suspension of any permit issued. I further understand that the health department can make additional requirements as deemed necessary.

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE OF SIGNATURE

THE APPLICATION SHALL BE REVIEWED, INITIALED, AND SIGNED BY THE OPERATOR OR THE DESIGNATED PERSON IN CHARGE.

OFFICE USE ONLY

NAME OF EHS REVIEWER(S)

PLAN REVIEW

Date Approved:

Applicant Contacted

Date:

Whom:

Emergency Medical Service
Agency Contacted

Date:

Whom:

Local Law Enforcement
Agency Contacted

Date:

Whom:

Local Political Jurisdiction
Contacted

Date:

Whom: