



TEMPORARY MASS GATHERING PERMIT APPLICATION

Environmental Health Services Division

Date Received
Date Fees Paid
Receipt #
Amount Paid

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

EVENT INFORMATION

City 4th of July
 NAME OF EVENT
 123 Park Street
 PHYSICAL ADDRESS OF EVENT
 Anytown UT 84XXX
 CITY STATE ZIP

City Park
 LOCATION OF EVENT
 July 2 - July 4, 20XX
 DATES OF OPERATION
 HOURS OF OPERATION

DESCRIPTION OF EVENT

Annual 4th of July celebration to include a parade, 5K, live concert, games, and food.

1300
 EXPECTED PEAK CROWD
 3
 EST. HOURS STAY PER DAY
 12,000
 TOTAL NUMBER EXPECTED
 4,000
 PER DAY

TYPE (CIVIC, CONCERT, FAIR, MARKET, PARADE, WALK/RUN, ETC.)

OPERATOR INFORMATION

John Q. Owner
 NAME OF OPERATOR
 246 Celebration Circle
 STREET/PO BOX OF OPERATOR
 Anywhere UT 84XXX
 CITY STATE ZIP

801-555-1234
 PHONE NUMBER(S) OF OPERATOR
 JQO2015@email.com
 FAX, EMAIL(S) OF OPERATOR
 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.

T. B. Mann
 PERSON-IN-CHARGE (PIC)
 Ima Boss
 PERSON-IN-CHARGE (PIC)
 PERSON-IN-CHARGE (PIC)

801-555-2468
 PHONE NUMBER(S, EMAIL) OF PIC
 801-555-1357
 PHONE NUMBER(S, EMAIL) OF 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
 STREET/PO BOX OF PROPERTY OWNER
 CITY STATE ZIP

PHONE NUMBER(S, FAX, EMAIL) OF PROPERTY OWNER
 PHONE NUMBER(S, FAX, EMAIL) OF PROPERTY OWNER
 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? 1

Number of Licensed or Certified Staff Proposed? 2

SAFE DRINKING WATER REQUIREMENTS

From where will the drinking water be obtained?

Culinary water from XYZ restaurant. Water containers will be filled with water from the drinking water fill station tap in the servers area.

5 water fountains are located in various areas of the park.

FREE DRINKING WATER STATION INFORMATION

How many Free Drinking Water Stations will be present? 10

FOOD SERVICE REQUIREMENTS

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

Who will assure that all food vendors obtain the required permits? John Q. Owner

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: 4 Portable: 2

TOILET REQUIREMENTS:

How many portable toilet banks are proposed? 6

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

Permanent toilets available?

<u>3</u>	<u>3</u>	<u>2</u>
MEN	WOMEN	ADA

Portable toilets available?

<u>2</u>	<u>3</u>	<u>1</u>
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:

- o Immediately contact the health department to report any changes in the information listed on this application;
- o 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.

John Q. Owner

PRINTED NAME OF APPLICANT

04/23/20XX

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:

Emergency Medical Service
Agency Contacted

Date:

Whom:

Applicant Contacted

Local Law Enforcement
Agency Contacted

Date:

Whom:

Date:

Local Political Jurisdiction
Contacted

Date:

Whom:

Whom:

Permanent Power Sources
(Indicated by Yellow Dots)

Water Fountains
(Indicated by Blue Dots)

