



A permit for large group functions is required by Missoula City-County Health Code, Regulation 2. A copy of the regulation is attached.

APPLICATION FOR LARGE GROUP FUNCTION

Application checklist - Make sure you have provided information on the following:			
_____ Group/Organization	_____ Fee	_____ Map	_____ Food
_____ Alcoholic Drinks	_____ Sewage	_____ Garbage	_____ Traffic Control
_____ Fire	_____ Emergency Medical		

GROUP INFORMATION

Group/Organization sponsoring group function _____

Mailing address _____

City _____ ST _____ Zip _____

Contact Person _____ Phone _____

Name and purpose of group function _____

Dates and hours of function _____

Estimated total attendance of function _____

FEE

Application fee is \$225 for the 1st 1000 people and \$28 per 1000 thereafter.

Amount enclosed \$ _____

MAP

Location of Group Function _____

Provide a map of the location area showing the following:

- Entrances and Exits
- ALL FOOD VENDORS by name and Safe Water sources
- Rest rooms (Provide one rest room for each 100 people)
- First aid station (if applicable)

As the owner/manager for the site listed above, I give my permission for this group to use this site for the purpose described above.

Signature of Property Owner/Manager

Date

WATER, FOOD AND FOOD HANDLING

Having safe food and water is extremely important at a large group function. Vendors must be made aware that there are laws governing the offering of food to the public. All food vendors must have a valid state Food Purveyor License or be tax exempt under IRS Code 501 (c) (3). Tax exempt groups operating more than 14 days in a calendar year must also have a state Food Purveyor License.

Tax exempt qualifying food vendors must comply with all rules and laws governing food service and file registration with the local health department BEFORE serving food at any event. (Form provided)

NO FOOD FROM HOME KITCHENS IS ALLOWED.

Vendors preparing food prepared on site, must comply with all **OUTDOOR FOOD SANITATION GUIDELINES** (Included with this packet)

Water must be from an approved source. List water source _____

Name of person coordinating food vendors for group/function and providing the necessary food safety information.

Name _____ Phone _____

List the names of all food/beverage vendors serving this event.

BUSINESS NAME	CONTACT PERSON /PHONE	STATE LIC. /EXEMPT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If more vendors will be involved, use another sheet to provide information.

Will **alcoholic beverages** be served/allowed? **YES** **NO**
If **YES**, provide your Department of Revenue permit number _____

As an authorized representative of the group hosting this large group function, I agree to provide information to all vendors and require that all rules and laws and local policies regulating food served to the public be observed.

Authorized Signature of Sponsoring Group/Organization Date

DESCRIPTION OF SERVICES

Explain in detail how your group will make provisions for the following services. A valid application must include a provider sign-off. Authorized signature means that an agency is aware of group function and agrees to provide services.

WITHIN CITY LIMITS If the function takes place within the city limits of Missoula, the group must also get an authorized sign-off from the Missoula City Police Department approving the Traffic Control/Law Enforcement provisions as being adequate and from the City Fire Department approving the Fire Protection provisions as being adequate.

OUTSIDE CITY LIMITS If the function takes place outside of the Missoula City Limits, a sign-off from the Sheriff's Department is required for Traffic Control/Law Enforcement approval and from the Missoula Rural Fire Department for approval of Fire Protection provisions.

Obtain sign-offs for the following five (5) required components on the pages following.

1. Sanitary disposal of human waste - We have contracted with the following person/company to provide for disposal of human waste:

We will have _____ porta-potty units at our event. We will also provide the following: _____

Provider Name (print) _____ Phone _____

(Provide one restroom facility for every 200 people in attendance. If alcohol is served, provide one restroom facility for every 100 people in attendance.)

I/We agree to provide restroom services as detailed above.

Provider Signature Date

2. Sanitary disposal of trash and other nonhuman waste -

We have contracted with the following person/company to provide for pick-up of solid waste and removal to a licensed landfill:

Provider Name (print) _____ Phone _____

We will take care of garbage by: _____

I/We agree to provide garbage services as detailed above.

Provider Signature Date

3. Emergency medical - _____

Will there be on-site first aid available? ____ **NO** ____ **YES** (show location on map)
I/We agree to provide the emergency service as detailed above.

Provider Name (Print/Signature) _____ Date

******* FOR HEALTH DEPARTMENT USE *******

Please check the appropriate blank and comment as necessary.

_____ **The provisions for FOOD, SEWAGE, GARBAGE and EMERGENCY CARE stated above seem reasonable for this group function.**

_____ **The provisions stated above are not adequate. We commend the following:**

FOOD

SEWAGE

GARBAGE

EMERGENCY CARE

Signature of Sanitarian

Date

4. Fire protection - _____

I/We agree to provide the fire protection as detailed above.

_____/_____
Provider Name (Print/Signature) _____ Date

***** FOR FIRE DEPARTMENT USE ONLY *****	
Please check the appropriate line and comment as necessary.	
_____	The provisions stated above seem reasonable for this group function.
_____	The provisions stated above are not adequate. We would recommend the following:
_____/_____	_____
Name (print/sign) of City Fire or Rural Fire Official	Date

5. Traffic control/law enforcement - _____

I/We agree to provide the traffic control/enforcement as detailed above.

