

TEMPORARY MASS GATHERING APPLICATION

Please fill out form completely.

Name of Event: _____

Date of Event: _____

Time of Event: _____

Location of Gathering: _____

Sponsor of Organization – Name: _____

Address: _____

(Please include street address, city, state, and zip code)

Phone Numbers: _____

Fax Number: _____

Utah Administrative Code R392-400-6 for Temporary Mass Gatherings

Include a site plan (map or sketch) indicating the location of the following features:

- (a) The total area to be used for the temporary mass gathering;
- (b) Entrance, exit, and interior roadways; (name, address, phone or fax number of property owner if applicable)
- (c) Name, address, telephone numbers, and fax numbers (if applicable) of property owners.
- (d) Locations, number, design and type of toilet facilities, handwashing facilities, plumbing fixtures, and wastewater disposal devices.
- (e) Solid waste storage, collection and disposal facilities.
- (f) Medical and first-aid facilities;
- (g) Police and fire protection facilities;
- (h) Proposed Food Service Operations.

Estimated number of people expected and their length of stay: _____

Permission for use by property owner: _____

R392-400-15 Water Supply

State how water will be provided at the event:

Source: _____

Transporting: _____

Dispensing: _____

R392-400-16 Wastewater Disposal

Where will wastewater be discharged? _____

Liquid Scavenger Service provided by: _____

Phone# _____

R392-400-6 Toilet Facilities

Permanent and/or temporary sanitary facilities must be available at the mass gathering events. Call this office for recommended number of total units. (Need number of toilets and urinals, not just number of restrooms.) Suppliers of portable sanitary units should be contacted if permanent facilities do not exist or if your event is too large for existing facilities.

Name of Portable Toilet Supplier: _____

Address: _____

Phone # _____

Permanent # of Women's: _____

Permanent # of Men's: _____

of Portable (unisex) units: _____

of handsinks (permanent plus temporary): _____

R392-400-11 Operation and Maintenance

The operator is responsible for the maintenance of the site and facilities. Operator shall provide responsible supervision of the maintenance and sanitary condition of the site and facilities. The operator shall immediately take steps to cause the abatement of any nuisance or unsanitary condition that may develop.

How will unsafe areas be marked? _____

How will the location of sanitary facilities be identified? _____

How will overnight camping areas be identified? _____

R392-400-12 Medical Facilities

At least one Emergency Medical Technician is required to be on duty at all times.

Your E.M.T.'S will be: _____

Agent: _____

R392-400-14 Food Service

Will food be served? Yes or No (circle one)

Temporary event food service to the public requires a separate permit. You must contact TriCounty Health Department at (435) 781-5473 for Uintah County or (435) 722-5085 for Duchesne County.

Number of booths at event: _____

Describe food that will be available: _____

R392-400-10 Solid Waste

Who is responsible for solid waste disposal? _____

How often will solid waste containers be emptied? _____

Where will solid waste be permanently disposed of? _____

R392-400-17 Penalty

Any person who violates any provision of this rule may be assessed a penalty not to exceed the sum of \$5,000 per day or be punished for violation of a class B misdemeanor for the first violation.

Please submit check for \$50.00 payable to TriCounty Health Department.

Event Applicant's Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Applicant's Signature: _____

Revised 4/19/01 ca