

SOUTHWEST UTAH PUBLIC HEALTH DEPARTMENT

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**APPLICATION FOR TEMPORARY MASS GATHERINGS**

Date \_\_\_\_\_

*Number of people attending* \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Type of gathering to be held \_\_\_\_\_

Date and time event will be held \_\_\_\_\_

Estimated length of stay of attendees \_\_\_\_\_

Property Owner \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

City State Zip

*Please submit a site plan delineating the area where the gathering is to be held including the following:*

- \_\_\_\_\_ the parking area available for patrons;
- \_\_\_\_\_ location of entrance, exit, and interior roadways and walks;
- \_\_\_\_\_ location, type, and provider of restroom facilities;
- \_\_\_\_\_ location and description of water stations;
- \_\_\_\_\_ location and number of food stands, and the types of food to be served if known;
- \_\_\_\_\_ location, number, type, and provider of solid waste containers;
- \_\_\_\_\_ location of operator's headquarters at the gathering;
- \_\_\_\_\_ a plan to provide lighting adequate to ensure the comfort and safety of attendees & staff;
- \_\_\_\_\_ location of all parking areas designated for the gathering and under the operator's control

Solid & Liquid waste hauler \_\_\_\_\_

Number and qualifications of First-Aid Station personnel \_\_\_\_\_

*Please submit a site clean-up plan for after the gathering, a plan developed by the operator to address nuisances of health hazards associated with animals present at the gathering, and emergency medical services operations plan approved by the local licensed emergency medical services agency director, including the location of all first aid stations and emergency medical resources;*