**Directional Information/
Operations Headquarters**

Food Vendors

Waste Water Station

**Ticket Booths
("Entrances")**

**Solid Waste
Receptacles
(Indicated by
Red Dots)**

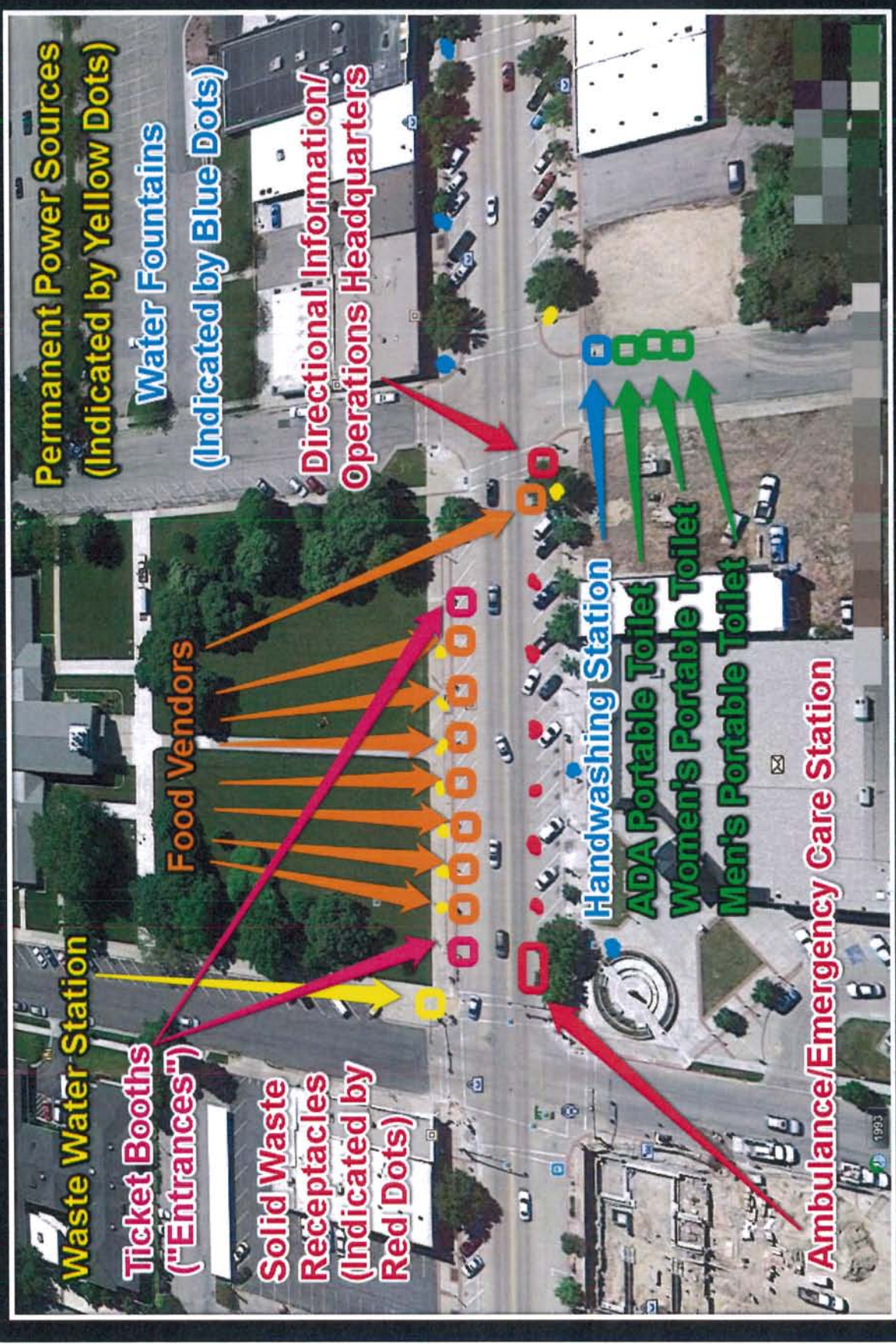
Handwashing Station

