WEBER COUNTY SPECIAL EVENT APPLICATION AND PERMIT

In Accordance with Title 38 of the Weber County Ordinances Adopted on March 19, 2013

1. Name of applicant: Ogden Valley Balloon and Artist Festival

Mailing address:

P.O. Box 534 Eden, UT 84310

Phone number:

801-564-9809

Type and description of event: Balloon and Artist Festival

3. Name of sponsoring/promoting entity: Ogden Valley Balloon and Artist Festival

Contact person:

Terry Murphy

Address:

P.O. Box 534 Eden, UT 84310

Phone number: 801-564-9809

Dates of event:

August 17 - 19 2018

Beginning time for each date: 7:00 am

Ending time for each date:

10:00 pm Friday, Saturday Noon, Sunday 21st

- 5. All of the provisions outlined in Weber County ordinance Title 20 have been complied with as specified below.
 - a. Address & Legal Description of Property where Assembly is to be held:

Eden Park 2100 N 5600 E, Eden, UT 84310

b. Proof of Ownership on which Assembly is to be held:

Eden Park.

c. Nature & Purpose of Assembly:

Ogden Valley Balloon and Artist Festival

d. Plans for Limiting Attendance:

none - open to all

e. Plans for Fencing and Gates:

none - open to all - Barricades to block cars from Parking on road side

f. Plans for Supplying potable Water including Source and Location of Outlets:

4 stations, coolers with bottled water

g. Plans for Providing Toilet Facilities

18 restrooms on site

h. Plans for Garbage Disposal:

Econo Waste - 10 trash cans, 1 walk in

Revised: 2013-03-21

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1 first aid station, fire station across the street

j. Plans for Illuminating Location:

4 lights trailers form Weber county

k. Plans for Parking:

off site with shuttle from Snowcrest JH and Powder Mountain, limited on site

I. Plans for Telephone Services:

none

m. Plans for Camping Facilities:

none

n. Security Plans:

1 night guard

o. Fire Protection Plans:

fire station across the street

p. Plans for Food Concessions including License and Permit Numbers: Vendors will comply with weber co Health dep.

q. Estimated number of Staff:

50-75 volunteers + stoard members

r. Estimated number of Participants:

10000 - 15000 over all three days

s. Admission fee, donation or consideration:

free

t. Plans for Advertising Signs:

Banners on stage

u. Proof of Insurance (when required):

Provided by Schantz agency

6. Application for special event permit shall be Fifty Dollars (\$50.00) non-refundable. Other fee's which may be added: Sheriff Fee: Health Department Fee: 7. Applicant hereby agrees to comply with all Federal, State, and County laws, ordinances, and regulations before, during and after the event. 8. Applicant hereby agrees to indemnify and save harmless Weber County, its officers, agents, and employees from and against any and all claims resulting from the use of the premises by the Applicant, the Applicant's invitees, licensees, agents and employees. 9. Applicant agrees to permit law enforcement personnel the free and unrestricted access to and upon the premises at all times during the event for all lawful and proper purposes not inconsistent with the intent of 10. This permit may be revoked upon breach of any of the conditions herein or at the discretion of the authorized officer. 11. This permit is not transferable. Applicant Date: Weber County Sheriff's Office Date: Weber-Morgan Health Department Date:____ Weber Fire District\Emergency Medical Services Date: Weber County Building Inspector Date: Weber County Recreational Services Department Weber County Business Licenses Other Date: ____ Planning & Zoning

v. Will there be any sales of beer or other alcohol: NO

Revised: 2013-03-21

WEBER-MORGAN DISTRICT HEALTH DEPARTMENT 477 23RD STREET, OGDEN, UTAH 84401 TELEPHONE: (801) 399-7160 FAX: (801) 399-7170

Receiv	ed on:	
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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.

Plan Review Fee (\$132/2 hours + \$66/hr after) Paid: Date:
Inspection Fee (\$66/hr; \$99 after hours, weekends & holidays) Paid: Date:
Name of Gathering: Ogden Valley Balloon - Artist Testival Location of Gathering: 2150 Novth 5600 East Eden Ut 84316
Dates of Operation: Aug 17-19-2018 Hours of Operation: 7am-10 pm
Type of Gathering (fair, walk/run, parade, concert, etc.): fair, concert, baoths - hot air balloons
Total number of attendees expected for the gathering:
What is the expected peak crowd size for each day of the gathering?
Estimated length of stay of the peak crowd? 6pm-9pm (hours per day)
Gathering Operator Contact Information:
Name: Temy Murphy
Address: P.O. Box 534 Eden 4 84317
Phone # (daytime) 801-564-9809 Phone # (during event)
E-mail: murphy 2556@ MSN-Com Fax #:
List any additional operator contacts and phone #'s (daytime and during event):
Property Owner information:
Name: Eden Park Board Phone #: 801-510-3210
Mailing address: 2150 North 5500 E Boden Ut 84316
E-mail: NGOON Y MISSION COM Fax#:

A written agreement for services to be provided by law enforcement is required. Please attach.

