

ORDINANCE NO. 2000-02

***AN ORDINANCE GOVERNING PUBLIC HEALTH, SAFETY AND SECURITY FOR
LARGE GROUP FUNCTIONS:***

In consideration of the increasing number of large group functions in Beaverhead County and the requirement governing public health, safety and security of participants and the general public, the following resolution is adopted:

Section 1. **DEFINITIONS**: As used in this resolution, the following words shall have the specified meanings unless the context clearly indicates otherwise:

1.1 "Large Group Function" means three hundred and fifty (350) or more persons simultaneously gathered in a common area for three (3) hours or more. Exemptions to this number of persons may be established by the applicant filing a request for an exemption under section 6.

1.2 "Law Enforcement Official" shall mean the duly elected, acting, or appointed Sheriff of Beaverhead County.

1.3 "Chief of Fire Protection" shall mean acting or appointed Chief of fire protection, whether county or volunteer, for the area within which the event is to be held.

1.4 "Emergency Medical Services" means the ability to provide such emergency medical services for the event sufficient to sustain on an emergency basis the medical safety for all persons that might require such services, whether stemming either directly or indirectly for such event.

1.5 "Emergency Medical Director" shall mean the duly acting or appointed Emergency services management official for such event.

1.6 "Reclamation and Noxious Weed Control" shall mean the restoration of the site area to such condition that will preserve the surrounding area in its pre-event condition.

1.7 "Reclamation and Weed Control Officer" shall mean the County Weed Supervisor.

1.8 "County Special Event Coordinator" shall mean the duly appointed Beaverhead County Special Events Coordinator, who shall be appointed by the Beaverhead County Commissioners.

1.9 "Extraordinary Expense " means all costs incurred by the County resulting from said event for increased law enforcement, fire protection, emergency medical services and administration.

1.10 "Health Officer" means the Beaverhead County Health Officer designated herein as "Health Officer" or his/her designated representative.

1.11 "Board" means the Beaverhead County Health Board.

1.12 "Person" means any natural person, partnership, voluntary association, corporation or political entity.

1.13 "Extraordinary Costs" shall mean and include all increases in cost of county personnel necessitated by subject event and costs of supplies and material directly associated with such event over and above those generally required on a average daily basis in the normal operation of the county's business.

Section 2. **PERMIT REQUIRED:** No person shall operate any large group function or cause other persons to gather for the purpose of a large group function unless he/she shall hold a permit for a large group function issued by the Special Events Coordinator.

Section 3. **APPLICATION PERMIT:**

3.1 A formal application for large group functions must be obtained from the Beaverhead County Commissioners for all such functions which must be completed and returned to the Commissioner's Office who shall then direct the application to the Beaverhead County Special Events Coordinator for further processing.

3.2 A person desiring to operate a large group function shall submit completed application to the Special Events Coordinator through the County Commissions office not later than sixty (60) days preceding the date of the large group function.

3.3 The application shall contain the following information:

(a) The name, address and phone number of the person organizing the large group function and if other than a natural person, its responsible officers.

(b) The purpose of the proposed large group function and the date(s) and hours of the function.

(c) The location of the proposed large group function and the means of entry and exit thereto.

(d) The estimated total attendance of the function and the estimated peak attendance at any point in time.

(e) The provisions that have been made or will be made for the following: sanitary disposal of human waste; sanitary disposal of trash, garbage and other non-human waste; safe food and beverages, including approval of food handling; safe water and traffic control within the designated area.

(f) The provisions that have been made or will be made for emergency services, including law enforcement, fire protection and medical services and site restoration. The applicant shall state the agency which is intended to provide these services and

the person in charge at that agency and when the agency will be consulted to determine any special requirements it may have.

(g) That provisions have been made for sufficient insurance to indemnify Beaverhead County from litigation that may result from said function.

(h) That the provisions for securing adequate bonding has been made for reimbursement to the County for extraordinary costs and expense incurred from said event.

(I) If alcohol is to be served at said function and if so what arrangements for permits have been made.

(j) What specific arrangements the applicant will make for coordination of all of its efforts with county personnel required by this ordinance.

3.4 The application shall be accompanied with an application fee of Twenty-five Dollars (\$25.00) per three hundred and fifty (350) persons projected to attend the large group function. This fee shall be non-refundable unless the applicant voluntarily withdraws his application, not less than ten (10) days after submittal.

Section 4. **PROCEDURE FOLLOWING APPLICATION:**

4.1 As soon as it is conveniently possible following receipt of the application, the County Special Events Coordinator shall tentatively advise the applicant of whether the provisions contained in the application required by Sections 3.3. (e), (f), (g) and (h) will be sufficient to adequately protect the public health and safety,

4.2 The Special Events Coordinator shall consult with other public health and safety agencies to determine whether the provisions required by Section 3.3. (e), (f), (g), (h), (I) and (j) are satisfactory and are being complied with.

4.3 If the provisions required by Section 3.3 (e), (f), (g), (h), (I) and (j) are being satisfactorily complied with the Special Events Coordinator shall request the county commissioners to issue a permit for the large group function. The permit shall be issued not later than thirty (30) days preceding the date of the large group function.

4.4 Issuance of the permit may be conditional and may require a bond or other sufficient security to insure compliance with the provisions required by Section 3.3 (e), (f), (g), (h), (I) and (j).

4.5 Based upon the application submitted by the Applicant, the County will make a determination as to the approximate extraordinary costs and expenses required to safely allow subject group function to occur. The applicant will then be required to agree to the re-payment to the County of those said extraordinary costs

and expenses. In no event shall the County be allowed to increase those costs and expenses more than ten (10%) percent over the estimate agreed upon. The above restriction on costs does not include any increase costs incurred by all governmental agencies necessitated by emergency created as a result of subject event and not under the control of Beaverhead County.

4.6 Relative to those costs enumerated in paragraph 4.5 above, extraordinary costs and expense incurred due to major disasters resulting from the operation of said event shall not be included in the cost and expense cap and may be charged as such costs would be billed under other statutes of the State of Montana ordinances and regulations of Beaverhead County as more specifically set forth therein.

Section 5. **DENIAL OR REVOCATION OF PERMIT:**

5.1 A permit may be denied or revoked by the Special Events Coordinator for any of the following reasons:

- (a) If the proposed large group function would cause a substantial danger to the public health or safety.
- (b) That the provisions contained in the application required by Section 3.3 (e), (f), (g) and (h) are inadequate to protect the public health and safety.
- (c) That the applicant has failed to comply with the provisions provided for in the application.
- (d) That the applicant has failed to provide complete and accurate information on the application.

5.2 The permit shall be revoked by delivering a written notice of revocation to the person operating the large group function or one of its responsible officers or by mailing such notice to the person at the address as shown on the application. Service of the notice of revocation shall be complete on delivery or mailing,

Section 6. **EXEMPTIONS:**

6.1 The County may exempt from the requirements of this regulation permanent facilities such as theaters, auditoriums or arenas and other functions such as religious functions, school functions, carnivals, fairs, and rodeos if they feel that due to the design, character and operation of such facilities or events, compliance with this regulation is unnecessary in order to protect the public health and safety.

6.2 No fee shall be charged for issuing such an exemption.

6.3 An exemption may be revoked in the same manner as a permit issued under this regulation under the revocation provisions of par.

Section 7. **APPEALS:**

7.1 Any person may appeal the action of the Special Events Coordinator in granting or denying a permit or an exemption to the Beaverhead County Commissioners.

7.2 The appeal shall be in writing and filed with the Beaverhead County Commissioners within five (5) days of the action complained of.

7.3 The Chairman of the Beaverhead County Commissioners may call a special meeting for the purpose of hearing such an appeal.

7.4 The decision of the Beaverhead County Commissioners on appeal shall be final, excepting that the applicant may solicit the jurisdiction of the Fifth District Court, Beaverhead County through mandamus or other action.

