

WEBER-MORGAN DISTRICT HEALTH DEPARTMENT

477 23rd Street, OGDEN, UTAH 84401

TELEPHONE: (801) 399-7160

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**APPLICATION FOR PERMIT TO OPERATE A
TEMPORARY MASS GATHERING**

Plan Review Fee (\$132/2 hours + \$66/hr after)

Paid: _____

Inspections \$66/hr; \$99 after hours, weekends & holidays Paid: _____

SPONSOR, OR NAME OF GATHERING _____

TYPE OF ACTIVITY _____

GATHERING OPERATOR: NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

OPERATORS DESIGNEES NAMES: _____

PROPERTY OWNER: NAME: _____

ADDRESS: _____

PHONE: _____

TOTAL NUMBER OF PEOPLE EXPECTED: _____

DATES OF OPERATION _____ **HOURS OF OPERATION** _____

ESTIMATED LENGTH OF STAY OF ATTENDEES: _____ **HOURS PER DAY**

LOCATION OF GATHERING _____

NAME OF COMPANY CONTRACTED FOR SOLID WASTE: _____

NAME OF COMPANY CONTRACTED FOR LIQUID WASTE: _____

OPERATOR'S SIGNATURE _____

The following attachments must accompany the application for permit to operate a temporary mass gathering prior to approval.

- I. A site map of the gathering to show the following information.
 - a) total area to be impacted by the event and adjoining properties
 - b) parking area for the patrons
 - c) location of entrance, exit and interior walk-ways and roads
 - d) location of the restrooms
 - e) location of drinking water stations
 - f) location of hand washing stations
 - g) location of food stands and types of food to be served
(Temporary Food Service Permits are required)
 - h) location of containers
 - i) location of headquarters
 - j) location of First Aid Stations
- II. A plan to provide lighting of the event if it carries on after sunset.
- III. A site clean-up plan for during and after the event.
- IV. A plan to show directional and exit signs.
- V. A plan of how the operator will deal with nuisance or health hazards associated with animals present at the gathering.
- VI. A plan to address hazardous conditions as required in R392-400-13.
- VII. A copy of a plan approved by the Emergency Medical Services agency director.

REQUIREMENTS FOR THE FOLLOWING ITEMS WILL ALL BE DETERMINED AFTER REVIEW OF THE COMPLETED APPLICATION;

- a) porta johns
- b) hand washing stations
- c) First Aid Stations
- d) garbage can containers
- e) number of certified First Aid personnel
- f) fees