

Temporary Mass Gathering Permit Application

Applicant's Name:		Date:	
Email	I Address:		
Applicant's Address:		Phone:	
		Fax:	
Event	t Name:		
<u>Please</u>	se provide the following information: (use additional	pages as necessary)	
1.	. Number of people expected to attend the gathering	g	
2.			
3.	. Dates and times of the gathering:		
4.			
5.			
6.			
7.			
1. 2. 3. 4. 5. 6.	 a provide the following information: (use additional pages as necessary) Number of people expected to attend the gathering:		

8. Emergency medical services operational plan must be approved and emailed by local emergency medical services to CUPHD: <u>etlarsen@utah.gov</u>

- 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, number, and provider of restroom facilities
 - d. Location and description of water stations
 - e. Location and number of food stands and types of food to be served
 - 1. Food Vendors must contact CUPHD for Temporary Food Service Permits
 - f. Location, type, number, and provider of solid waste containers
 - g. Location of operator's headquarters at 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
 - j. Location of all camping 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:
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Approved By: _____

Date: _____

Please submit Application for Approval to:

Central Utah Public Health Department Attn: Eric Larsen, Environmental Health Director 70 Westview Drive Richfield, UT 84701