_____/_____
Provider Name (Print/Signature) _____ Date

***** FOR LAW ENFORCEMENT USE ONLY *****	
Please check the appropriate blank and comment as necessary.	
_____	The provisions stated above seem reasonable for this group function.
_____	The provisions stated above are not adequate. We would recommend the following:
_____/_____	_____
Name (print/sign) of City Police or County Sheriff's Dept.	Date



REGULATION 2: GROUP FUNCTIONS

I. PURPOSE. The purpose of this regulation is to establish standards for the management of large groups to protect public and environmental health and safety. Such standards shall ensure proper food preparation and handling, traffic control, law enforcement, waste disposal, fire protection, and medical services.

II. AUTHORITY. Authority for this regulation is provided for in 50-2-116, MCA; under which a local health board may adopt rules for the control of communicable diseases, for the removal of filth which might affect public health; and to abate nuisances affecting public health and safety.

III. DEFINITIONS. The following definitions apply for the purpose of this regulation.

(A) "Board" means the Missoula City-County Board of Health.

(B) "Group function" means one thousand (1,000) or more persons simultaneously gathered in a common area, both public and private, for three hours or more. Group function does not include a gathering at a permanent facility such as a theater, auditorium, or stadium where there are permanent facilities available, and normal operational procedures in place which meet all of the criteria in IV, (B), (5) normally required by the Department under this rule.

(C) "Person" means any natural person, partnership, voluntary association, corporation, or political entity.

IV. APPLICATION FOR GROUP FUNCTION PERMIT.

(A) Applicants shall submit a complete application on forms provided by the Department to the Department at least 45 days before the date of the group function. The Department may accept late applications if sufficient reasons and sufficient staff time is available for permit approval.

(B) Complete application. A group function application shall include the following:

- (1) Name, address, and phone number of the person organizing the group function; or if other than a natural person, the name, address, and phone number of a responsible officer.
- (2) The purpose, location, dates, and hours of the group function.
- (3) The means of entry and exit for the group function.
- (4) The estimated total attendance at the group function and the estimated peak attendance during the group function.

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- (5) Provisions that have been or will be made for the following services:
- (a) sanitary disposal of human waste;
 - (b) sanitary disposal of garbage and other nonhuman wastes;
 - (c) sanitary preparation, handling, and serving of food, water, and beverages;
 - (d) safe and adequate supply of water;
 - (e) traffic control; and
 - (f) law enforcement, medical services, and fire protection.

(C) Application fees. A fee established by the Board for every 1,000 persons projected to attend the group function shall be paid when the application is submitted to the department. Application fees are non-refundable.

Review by Department. The Department shall determine if an application is complete and whether necessary services have been provided to ensure public health and safety within 10 working days after receipt of a complete application.

Instructions for completion of the Large Group Function Application

1. **Read Regulation 2 – Large Group Function (attached)**
2. **Group Information:** Provide all of the information requested. Contact person should be able to answer all questions related to this application.
3. **Fee:** Enclose the proper fee. See attached application for fee amount. Make check or money order payable to **MCCHD**.
4. **Map:** Provide a map of your large group venue. Include all the required information on your map.
5. **Water, Food and Food Handling:** One person should be assigned to handle all water and food aspects of your event. Provide the name and contact phone of the responsible contact person. List all food/beverage vendors, their contact person, and their state Food Purveyor License number. This information is required. Be sure to include the authorized signature at the bottom of page 2 of the application.
6. **Description of Services:**
 - a. **Sanitary disposal of human waste:** The sponsoring organization must describe how it intends to dispose of sewage generated at the event. Then the contact person of the business that is contracted to provide the porta-potty service must sign the Provider Signature area.
 - b. **Sanitary disposal of trash and other non-human waste:** The responsible contact person for the event must sign this area.
 - c. **Emergency Medical Services:** Explain whether or not you intend to provide emergency medical services on site at your event. If yes, describe the services you will have available and have the provider sign. If not, visit the closest emergency medical provider and alert them that you are having a large event and that you may potentially use their services in case of emergency. Have the emergency room contact person sign that they have been informed.
 - d. **Fire Protection:** Visit the closest fire protection agency to your event. Ask them what fire prevention efforts are reasonable for your event. Outline what fire prevention efforts you will employ. Have a representative of the fire agency sign off in the space provided on the application form.
 - e. **Traffic Control/Law Enforcement:** Visit the County Sheriff or City Police, depending on the location of your event venue. Discuss with them traffic control and law enforcement issues. Determine what efforts are necessary for your event. Outline what you will do to control traffic and seek assistance from law enforcement, if needed. Have a representative of the appropriate law enforcement agency sign off in the space provided on the application form.

Submit the completed application form (attached) to the Health Department for review 45 days prior to your event.

Make sure the application is complete and that all sign-offs have been obtained. Incomplete applications will be returned. If you have questions about the application, contact the Health Department at (406) 258-4755.