



Temporary Mass Gathering Permit Application

Applicant's Name: _____ Date: _____

Email Address: _____

Applicant's Address: _____ Phone: _____

_____ Fax: _____

Event Name: _____

Please provide the following information: (use additional pages as necessary)

1. Number of people expected to attend the gathering: _____

2. Description of the type of gathering to be held: _____

3. Dates and times of the gathering: _____

4. Estimated length of stay of attendees: _____

5. Location of gathering: _____

6. Name of property owner: _____

Address of property owner: _____

Phone of property owner:

Email of property owner: _____

7. Name of the solid and liquid waste haulers contracted for gathering: _____

8. Emergency medical services agency: _____
9. Attach a site plan delineating the area where the gathering is to be held, including:
- a. Parking area available for patrons
 - b. Location of entrance, exit, and interior roadways and walks
 - c. Location, type, number, and provider of restroom facilities
 - d. Location and description of water stations
 - e. Location and number of food stands and types of food to be served
 - 1. **Food Vendors must contact CUHD for Temporary Food Service Permits**
 - f. Location, type, number, and provider of solid waste containers
 - g. Location of operator's headquarters at gathering
 - h. Plan to provide lighting adequate to ensure the comfort and safety of attendees and staff
 - i. Location of all parking areas designated for the gathering and under the operator's control
 - j. Location of all camping areas designated for the gathering and under the operator's control
10. Attach plans of the following:
- a. Site clean up plan after the gathering
 - b. Plan for directional and exit signs
 - c. Plan developed by operator to address nuisances or health hazards associated with animals present at the gathering
 - d. Plans to address hazardous conditions as required in Section R392-400-13. This is a contingency plan for dangerous conditions during the gathering. Plans include evacuation, cancellation or delay of the gathering, and provisions for support facilities.

Applicant's Signature: _____ Date: _____

Office Use Only			
Permit Fees:	<input type="checkbox"/> \$100	Amount Paid: _____	Permit #: _____
Date Received: _____	Received by: _____	Receipt #: _____	
Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check #: _____ <input type="checkbox"/> Credit Card			

