

**Organizer Requirements**

- Review the Organizer Information Guide
- Application must be submitted **sixty (60) days** prior to the event
- Collect and submit all completed Special Event **Food Provider Applications** to the health unit **thirty (30) days** prior to the event

**Event Information**

Name of Event: \_\_\_\_\_  
Date(s): \_\_\_\_\_  
Location: \_\_\_\_\_  
Hours of Operation: \_\_\_\_\_  
Expected Event Attendance: \_\_\_\_\_ Estimated Daily Attendance: \_\_\_\_\_  
Is this an annual event?  Yes  No

**Organizer Information**

Event Organizer Contact Name: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Sewage and Wastewater Disposal**

**Method of Sewage Disposal:**

- Municipal  Private/Septic

**Method of Wastewater Disposal:**

- Holding tank  Grey water containers
- Other (please specify) \_\_\_\_\_

**Water Supply**

- Municipal Hook Up  Vendors Supply  Commercially bottled
- Water Hauler (please list company name) \_\_\_\_\_
- Other \_\_\_\_\_
- Please list back-up water supply: \_\_\_\_\_

**Power Supply**

- Will electricity be supplied to the vendors?  Yes  No
- Please list back-up power supply: \_\_\_\_\_

**Handwashing Facilities**

Number of Handwashing Facilities

Fixed \_\_\_\_\_  Portable \_\_\_\_\_

**Sanitary Facilities**

Number of toilets

Fixed \_\_\_\_\_  Portable \_\_\_\_\_

Name of Portable Sanitary Company: \_\_\_\_\_

**Vendor List**

Will alcohol be served at your event:  Yes  No

Please complete contact details below for all vendors participating at the event

	Name	Email Address	Phone Number
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

If more space is required, please attach a separate sheet

## Site Plan

Please provide a sketch of the event indicating the location of the following:

- Food/Beverage Booths
- Handwashing Facilities
- Sanitary Facilities
- Garbage Disposal
- Beer Tent
- Personal Service Setting
- Petting Zoo



By signing, the organizer certifies that they understand and will comply with the conditions outlined in the Special Event Food Information Guide and the Special Event Organizer Application. Any organizer found not in compliance may be subject to the provisions of the Health Protection and Promotion Act, R.S.O. 1990 and/or applicable by-law.

Organizer Name: \_\_\_\_\_

Organizer Signature: \_\_\_\_\_

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

**For Office Use Only**

Comments:

Application Approved       Yes     No    Date: \_\_\_\_\_

Public Health Inspector: \_\_\_\_\_

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

Approval Email Sent:       Yes     No    Date: \_\_\_\_\_