

Wasatch County Health Department  
Temporary Mass Gathering Application

Date: \_\_\_\_\_

Event Operator Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Title Of Event: \_\_\_\_\_

Date(s) of event: \_\_\_\_\_ Hours of operation: \_\_\_\_\_

Number of people expected to attend (include participants, spectators, and staff): \_\_\_\_\_

Estimated Length of stay (hours/day): \_\_\_\_\_

Solid waste hauler: \_\_\_\_\_ Phone: \_\_\_\_\_

Liquid waste hauler: \_\_\_\_\_ Phone: \_\_\_\_\_

Culinary Water Source: \_\_\_\_\_

Please submit the following plans:

Scaled Site plan (1" = 50' or better) which includes the following:

- |   |  |
|---|--|
| <input type="checkbox"/> All parking areas  | <input type="checkbox"/> Entrance, exit, interior roads and walkways |
| <input type="checkbox"/> Location, number, description of water stations  | <input type="checkbox"/> Location, number, type of food stands       |
| <input type="checkbox"/> Location of operator's headquarters  |  |
| <input type="checkbox"/> Location, number, type, of restroom facilities   |  |
| <input type="checkbox"/> Location, number, type, provider of solid waste containers   |  |
| <input type="checkbox"/> Location of first aid station(s) and other emergency medical resources   |  |
| <input type="checkbox"/> Lighting plan to ensure comfort and safety   | <input type="checkbox"/> Site clean-up plan for after the event      |
| <input type="checkbox"/> A plan for directional and exit signs  | <input type="checkbox"/> Hazardous conditions plan                   |
| <input type="checkbox"/> A plan to address animals, if any, at the event  |  |
| <input type="checkbox"/> Emergency medical services plan approved by the local licensed EMS director including qualifications of first aid station personnel.<br>(Clair Provost - 435-654-9728) |  |

In consideration of the granting of a permit, I hereby agree to each of the following conditions and specifically waive all objection thereto.

1. Prior to operation of the event, the premises shall be inspected by the Wasatch County Health Department.
2. All operations pursuant to said permit will be conducted and maintained in accordance with all relevant health statutes, ordinances, and regulations.
3. During the term of said permit, I and my employees will allow the Wasatch County Health Department inspectors access to the premises during normal working hours to conduct such inspections as may be necessary to guarantee compliance with health codes and this application. I specifically waive any right to demand the issuance of a search warrant or other investigative order prior to conducting such inspections.

I understand and agree that violation of this application agreement may result in suspension, termination, or non-renewal of said permit.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_