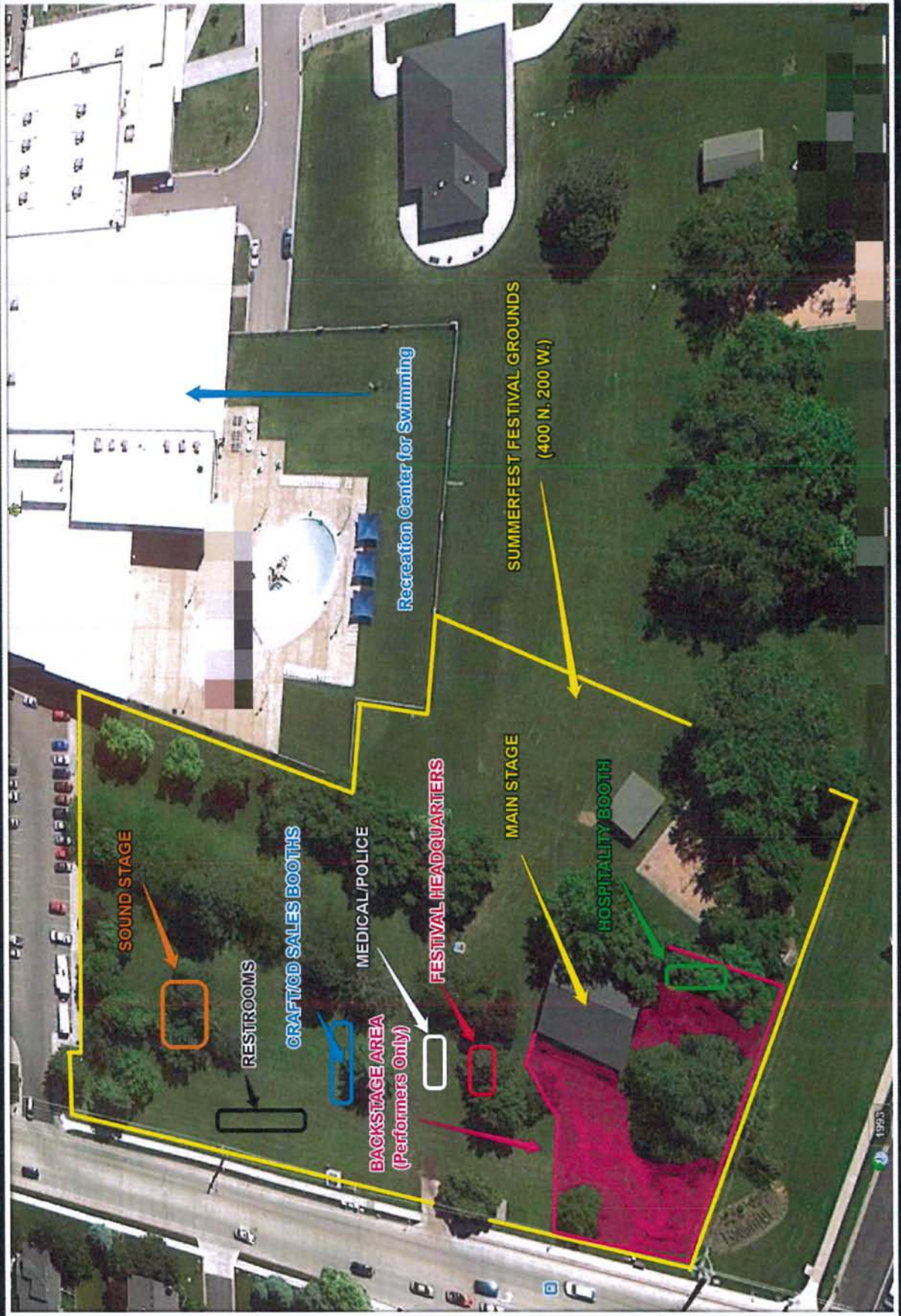
ADA Portable Toilet

Women's Portable Toilet

Men's Portable Toilet

Ambulance/Emergency Care Station





Recreation Center for Swimming

SUMMERFEST FESTIVAL GROUNDS
(400 N. 200 W.)

