



**GOVERNMENT OF THE UNITED STATES VIRGIN  
ISLANDS**  
**DEPARTMENT OF HEALTH**  
**DIVISION OF ENVIRONMENTAL HEALTH**



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## **Guidance for All Parties/Events/Gatherings**

**ALL events need approval from the VI Department of Health (DOH).**  
**(<https://www.vi.gov/executive-orders/>) Requests submitted less than 2 weeks (14 days) before the event will be denied.**

- The first step for approval is submitting a "Special Events Request Form."
- The form and all promotional materials must be emailed to [inspection.deh@doh.vi.gov](mailto:inspection.deh@doh.vi.gov) as a PDF attachment early in the event planning stages. Response time varies.

### **COVID-19 Safety Plan**

Your COVID-19 Safety Plan is a written plan outlining the COVID-19 prevention measures for your event. (See below for additional details.)

### **Person in Charge**

Someone must be responsible for ensuring the guidance in this document and your COVID-19 Safety Plan is followed throughout the event.

- Current special event guidance is followed by all attendees and staff.
- A list of all guests and contact information must be kept on file.
- No person who is ill may attend the event.
- A person who has been in close contact with a suspected or positive case of COVID-19 must be in quarantine and is not allowed to attend any event or be out in public.
- The event must end before midnight.

### **Social Distancing Requirements Must be Met**

- Households should be seated together whenever possible.
- 6-foot distance must be maintained by people who are not in the same household.
- Tables must be spaced at least 4 feet apart (follow restaurant guidance). Seats for people who are not in the same household must be spaced 4 feet apart.

## **Masks**

- Masks are to be always worn except when eating or drinking at their assigned seat.
- Masks must cover the nose and mouth while guests are not eating.

## **Capacity**

- As of 08/13/21, the limit on mass gatherings is 50 people. All gatherings of less than 50 people need DOH approval. DOH may approve events up to 100 persons on a case-by-case basis if everyone involved is vaccinated (guests, staff, organizers, etc.).

## **Hygiene**

- Areas for hand washing and sanitizer must be widely available and easily accessible. No-touch sanitizer dispensers preferred.
- Frequently touched surfaces and restrooms must be cleaned and sanitized often.

## **Ventilation**

- Outdoor events are preferred, good ventilation required indoors.

## **Food and Beverage**

- Food is served using restaurant guidance
- Alcoholic beverages cannot be served after 11pm.
- No standing at a bar; seating must be 4 feet apart.
- Drinks must be served at tables or while seated at the bar.

## **Live Music and DJ Music**

- Live and DJ must be at least 10 feet from the guests.
- One DJ is allowed at outdoor events.
- There can be no dancing at this time.
- At weddings, the wedding couple can have their ceremonial first dance.

## **Optional Vaccination Clinic**

- You can host a clinic at your event. If you are interested, a DOH representative will contact you with more information.

## **Compliance and Enforcement**

- The Governor's Executive Orders, Special Event Guidance, Event Details & COVID-19 Safety Plan, and all other information on the "Special Events Request Form" must be always followed.
- **The COVID-19 Task Force has the right to conduct inspections. If found to be out of compliance, a "Cease and Desist" will be issued.**

## Permits and Health Cards

- The "Special Events Request Form" is not a substitute for a "[Special Events Health Permit](#)" which is required if food or drinks are being sold at the event.
- For more information, see: [Food Establishments and Public Permit Requirements](#)
- Health Cards are required for any person handling food and drinks that is sold to the public. [How To Get A Health Card](#)

## Additional Details

- COVID-19 most often spreads by people before they know they are infected. When completing the "[Special Events Request Form](#)," the best way to write your "Event Details & COVID-19 Safety Plan" is to think about what you would do if some of your guests have COVID-19 but have no symptoms. Write out your plan to prevent the airborne virus from infecting other guests.
- For more detailed guidance: <https://www.cdc.gov/coronavirus/2019-ncov/community/large-events/considerations-for-events-gatherings.html>
- For more information, please call (340) 718-1311 extension 3600.
- To report violations, please call 340-771-7226 (STT/STJ) or 340-727-7226 STX.



**GOVERNMENT OF THE U.S. VIRGIN ISLANDS**  
**DEPARTMENT OF HEALTH, DIVISION OF ENVIRONMENTAL HEALTH**  
**SPECIAL EVENTS REQUEST FORM**

- ◆ *Forms and all promotional materials must be submitted to inspection.deh@doh.vi.gov as a PDF Attachment.*
- ◆ *Any requests submitted less than 14 days before the event will be denied.*
- ◆ *The COVID-19 Taskforce has the right to conduct compliance inspections.*
- ◆ *If found to be out of compliance, a "Cease-and-Desist Order" will be issued.*
- ◆ *This form is not a substitute for a "Special Events Health Permit," which is required for food sales.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

Name of Venue/Establishment Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Venue/Establishment: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physical Address of Venue: \_\_\_\_\_

Pre COVID-19 Capacity: \_\_\_\_\_ Number of Expected Attendees: \_\_\_\_\_ Food Served: Yes / No Alcohol Served: Yes / No

Type of Event: \_\_\_\_\_

Date & Time (beginning and end) of Event: \_\_\_\_\_ Do you request a COVID-19 Vaccination Clinic at your event? Yes / No

Live Music / DJ : Yes / No If "Yes" Explain: \_\_\_\_\_

<b>EVENT DETAILS &amp; COVID-19 SAFETY PLAN</b>	

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Venue/Establishment Owner: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Recommended / Not Recommended</b>		<b>Approve / Disapprove</b>	
Signature: _____ Wanson S. Harris, CIH, COHC, Director, Environmental Health Division	Date: _____	Signature: _____ Justa E. Encarnacion, RN, BSN, MBA/HCM, Commissioner of Health	Date: _____

<b>Official Use Only - Additional Remarks</b>	