

Application # \_\_\_\_\_

Date Received: \_\_\_\_\_

**MASS GATHERING APPLICATION**

**Date of Event:** \_\_\_\_\_

This Application must be filed with the Johnson County Judge's Office at least 45 days prior to the event.

**Title or Description of Event:** \_\_\_\_\_

**Category of Event (check one):**

- More than 2,500 persons expected to attend;
- More than 500 persons expected to attend, alcohol will be present, and 51% or more of attendees are expected to be under 21 years of age; or
- 100 or more persons expected to attend and the event is a horse or greyhound race

**1. Promoter**      Name: \_\_\_\_\_  
                         Address: \_\_\_\_\_  
                         \_\_\_\_\_  
                         Phone: \_\_\_\_\_

**2. Location** and description of venue where the mass gathering is to be held: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Property Owner**      Name: \_\_\_\_\_  
                         Address: \_\_\_\_\_  
                         \_\_\_\_\_  
                         Phone: \_\_\_\_\_

**4. Time of mass gathering**      **Begin:** \_\_\_\_\_      **End:** \_\_\_\_\_

**5. Maximum number of persons** allowed to attend: \_\_\_\_\_

**6. Explain the plan promoter intends to use to limit attendance to this number:**

\_\_\_\_\_

**7. Performers Advertised to Attend:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Performer's Agent: \_\_\_\_\_  
Agent's Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_

(If additional space is required, please attach additional pages)

**8. Health and Sanitary Standards**

Number of porta-potties: \_\_\_\_\_  
Provisions for drinking water: \_\_\_\_\_  
\_\_\_\_\_  
Provisions for hand washing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Additional provisions: \_\_\_\_\_

**9. Security and Traffic Standards**

Number of Security Agents at event: \_\_\_\_\_  
Number of Security Agents at entrance: \_\_\_\_\_  
Number of Security Agents at parking: \_\_\_\_\_  
Total Number of Security Agents: \_\_\_\_\_  
Preparations for lighting: \_\_\_\_\_

**10. Emergency Medical Standards**

Name of Ambulance Co.: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
Number of Emergency Personnel: \_\_\_\_\_  
Number of first aid stations: \_\_\_\_\_

**11. Description of preparations made to supervise minors** (including measures to return lost minors to their parents/guardians): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. List of Required Attachments:**

- Financial Statement for the Promoter or the Event;
- Lease or Rental Agreement between the Promoter and the Property Owner;
- Contract with any Performers for the Event;
- Contract with the Security Company or Law Enforcement for Off-Duty Officers;
- Contract with the Ambulance Provider or other Emergency Medical Providers;
- Filing Fee;
- Request for (or waiver of) Court Reporter for Hearing.

**13. Acknowledgements – by signing this Application, the Promoter Acknowledges the following:**

- All of the information in this Application is true to the best of the Promoter’s information, under penalty of perjury;
- If there are any changes to the plans that render the information in the Application no longer true, the Promoter will promptly inform the Judge’s Office of the change;
- A representative of the Promoter will attend the Mass Gathering Hearing, and the representative attending the Hearing on behalf of the Promoter has the legal authority to speak on behalf of the Promoter regarding the event and bind the Promoter to any agreements made at the Hearing;
- The Promoter will cooperate with the County Health Authority, the County Fire Marshal, and the County Sheriff to allow them to complete their investigations of the proposed event.

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Application Number: \_\_\_\_\_

**Request for Court Reporter for Public Hearing – Mass Gathering**

Applicant: \_\_\_\_\_

Event Date: \_\_\_\_\_

I, the undersigned Applicant, would show the Court the following:

I request that the hearing on this Application be recorded by a certified court reporter; or

I knowingly, voluntarily, and intentionally waive my right to have the hearing on this Application recorded by a certified court reporter and request that the Court proceed without the making of a formal record

By waiving the presence of a Court Reporter, I understand and acknowledge that no record will be made of the hearing on this Application.

Submitted this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

\_\_\_\_\_  
Signature of Applicant