

ORGANIZER APPLICATION EVENT FORM

Please complete and return to York Region Public Health at least **30 days** before start date of event. If you require assistance completing this form, please contact York Region *Health Connection* at **1-800-361-5653, opt. 4**. The completed form can be submitted to York Region Public Health via e-mail: health.inspectors@york.ca or it can be faxed to: **905-898-8277**.

EVENT INFORMATION			
Event Name:		Expected Number of Vendors:	
Event Date(s):		Expected Number of Attendees:	
ORGANIZER INFORMATION			
Organizer's Name:			
Legal Name (Corporation/Number):			
Address:		Business Phone:	
City/Town:	Postal Code:	Cell Phone:	
Email Address:		Fax:	
EVENT DESCRIPTION			
Event Location/Address:			
Venue Type: ☐ Public Park ☐ Street Festival ☐ Mall Property ☐ Other (specify):			
Hours of Operation:		Diagram of Event Layout Provided: ☐ Yes ☐ No	
RESPONSIBILITIES OF THE ORGANIZER			
SANITARY FACILITIES:			
Will sanitary facilities be provided for the event by the organizer? (If yes, specify number)			
Portable Toilets ☐ Yes ☐ No		Portable Hand Wash Stations ☐ Yes ☐ No	
Permanent Toilets ☐ Yes ☐ No		Permanent Hand Wash Stations ☐ Yes ☐ No	
WATER SUPPLY:			
Will potable water be supplied to vendors?: ☐ Yes (If yes, complete next question on water source) ☐ No			
WATER SOURCE: ☐ Municipal ☐ Well ☐ Bottled ☐ Water truck (Company Name): _____			
Water lines made of food-grade material:		☐ Yes ☐ No	
Backflow devices provided:		☐ Yes ☐ No	
Ice supplied to vendors: ☐ Yes (If yes, source of water used to make ice): _____ ☐ No			
HYDRO:			
Electricity available to vendors:		Back-up power available:	
☐ Yes ☐ No		☐ Yes ☐ No	
Refrigerated trucks provided for vendor used:		☐ Yes ☐ No	
GARBAGE:			
Garbage cans/bins available: ☐ Yes (specify number): _____ ☐ No Garbage will be disposed of daily: ☐ Yes ☐ No			

VENDORS:

It is the responsibility of the Organizer to ensure that York Region Public Health is provided with a comprehensive list of all the vendors that will be at the event. This list is to be supplied at the time of submission of this application.

INFORMATION ABOUT THE VENDORS PARTICIPATING AT THE EVENT

Will there be any vendors at the event that perform personal services such as tattooing, body piercing, manicures/pedicures or hair cutting? ☐ Yes ☐ No

Will any of the vendors be operating a Petting Zoo (i.e., any vendors that provide a service where the public has contact with animals, such as a petting corral or open farm)? ☐ Yes ☐ No

FOOD VENDORS

Total number of **Food Vendors** participating in the event:

Provide a description of the proposed types of foods that will be served at the event (e.g. hamburgers, chicken skewers, roast beef, roasted pig, ribs, etc.):

LIST OF VENDORS (Please ensure this list includes ALL vendors. If additional space is required, please attach a separate page.)

Event Name:	Organizer Name:	
Provide Vendor's Name and the Name of their Food Booth	Vendor's Mailing Address and Vendor's Email Address	Vendor's Phone Number(s) (business and cell)
Vendor's Name:		
Food Booth:		
Vendor's Name:		
Food Booth:		
Vendor's Name:		
Food Booth:		
Vendor's Name:		
Food Booth:		
Vendor's Name:		
Food Booth:		
Vendor's Name:		
Food Booth:		

*Please ensure every vendor receives a copy of the York Region's **Food Safety Guidelines for Special Events**. For an electronic copy of this guideline please contact *Health Connection* at **1-800-361-5653, opt. 4**, or e-mail: health.inspectors@york.ca

Date:	_____ Organizer's Signature
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Accessible formats or communication supports are available upon request.

NOTICE OF COLLECTION

Personal information requested by staff is collected under the authority of the *Health Protection and Promotion Act* and will be used to provide statistical data to the Ministry of Health and Long Term Care.