SOUND STAGE

RESTROOMS

CRAFTED SALES BOOTHS

MEDICAL/POLICE

BACKSTAGE AREA
(Performers Only)

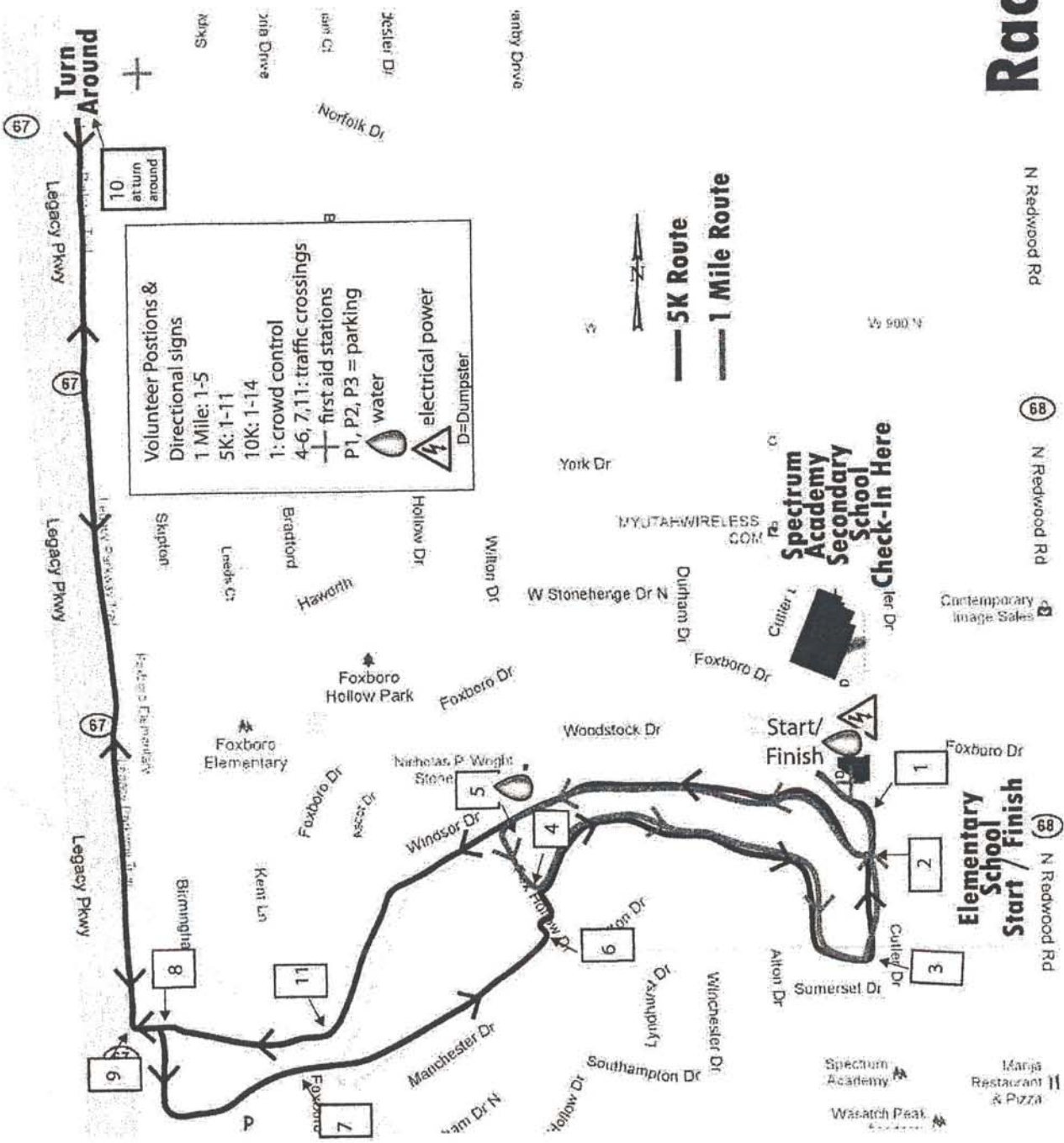
FESTIVAL HEADQUARTERS

MAIN STAGE

HOSPITALITY BOOTH

1993

Race Map



Race Map

CONTRACTORS INFORMATION SHEET (COPY AS NEEDED)

Portable Toilet Co.

