



TOOELE COUNTY HEALTH DEPARTMENT
151 North Main - Tooele, Utah 84074
Phone (435) 277-2440 Fax (435) 277-2444

APPLICATION FOR MASS GATHERING PERMIT

Mass Gathering Permit Application \$50.00
Mass Gathering Permit (500 to 1,999 people) \$100.00/day
Mass Gathering Permit (2,000+ people) \$200.00/day

Event Coordinators Name \_\_\_\_\_

Address of Coordinator \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Description of Gathering \_\_\_\_\_

Location of Gathering \_\_\_\_\_

Dates & Times of Gathering \_\_\_\_\_

Purpose of Gathering \_\_\_\_\_

Number of People Expected to Attend Gathering \_\_\_\_\_

Peak Number of People Expected \_\_\_\_\_

Estimated Length of Stay of Attendees: \_\_\_\_\_

Name of Property Owner \_\_\_\_\_

Address of Property Owner \_\_\_\_\_

Telephone Number of Property Owner \_\_\_\_\_ Fax Number \_\_\_\_\_

Site Clean Up Plan \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Plan for Directional & Exit Signs \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Application must be submitted at least 15 days prior to first advertisement of the gathering and at least 30 days prior to the first day of the gathering.

Plan to Address Nuisances or Health Hazards Associated with Animals Present at the Gathering:

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Plan to address hazardous conditions, including but not limited to evacuation, cancellation or delay of the gathering and provisions for support facilities

Name of Solid Waste Haulers \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Liquid Waste Haulers \_\_\_\_\_ Phone #: \_\_\_\_\_

Total Number of Emergency Medical Personnel & Qualifications \_\_\_\_\_

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**\* Submit a site plan delineating the area where the gathering is to be held, including the following:**

1. the parking area available for patrons;
2. location of entrance, exit, and interior roadways and walks;
3. location of all first aid stations and emergency medical resources;
4. location, type and provider of restroom facilities;
5. location and description of water stations;
6. location and number of food stands, and the types of food to be served if known;
7. location, number, type and provider of solid waste containers;
8. location of operator=s headquarters at the gathering;
9. a plan to provide lighting adequate to ensure the comfort and safety of attendees and staff;
10. location of all parking areas designated for the gathering and under the operator ' s control;
11. provisions for allowing health inspectors onsite

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

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**For Health Department Use Only**

Fee Paid: \_\_\_\_\_ Permit Number: \_\_\_\_\_

**MASS GATHERING CHECKLIST**

- \_\_\_\_\_ Application
- \_\_\_\_\_ Plan Review Fee
- \_\_\_\_\_ Event Permit Fee
- \_\_\_\_\_ Plan for directional and exit signs
- \_\_\_\_\_ Plan to address nuisances or health hazards, including those associated with animals present at the gathering
- \_\_\_\_\_ Number of EMS personnel and qualifications
- \_\_\_\_\_ Site clean up plan
- \_\_\_\_\_ Site plan including the following (additional information may be required by Tooele County Health Department):
  - \_\_\_\_\_ Location
  - \_\_\_\_\_ Parking area available for patrons - parking lots under operator=s control
  - \_\_\_\_\_ Location of entrance, exit and interior roadways and walks
  - \_\_\_\_\_ Location, type and provider of restroom and sanitary facilities
  - \_\_\_\_\_ Location and description of water stations
  - \_\_\_\_\_ Location and number of food stands and the types of food to be served if known (separate permit required for each vendor)
  - \_\_\_\_\_ Location, number, type and provider of solid waste containers
  - \_\_\_\_\_ Location of event gathering coordinators= headquarters at the gathering
  - \_\_\_\_\_ Location of all first aid stations and emergency medical services (must be approved by the EMS agency director)
  - \_\_\_\_\_ Lighting plan
  - \_\_\_\_\_ Access for Health Inspectors

Approved by: \_\_\_\_\_

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