

## Organizer Application 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](mailto:health.inspectors@york.ca) or it can be faxed to **905-898-8277**.

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