

Temporary Mass Gathering Permit Application

Physical Address: 22 South State Street, Clearfield, UT 84015 Mailing Address: P.O. Box 618, Farmington, UT 84025 Email Address: DCEnvHealth@daviscountyutah.gov Phone: 801-525-5128, Fax: 801-525-5119

Event Information			
Event Name:	Event Location:		
Physical Address of Event:	City/State/Zip:		
Dates of Operation:	Hours of Operation:		
Description of Event:			
Type (Civic, Concert, Fair, Market, Parade, Walk/Run, E	itc):		
Expected Peak Crowd:	Est. Hours of Stay per Day:		
Total Number Expected:	Per Day:		
Operator Information			
Name of Operator:	Operator Phone Number:		
Operator Address:	City/State/Zip:		
Additional Information:			
Person in Charge Information			
Person in Charge:	Phone Number or Email:		
Person in Charge:	Phone Number or Email:		
Person in Charge:	Phone Number or Email:		
Property Owner Information			
Is the property owner different than the operator? $\ \square$!	No. ☐ Yes. If yes, fill in the information	on below.	
roperty Owner Name: Phone Number:			
Property Owner Address: City/State/Zip:			
Email Address:			
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).			
Permit Approval (Office Use Only)			
☐ Applicant Contacted W	/hom:	Date:	
☐ Emergency Medical Service Agency Contacted W	/hom:	Date:	
□ Local Law Enforcement Agency Contacted W	/hom:	Date:	
☐ Local Political Jurisdiction Contacted W	/hom:	Date:	

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? \square Yes. \square No. 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? □ Yes. □ No. 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? ☐ Yes. ☐ No. 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? ☐ Yes. ☐ No. 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? ☐ Yes. ☐ No. 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 <i>Utah Administrative Code R392-400 Temporary Mass Gathering Sanitation</i> 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 Davis County 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. 		
A Department representative must be provided access to the regulated premises upon providing identification. A permit is not transferable and the Davis County Health Department must be notified prior to making any changes or modifications to the approved facility, operations, or permit information. Failure to comply with the applicable rules and regulations may result in the suspension or revocation of the permit. I hereby certify that all the information provided in the application is correct and I understand and agree to the conditions of this permit.		
Printed Name of Applicant:		
Signature of Applicant: Date:		
Notes		