Section 8. **ENFORCEMENT:**

8.1 Violation of this resolution relative to not obtaining a permit for such a function only shall constitute a misdemeanor, and on conviction thereof the violator shall be fined not less than \$100.00 nor more than \$500.00.

8.2 This resolution may also be enforced by an injunction or other appropriate action at law or in equity.

8.3 The non-payment of extraordinary expenses and costs within thirty (30) days Q/ submission to the permittee by the county shall represent a civil violation of this resolution and may subject the permittee to the additional payment of costs and attorney fees incurred by the County in enforcement of this resolution.

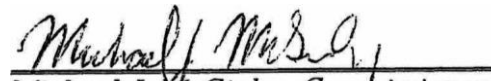
8.4 Relative to the enforcement of paragraph 8.3 the means of enforcement shall be through arbitration, the venue of which shall be Beaverhead County Montana. Arbitration shall be in accordance with the rules and regulations of the American Arbitration Association.

Passed and Adopted this 12 day of June, 2000.




Garth L. Haugland
Chairman
Beaverhead County Commissioners

Donna J. Sevalstad, Commissioner



Michael J. McGinley, Commissioner

ATTEST:



Rosalee B. Richardsön
Beaverhead County
Clerk and Recorder

A permit for large group functions is required by Beaverhead County Ordinance No. 2000-02. A copy of the ordinance is attached.

APPLICATION FOR LARGE GROUP FUNCTION

Application checklist - Make sure you have provided information on the following:

- | | | |
|--|---|--|
| <input type="checkbox"/> Group/Organization | <input type="checkbox"/> Sewage | <input type="checkbox"/> Fire |
| <input type="checkbox"/> Fee | <input type="checkbox"/> Garbage | <input type="checkbox"/> Traffic |
| <input type="checkbox"/> Letter of Credit or Cash Bond | <input type="checkbox"/> Potable Water | <input type="checkbox"/> Site Security & Security Contacts |
| <input type="checkbox"/> Map | <input type="checkbox"/> Food Vendors | <input type="checkbox"/> Weed |
| <input type="checkbox"/> Insurance Coverage | <input type="checkbox"/> Emergency Medical | |
| <input type="checkbox"/> Alcoholic Drinks | <input type="checkbox"/> Disaster & Emergency | |

GROUP INFORMATION

Group/Organization sponsoring group function:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Purpose of group function:

Dates and hours of function:

Estimated total attendance of function:

FEE

Application fee: \$25 per 350 people. Amount enclosed: \$_____

A letter of credit or cash bond will also be required to cover costs incurred by Beaverhead County.

MAP

Location of Group Function:

Provide a map of the location area showing the following:

- Entrances and Exits
- Boundaries, roads, assemblage areas, parking areas, and camping areas
- Refuse storage and disposal area
- Water storage tanks (for fire suppression), rivers and wells
- Telephones, radio communications, emergency access roads, and lighting
- ALL FOOD VENDORS by name and Safe Water sources
- Restrooms (Provide one rest room per 40 people if non-alcoholic event; one rest room per 25 people if alcoholic event.)
- First aid station
- All areas must be physically posted with an easily identified symbol or color that corresponds with the location shown on the map

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

INSURANCE COVERAGE

Do you have sufficient liability insurance to cover this event? **YES** **NO**

Provide a copy of your insurance policy as well as a letter from your carrier providing indemnity for Beaverhead County and County employees and other authorities providing services at this event.

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 Dillon or Lima, the group must also get an authorized sign-off from the Dillon City Police Department in Dillon or the Sheriff's office of Lima approving the Traffic Control/Law Enforcement provisions as being adequate and from the Community Fire Department approving the Fire Protection provisions as being adequate.

OUTSIDE CITY LIMITS If the function takes place outside of the Dillon or Lima city limits, a sign-off from the Beaverhead County Sheriff's Department and/or the Montana Highway Patrol is required for Traffic Control/Law enforcement approval and from the Rural Fire Department in the event's jurisdiction for approval of Fire Protection provisions.

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.

Water must be from an approved 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.

<u>BUSINESS NAME</u>	<u>CONTACT PERSON/PHONE</u>	<u>STATE LIC. # / EXEMPT</u>

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

Will **alcoholic beverages** be served/allowed? **YES** **NO**

If **YES**, provide your Department of Revenue permit number: _____

How many vendors will be serving alcohol? _____ (Provide a list of these vendors.)

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

Obtain sign-offs for the following ten (10) required components on the following pages following:

1. **Sanitary disposal of human waste** - (Provide one restroom facility for every 40 people in attendance. If alcohol is served, provide one restroom facility for every 25 people in attendance.) Frequent pumping may decrease number required. **ATTACH DETAILED PLAN.**

Number of restrooms _____ (Show location on map)
Number of times facilities will be emptied per day _____
Facility where waste will be disposed of _____
Name, address and phone number of provider _____

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

Provider Signature Date

2. **Sanitary disposal of trash and other nonhuman waste** - A minimum of one 55-gallon garbage barrel per 30 people is required. Barrels must be emptied once every four hours. NOTE: No glass containers will be allowed at an event site. An agreement with a landfill must be provided demonstrating that a disposal area is available. A provision for recyclable containers must be made. **ATTACH DETAILED PLAN.**

Number of barrels at site _____ Number of dumpsters at site _____
Name of landfill _____
Name, address and phone number of disposal company: _____

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

Provider Signature Date

3. **Potable Water Supply** - Potable water must be available for vendors, showers, and a wash station for patrons. Bacterial testing of water will be required if the source is not a public water supply. Information must be supplied verifying the water source. **ATTACH DETAILED PLAN.**

Will there be potable water available? YES NO (show location on map)
Name, address and phone number of water supplier:

I/We agree to provide potable water supply as detailed above.

Provider Signature Date

4. **Food Vendors** - A list of food vendors will be provided two weeks before the event and will include names, addresses, phones, and a copy of a State of Montana Food Purveyor license or temporary food license.

Names, addresses, and phone numbers of food providers:

I/We agree to food vendor the information as detailed above.

Provider Signature _____ Date _____

||| FOR ENVIRONMENTAL HEALTH DEPARTMENT USE |||

Please check the appropriate blank and comment as necessary

_____ The detailed plans for FOOD, SEWAGE, GARBAGE, AND POTABLE WATER SUPPLY seem responsible for this group function

_____ The detailed plans are not adequate. We require the following:

FOOD _____

SEWAGE _____

GARBAGE _____

POTABLE WATER SUPPLY _____

Signature of Sanitarian _____

_____ Date

5. **Emergency Medical Services** - Normal in County Emergency Medical Services can not be relied on for your event because other areas of the county may need their service. Provide information confirming that medical services will be available at all times. ATTACH DETAILED PLAN.

Will there be on-site first aid available? YES NO

Will there be EMT's on-site? YES NO

Name, address and phone number of emergency medical services provider:

I/We agree to provide emergency medical services as detailed above.

Provider Signature

Date

FOR DISASTER AND EMERGENCY SERVICES DEPARTMENT USE

Please check the appropriate blank and comment as necessary.

_____ The detailed plan seems reasonable for this group function.

_____ The detailed plan is not adequate. We would recommend the following:

Signature of Disaster and Emergency Services Official

Date

6. **Disaster and Emergency Services** - Because events which bring together large groups of people have the potential to strain county services beyond the capacity to respond, the Disaster and Emergency Services Department will be involved in approving your event. Please provide a description of your emergency response plan in the event an emergency situation should arise. Also include a description of any assistance you will provide to the emergency management team if one will be on-site. ATTACH DETAILED PLAN.

Will an emergency management team be covering your event? YES NO

Has a search and rescue unit been contacted regarding your event? YES NO

Name and phone number of person contacted: _____

Please provide information on the person or persons who will be working directly with the emergency services personnel. Event liaison will be: _____

Name, address and phone number (land and cellular as well as other means to contact):

Provider Signature

Date

FOR DISASTER AND EMERGENCY SERVICES DEPARTMENT USE

Please check the appropriate blank and comment as necessary.

