

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): _____

Address: _____

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:

Should you have any questions or require assistance completing this form, please contact Grand Erie Public Health at 519.426.6170 or 905.318.6623 ext. 3477 or email specialevents@hnhss.ca