Emergency Medical Care:

A written agreement from the emergency medical services provider is required. Please attach.
Number of first aid stations to be provided: 2 (One is required, more may be necessary). All first aid stations must be clearly marked and staffed by appropriate personnel.
Will emergency vehicles be present? Y N If yes, list the type of vehicle(s): If an ambulance or fire truck is used as a first aid station, an additional stationary first aid station must be present in the event the vehicles are called off-site.
At least two state-licensed or certified medical providers (18 years or older) shall be present to staff each first aid station. These providers must either be emergency medical technicians, paramedics, nurses, physician's assistants, or medical doctors. How many providers are planned? What are their qualifications?
Briefly explain the types of medical care that will be available at the first aid stations: only first vesponse Medical will be provided
How will privacy to the person receiving care or treatment be provided? <u>use of the bourge</u>
What type of communication equipment will be available for medical providers? All emergency medical services providers shall be provided a map of the gathering showing emergency vehicle ingress/egress routes, landing zones, rendezvous locations, and the location of all first aid stations.
Who will be responsible to ensure that accurate records of patients and treatment are kept, and that the Health Department is notified of cases involving serious injury or a communicable disease? Please include a name and phone number. Terry 56 - 758 - 6139
Food Protection*:
*Each food booth MUST obtain their own temporary food service permit before operating. The cost is \$35 for the first day and \$5 for each additional operating day of the gathering. Permits must be obtained prior to 5 days before the event or a short notice fee will be assessed.
How many food booths are planned? Please attach a list of expected food vendors. Food booths shall not be allowed to set up or operate at the gathering until proper permits are in place.
Name of the food booth coordinator: Terry Murphy
Phone # (daytime): 801-564-9809 Phone # (during event):
List any additional food booth coordinator contacts and phone #'s (daytime and during event):
Will electricity be available? N If yes, list the source (generator, power pole, extension cords, etc.):

Drinking Water:

All drinking water must be from a state-approved safe drinking water supply. Garden hoses or non-food grade hoses and unapproved wells or pumps are not allowed to be used for drinking water.
How many free drinking water stations will be provided? (at least 4 stations are required).
How will the free drinking water be presented to attendees (coolers with cups, bottled, etc.)?
If water in coolers is provided, please detail how the coolers will be cleaned, the source of the water, and how the coolers will be filled? <u>Coclers will be Cleaned and filled</u> In a Commencial Kitchen with Potable water
Who will be responsible to restock the paper cups?
Will there be activities involving water (misters, swimming pools, etc.)? Y N If yes, please list the activities planned and where the water for these activities will come from? (the water must be from an approved safe drinking water supply).
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.)?
Wastewater Disposal: Toilet facilities must be within 300 feet of spectator areas and at least 100 feet away from food service areas.
How many permanent restrooms are available? Men 3 Women 3 ADA 2
How many portable toilets are planned (5% of the total number of toilets must be ADA)? Additional toilet facilities may be required based on the peak crowd size.
Will alcohol be served? YN If yes, the number of toilets must be increased by 40%.
How many hand wash stations are planned for the portable toilets? A hand wash station with running water, soap, and paper towels must be provided adjacent to each bank of portable toilets and at a minimum rate of one hand wash station per 10 portable toilets or portion of 10 portable toilets. Hand sanitizer may not be used in place of a hand wash station.
Who will be responsible to maintain toilet paper, paper towels, and soap in the restrooms? <u>A Company</u>
A waste container must be placed next to each portable hand wash station for paper towel disposal.
Company contracted for liquid waste: A Company
Contact Person:

Site Map:

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

- 1. Total area to be impacted by the gathering and adjoining properties
- 2. Designated parking areas for patrons
- 3. Location of entrance, exit, interior roadways and walkways
- 4. Location of restroom facilities labeled with the type (permanent, portable, ADA)
- 5. Location of drinking water stations labeled with the type (bottled water, coolers with paper cups, permanent drinking fountains, pumps, wells)
- 6. Location of portable hand washing stations
- 7. Location of food stands
- 8. Location of solid waste containers
- 9. Location of operator's headquarters / information booth
- 10. Location of the first aid station. Please note if emergency vehicles will be present and where they will be located.
- 11. Location of permanent structures (buildings, bowery, etc.)

I understand that the Weber-Morgan Health Department may issue a notice of violation to the owner, operator or the operator's designee if the gathering fails to meet the requirements of Utah State Rule R392-400 Temporary Mass Gatherings Sanitation or the conditions of the permit.

I understand that a mass gathering permit may be denied for any of the following reasons:

- Failure of the applicant to show that the gathering will be held or operated in accordance with the requirements and standards or R392-400
- Submission of incorrect, incomplete, or false information in the application
- The gathering will be in violation of law

I understand that a notice of closure of the gathering or part thereof may be issued to the owner, operator, or operator's designee if the conditions of the gathering constitute a serious or imminent health hazard and that a gathering site or part thereof that has been closed may not be used for a gathering until the Weber-Morgan Health Department determines the conditions causing the closure have been abated and written approval is received from the Health Department.

Gathering Ope	rator or Oper	rator's Designee:	Y		
Signature:	TERRY	Murphy	Date:	801-564-9809	