_____ The detailed plan seems reasonable for this group function.

_____ The detailed plan is not adequate. We would recommend the following:

Signature of Disaster and Emergency Services Official

Date

7. **Fire Protection** - As with emergency medical services, the County and the local volunteer fire department cannot be solely relied on for fire protection. Provide information verifying that fire protection will be available at all time. ATTACH DETAILED PLAN.

Name, address and phone number of fire protection provider:

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

Provider Signature

Date

8. **Traffic Control** - A traffic control plan explaining how pedestrian safety will be protected and how traffic will be controlled for efficiency and safety is required. Include signing plans and copies of any contracts for transportation, etc. Include plans for access by emergency services teams as well as law enforcement authorities. If your event will conflict with general traffic on a public roadway, all appropriate jurisdictional authorities must be consulted. ATTACH DETAILED PLAN.

Name, address and phone number of individual in charge of traffic control:

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

 Provider Signature Date

FOR TRAFFIC CONTROL AUTHORITY	
Please check the appropriate blank and comment as necessary.	
<input type="checkbox"/>	The detailed plan seems reasonable for this group function.
<input type="checkbox"/>	The detailed plan is not adequate. We would recommend the following:

 _____	 _____
Signature of Traffic Control Authority	Date

Law Enforcement - Uniformed, licensed and bonded law enforcement officers must be on duty at all times. Provide information on your plan for law enforcement and crowd control including radio communications frequencies that will be used as well as other communication and identification systems. ATTACH DETAILED PLAN.

Radio Frequency to be used _____

Name, address and phone number of person managing communication plan:

Name, address and phone number of person managing enforcement, crowd control, and site security:

I/We agree to provide the law enforcement and crowd control as detailed above.

Provider Signature Date

FOR TRAFFIC CONTROL AUTHORITY

Please check the appropriate blank and comment as necessary.

_____ The detailed plan seems reasonable for this group function.

_____ The detailed plan is not adequate. We would recommend the following:

Signature of City Police or County Sheriff's Dept.

Date

10. **Reclamation of Event Area** - The event area must be restored to its original condition. Weed control is required and will be enforced. Provide your plan for reclamation of the area and for weed control. ATTACH DETAILED PLAN.

Name, address and phone number of individual in charge of reclamation:

I/We agree to provide the reclamation services as detailed above.

Provider Signature _____ Date _____

FOR WEED DEPARTMENT USE

Please check the appropriate blank and comment as necessary.

_____ The detailed plan seems reasonable for this group function.

_____ The detailed plan is not adequate. We would recommend the following:

Signature of County Weed Dept. Official

Date

FOR OFFICE USE

Group Name: _____

Event Name: _____

Event Date: _____

Event Location: _____

Date Application Received: _____ Date Application Reviewed: _____

Reviewer: _____

Date Application Returned for more information: _____

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Food | <input type="checkbox"/> Water | <input type="checkbox"/> Restrooms |
| <input type="checkbox"/> Law | <input type="checkbox"/> Medical | <input type="checkbox"/> Fire | <input type="checkbox"/> Map |
| <input type="checkbox"/> Garbage | <input type="checkbox"/> Contact person(s) | <input type="checkbox"/> Food Vendors | <input type="checkbox"/> Law sign-off |
| <input type="checkbox"/> Fire sign-off | <input type="checkbox"/> Insurance | <input type="checkbox"/> Indemnification | <input type="checkbox"/> Weed control |
| <input type="checkbox"/> Emergency management | | <input type="checkbox"/> Site Security and Security Contacts | |

The application for the above mentioned group meets the requirements of Beaverhead County Ordinance No. 2000-02, an ordinance public health, safety and security for group functions. The above named function is hereby approved.

Health Officer Signature

Date

Chairman
Beaverhead County Commissioners

Date