NAME OF CONTRACTOR

1020 Next Street

STREET/PO BOX

Newtown

UT

84XXX

CITY

STATE

ZIP

PURPOSE AND DUTIES OF CONTRACTOR:

- MEDICAL CARE PROVIDER
- WATER HAULER
- DRINKING WATER STATIONS
- VENDOR WASTEWATER MANAGEMENT
- WASTEWATER MANAGEMENT
- HANDWASHING STATION MAINTENANCE
- TOILET MAINTENANCE
- PORTABLE TOILET MAINTENANCE
- WASTEWATER HAULER
- SOLID WASTE
- SITE MAINTENANCE
- OTHER

Joe Smith

NAME OF CONTRACTOR'S CONTACT PERSON

801-555-9876 portapots@gmail.com

PHONE NUMBER(S, EMAIL) OF CONTRACTOR

ADDITIONAL INFORMATION

NAME OF CONTRACTOR

STREET/PO BOX

CITY

STATE

ZIP

PURPOSE AND DUTIES OF CONTRACTOR:

- MEDICAL CARE PROVIDER
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- WASTEWATER MANAGEMENT
- HANDWASHING STATION MAINTENANCE
- TOILET MAINTENANCE
- PORTABLE TOILET MAINTENANCE
- WASTEWATER HAULER
- SOLID WASTE
- SITE MAINTENANCE
- OTHER

NAME OF CONTRACTOR'S CONTACT PERSON

PHONE NUMBER(S, EMAIL) OF CONTRACTOR

ADDITIONAL INFORMATION

NAME OF CONTRACTOR

STREET/PO BOX

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ZIP

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- WASTEWATER HAULER
- SOLID WASTE
- SITE MAINTENANCE
- OTHER

NAME OF CONTRACTOR'S CONTACT PERSON

PHONE NUMBER(S, EMAIL) OF CONTRACTOR

ADDITIONAL INFORMATION

FOOD VENDOR INFORMATION SHEET (COPY AS NEEDED)

Bar-B-Que

OPERATING (BOOTH) NAME OF VENDOR

ADDITIONAL INFORMATION

PROPOSED FOODS TO BE SERVED BY VENDOR

BBQ Pork, Buns, Corn on the Cob, Fries

Barb E. Cue

NAME OF VENDOR'S CONTACT PERSON

385-555-2468 bbqsauce@hotmail.com

PHONE NUMBER(S, EMAIL) OF VENDOR

Ice Shack

OPERATING (BOOTH) NAME OF VENDOR

ADDITIONAL INFORMATION

PROPOSED FOODS TO BE SERVED BY VENDOR

Shaved Ice, Sugar Water flavors, Cotton Candy

I. C. Shaq

NAME OF VENDOR'S CONTACT PERSON

435-555-1359 snowman@gmail.com

PHONE NUMBER(S, EMAIL) OF VENDOR

OPERATING (BOOTH) NAME OF VENDOR

NAME OF VENDOR'S CONTACT PERSON

ADDITIONAL INFORMATION

PROPOSED FOODS TO BE SERVED BY VENDOR

PHONE NUMBER(S, EMAIL) OF VENDOR

OPERATING (BOOTH) NAME OF VENDOR

NAME OF VENDOR'S CONTACT PERSON

ADDITIONAL INFORMATION

PROPOSED FOODS TO BE SERVED BY VENDOR

PHONE NUMBER(S, EMAIL) OF VENDOR

OPERATING (BOOTH) NAME OF VENDOR

NAME OF VENDOR'S CONTACT PERSON

ADDITIONAL INFORMATION

PROPOSED FOODS TO BE SERVED BY VENDOR

PHONE NUMBER(S, EMAIL) OF VENDOR

OPERATING (BOOTH) NAME OF VENDOR

NAME OF VENDOR'S CONTACT PERSON

ADDITIONAL INFORMATION

PROPOSED FOODS TO BE SERVED BY VENDOR

PHONE NUMBER(S, EMAIL) OF VENDOR