

Belmont County Health Department Temporary Mass Gathering



Permit Application

Application must be submitted at least 30 days prior to the first day of the gathering to avoid a late fee. Permit fees are not refundable. Permits are non-transferable. Applications received less than 30 days prior to the event will be assessed a late fee of \$50.00.

Temporary Mass Gathering Information

Gathering Name \_\_\_\_\_

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

Dates of Operation: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Type of Gathering: \_\_\_\_\_

Total number of attendees expected for the gathering: \_\_\_\_\_ Per day: \_\_\_\_\_

Estimated length of stay of the peak crowd? \_\_\_\_\_ (hours per day)

Gathering Operator Contact Information:

Name: \_\_\_\_\_

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

Phone Number (daytime) \_\_\_\_\_ Phone Number (during event) \_\_\_\_\_

Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

List any additional operator contacts and phone numbers (daytime and during event)

\_\_\_\_\_  
\_\_\_\_\_

Property Owner Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Application Fee**

**A fee will be assed and invoiced, per the following schedule.  
No permits will be issued until payment has been received and paid in full.**

**Fees: Non-Profit**      \$ 50.00    EIN# \_\_\_\_\_  
**For Profit**         \$300.00

Late submission fee (within 30 days of event) \$ 50.00

**Site Maintenance**

Who will be responsible to ensure any buildings or structures to be used on the gathering site are safe, clean, in good repair, and verminfree? \_\_\_\_\_

Does the site have surface drainage issues? Y N If yes, briefly explain how flooding will be prevented.

\_\_\_\_\_

How will entrances, exits, restrooms, drinking water outlets, and the operator's headquarters be identified for gathering attendees? \_\_\_\_\_

\_\_\_\_\_

Will the gathering be held before or after daylight hours? Y or N If yes, please provide a plan for additional lighting. \_\_\_\_\_

\_\_\_\_\_

How will nuisances, health hazards, or insanitary conditions that develop during the gathering be handled?

\_\_\_\_\_

\_\_\_\_\_

**Water Supply**

**The water supply shall be designed, constructed, operated and maintained in accordance with the requirements of the Ohio Environmental Protection Agency.**

What is the source of the water to be used during the gathering? Well \_\_\_Hauled Water\_\_\_ County\_\_\_

Well - Submit documentation that the well has been approved by the Ohio EPA, and submit documentation that the well has been tested for coliform bacteria with this application.

Hauled Water - Name of the licensed water hauler: \_\_\_\_\_

Name of the approved water source where the hauler will obtain water: \_\_\_\_\_

Number of drinking outlets for the gathering: \_\_\_\_\_

Location of drinking outlets: \_\_\_\_\_  
\_\_\_\_\_

**Waste Water Disposal**

What will be the method of disposing of waste water during the gathering?

Sanitary Sewer **Y** or **N** (sanitary sewer must be installed on the property of the gathering) \_\_\_\_\_

Licensed Septage Hauler **Y** or **N** Hauler's name: \_\_\_\_\_

(Septage hauler must be registered by the Belmont County Health Department)

Where will the septage hauler dispose of the septage? \_\_\_\_\_

How many permanent restrooms are available? Men \_\_\_\_\_ Women \_\_\_\_\_ ADA \_\_\_\_\_

How many portable toilets will be available? Men \_\_\_\_\_ Women \_\_\_\_\_ ADA \_\_\_\_\_

Please see the suggested amount for a gathering.

How many hand wash stations are planned for the portable toilets? \_\_\_\_\_

Who will be responsible to maintain toilet paper, paper towels, and soap in the restrooms?  
\_\_\_\_\_

Who will be responsible for maintaining clean, sanitary conditions at the toilets and hand wash stations? ....

**Solid Waste Management**

Company contracted for solid waste: \_\_\_\_\_ Phone Number \_\_\_\_\_

List the number and type of waste containers to be provided: \_\_\_\_\_

Who will be responsible to ensure that the waste containers are in proper locations and that the containers are emptied as needed during the gathering?  
\_\_\_\_\_

**Food Service**

**Food service operations shall be in compliance with Chapter 3717-1 of the Ohio Administrative Code**

How many food booths are planned? \_\_\_\_\_ Please attach a list of expected food vendors. Name of  
food service coordinator: \_\_\_\_\_ Phone number:  
\_\_\_\_\_ Phone number during the event \_\_\_\_\_

**Camping**

**Recreational Vehicle Parks, Combined Parks-Camps and Temporary Park-Camps shall be in compliance with Chapter 3701-26 of the Ohio Administrative Code.**

**Hazardous Conditions**

What contingency plan is in place for dangerous conditions that may arise during the gathering  
(tripping hazards, weather, evacuation, cancellation or delay of the gathering, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Medical Services and Law Enforcement**

**A written agreement from the local emergency medical services and local law enforcement is required for the event to notify the agencies in the area of the temporary mass gathering.**

**Site Map**

Please attach a map of the gathering location with the following detailed information:

- 1. The total area to be used for the temporary mass gathering;
- 2. Entrance, exit and interior roadways;

3. Method and plan for drainage of surface and storm water if applicable;
4. Location and design of service buildings;
5. Location, number, design, and type of toilet facilities, plumbing fixtures, waste water receptacles, and disposal devices;
6. Solid waste storage and collection facilities;
7. Insect, rodent, and noxious weed control;
8. Location, number and design of any drinking water supply;
9. Location and number of food vendors, mobile food service operation, mobile retail food establishment, temporary retail establishment, and temporary food service operation.
10. Location of temporary campgrounds, if applicable;
11. Other facilities that may be needed for the protection of public health.

Please provide locations on the site map attached or attach your own site map, you may overlay your site map from the Belmont County GIS mapping site.

<https://gis.belcogis.com/portal/apps/webappviewer/index.html?id=a301ef5c48204d43a13851d112f4757a>

I affirm that the information I have given in this document and its attachment are correct .

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Site Plan Map**

(Shall be provided with application)

How many portable restroom rentals do I need for my guests or patrons in attendance?

Duration of Event

SITES	MEN -Urinals	MEN - Toilets	WOMEN - Toilets
5-15	0	1	1
16-30	1	1	2
31-60	1	2	3
61-90	2	2	4
91-120	2	3	5
121-150	3	3	6
151-200	4	4	8
201-300	5	5	10
301-400	6	6	12
401-500	7	7	14
501 - Up	Add 1 per 200	Add 1 per 200	Add 2 per 200

Note: Toilet facilities in a campground shall be in compliance with OAC 3701-26 Campground Rules

**Sign Off/Signature Page**

With the contact person and phone number who are responsible for the event.

**Law Enforcement responsible for jurisdiction**

\_\_\_\_\_  
Jurisdiction Officials Name

\_\_\_\_\_  
Date Signature

Phone # \_\_\_\_\_

Plan Approved Yes No Restrictions Yes No

**EMS/Fire Department responsible for jurisdiction**

\_\_\_\_\_  
Jurisdiction Officials Name

\_\_\_\_\_  
Date Signature

Phone # \_\_\_\_\_

Plan Approved Yes No Restrictions Yes No

**Belmont County EMA**

**Belmont County**  
\_\_\_\_\_  
Jurisdiction Officials Name

\_\_\_\_\_  
Date Signature

Phone # \_\_\_\_\_

Plan Approved Yes No Restrictions Yes No

**Belmont County Health Department**

**Belmont County**  
\_\_\_\_\_  
Jurisdiction Officials Name

\_\_\_\_\_  
Date Signature

Phone # \_\_\_\_\_

Plan Approved Yes No Restrictions Yes No