



Requirements for Special Event and Food Service Activities

Dear Applicant,

In an effort to make you aware of Brigham City Corporation and Health Department regulations for Special Event activities in Brigham City, the following information is being provided.

“Temporary Mass Gathering” or “Gathering” where an actual or reasonably anticipated assembly of 500 or more people continues for two or more hours per day, and/or business activities that include the sale of food or beverage **that is not commercially packaged** requires the approval of the Health Department. This shall not include an assembly of people at a location with permanent facilities designed for that specific assembly, unless the designed occupancy levels are exceeded. (See Utah Administrative Code R392-400).

Brigham City requires that you include the Health Department approval for your activity with submittal of your special event, building permit or business license application. The Bear River Health Department is located at 817 West 950 South, Brigham City, Utah and may be reached by calling 435-734-0845. Information required by the Health Department includes the name of the responsible party, contact phone number, mailing address, address of event or business, proof of food handler's permits and detailed plan of the event or business. The plan should include plumbing fixtures for hand washing, food preparation, food storage, cooking facilities, serving method, ect.

A copy of this same information must be included with your application to the City Community Development Department for the approval process.

Please call 435-734-6604 if you have any further questions.

Thank you,
Brigham City Community Development Department

Jared Johnson
Chief Building Official



SPECIAL EVENT PERMIT APPLICATION

Name of Event: _____

Location or Address of Event: _____

Date of Event: _____ Time of Event: _____ *Estimated Attendance: < 500 [] _____ / > 500 [] _____

Description of Event: _____

Set-up Date/Time: _____ Take Down Date/Time: _____

Organization: _____ Nonprofit 501.c3 Tax ID #: _____

Contact Person: _____ Phone: _____

Address: _____ City, State, Zip: _____

Alternate Contact Person: _____ Phone: _____

***Liability Insurance Company:** _____

Address: _____ City, State, Zip: _____

Insurance Contact: _____ Phone: _____

*Health Department Permit #: _____ Food Sales: Yes [] No [] Alcoholic Beverages: Yes [] No []

***Description of assistance requested from Brigham City Departments (Police, Fire, Streets, Parks, etc.):** _____

***NOTES:**

***\$25.00 application fee due upon submittal.**

*A copy of insurance certificate (\$1 million minimum) must be included with this application naming Brigham City Corporation as an additional insured.

*If attendance is estimated to be greater than 500 (> 500), a Mass Gathering permit must be obtained from the Health Department and submitted with this application. If you intend to sell food or beverages that are not commercially packaged, an approval letter from the Health Department must also be submitted with this application. See cover letter for more details.

Date Received: _____ Fee Paid: _____ Receipt #: _____ Approval/Date: _____

FOR OFFICE USE ONLY

DEPARTMENT/DIVISION: RECOMMENDATIONS / COMMENTS / APPROVAL SIGNATURE

Community & Economic Development:
Emergency Services:
Police:
Public Works/Parks:
Public Works/Streets:
Public Works/Water:
Recreation:
Risk Management:
Other Comments/Approvals: