

UTAH COUNTY HEALTH DEPARTMENT 151 S UNIVERSITY AVE, SUITE 2600 PROVO, UT 84601 (801) 851-7525 EH@UTAHCOUNTY.GOV

Temporary Mass Gathering Application

**A temporary mass gathering is defined as reasonably anticipating an assembly of 1,000 or more people, which continues or can reasonably be expected to continue for 2 or more hours a day, at a site or sites for a purpose different from the designed use and usual type of occupancy. If you have ≤999 total attendees, your event will not meet the definition of a mass gathering and is, therefore, exempt from permitting. See the following link for more information R392-400: Temporary Mass Gathering Sanitation Rules

Information About the Event									
Event Name:									
Description of Event:									
Event Address:					City:				
Beginning date of event:				Ending date of event:					
Beginning Hour:		☐ AM	□РМ	Ending Hour:			□ АМ	□ РМ	
Expected Number of Participants		ants:					•	•	
Max Participants During a 2-hour p		our peak:							
Information About the Event Coordinator									
Event Coordinator Name:									
Event Coordinator Phone:									
Event Coordinator Email:									
Event Coordinator Address:									
City:		State:	Zip:						
		Info	rmation Abo	ut Event Property					
Property Owner Name:									
Property Owner Phone:									
Property Owner Email:									
Property Owner Address:									
City:			State:		Z	ip:			
Applicant Signature:									

Applicant Print Name:	Date:							
PDF Attachments								
Temporary Mass Gathering Plan Requirements: ** Please see the following document for Temporary Mass Gathering Plan Check List. Temporary Mass Gathering Plan Check List								
To insert, click and drag document here:								
Overall Site Map with All Included Items: Site Map – (Please include the following on the site map) • Emergency Medical Services • Entrance & Exits • Food Stands • Headquarters • Interior Roads/Walks • Lighting	 Overall Site Map Parking Areas Solid Waste Containers Toilets Water Stations 							
To insert, click and drag document here:								
Plans for Dangerous Conditions: **Please describe procedures in the event of dangerous co To insert, click and drag document here:	onditions (weather, fire, earthquakes):							
Signature Page: ** Please see the following document for signature page. Signature Page								
To insert, click and drag document here:								

For Office Use Only

Reviewed and Approved by:											
Review Date:											
Temporary Mass Gathering Fee Schedule											
Fee Description	Expected Number of Participa	ants	Fee		Total						
Plan Review, Permit & Inspection	# of people 1000-1999	\$290		\$							
Plan Review, Permit & Inspection	ew, Permit & Inspection # of people 2000-Above			\$400							
** Late Fee (Less than 30 days prio		\$									
** Fees for events exceeding 3 days consultation with a health Departm	\$										
	ue	\$									
Payment Received By:	Total Amount Received		\$	\$							
Date of Payment:	☐ Cash	☐ Check			☐ Credit						

Permit #

Approval Code: