



PO Box 128
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www.summitcountyhealth.org

Temporary Mass Gathering Permit Application

Applicant's Name: _____ Date: _____

Applicant's Address: _____ Phone: _____

_____ Fax: _____

Event Name: _____

Please provide the following information:

1. Number of people expected to attend the gathering: _____

2. Description of the type of gathering to be held: _____

3. Dates and times the gathering will be held: _____

4. Estimated length of stay of attendees: _____

5. Name of property owner: _____

Address of property owner: _____

Phone/Fax # of property owner: _____

6. Name of the solid and liquid waste haulers contracted: _____

7. Emergency medical services (EMS) operational plan must be approved by local emergency medical services and attached with this application.

8. Location of the gathering: _____

9. Attach a site plan delineating the area where the gathering is to be held including:

a. Parking area available for patrons

b. Location of entrance, exit, and interior roadways and walks

- c. Location, type, and provider of restroom facilities
- d. Location and description of water stations
- e. Location and number of food stands, and the types of food to be served if known
 - 1. Food vendors must contact the Health Dept. for Temporary Food Service Permits
- f. Location, number, type, and provider of solid waste containers
- g. Location of operator's headquarters at the gathering
- h. Plan to provide lighting adequate to ensure the comfort and safety of attendees and staff
- i. Location of all parking areas designated for the gathering and under the operator's control

10. Attach plans of the following:

- a. Site clean up plan after the gathering
- b. Plan for directional and exit signs
- c. Plan developed by operator to address nuisances or health hazards associated with animals present at the gathering
- d. Plans to address hazardous conditions as required in Section R392-400-13. This is a contingency plan for dangerous conditions during the gathering. Plans include evacuation, cancellation, or delay of the gathering and provisions for support facilities.

Applicant's signature _____ Date _____

Fee will be determined after review of application

Application Fee: _____ Inspection Fee (\$50/hour): _____

Approved by _____ Date _____

**Please fax application and EMS Operational Plan to
Leslie Freeman, 435-615-3926.
Call Leslie at 435-615-3918 to confirm receipt of fax.**