

Thunder Bay District Health Unit Special Event - Organizer Application Form



**Thunder Bay District
Health Unit**

This form is for special event organizers only. All food vendors must fill out the *Special Event - Food Vendor Application Form*. This application must be submitted a minimum of **60 days prior to the event**. Completion of this form in detail is essential to the efficient processing of your application. **Only complete sections that apply to your event.**

Send completed form to: Thunder Bay District Health Unit
Environmental Health Programs
999 Balmoral Street, Thunder Bay, ON. P7B 6E7
(807) 625-5926 or 1-888-294-6630, ext. 5926 Fax: (807) 625-4822

SECTION A:

Event Name: _____
 Name of Applicant: _____ Contact Name: _____
 Mailing Address: _____
 Postal Code _____ Email Address _____
 Please check if you are a: Religious Organization Fraternal Organization Service Club
 Telephone: (H) _____ (B) _____ (Fax) _____ (Cell) _____
 Event Location: _____
 Municipality: _____ Expected Attendance: _____
 Date(s) of Event: _____ Time(s) of Event: _____
 On-site Contact Name: _____ Cell #: _____
 Number of Food Vendors: _____ Special Occasion Permit Required: Yes No

SECTION B:

Provide a list of vendors participating in the event. (Attach additional pages if necessary.)

Food Booth Name	Contact Name	Contact Number

SECTION C:

Complete this section if food is to be served at an outdoor event, tournament, festival, concert, jamboree, etc. An on-site maintenance person, responsible for continual maintenance of washrooms and garbage collection, must be designated by the Event Organizer.

On-site Maintenance Person: _____ Cell #: _____

Washroom Facilities:

Number Available: _____ Type: Permanent Portable*

* Identify on-site maintenance person/company: _____ Cell #: _____

- Handwashing Equipment / Supplies Moist Hand Towelettes
- Instant Alcohol-based Hand Sanitizer
- Central Handwashing Stations

Water Supply: Municipal Well Water Bottled Other _____

Garbage Disposal:

Type of containers: _____ Number of garbage containers: _____

Removal Frequency: _____ Disposal Location: _____

Animal Exhibit:

Will there be an animal exhibit of any type at this event (petting zoo, pony rides, etc.)? Yes No

Provide a brief description and contact information: _____

SECTION D:

Please attach a **site plan diagram** to this application. Include locations of food booths, washroom facilities, water spigots, waste disposal sites and water outlets.

I _____ certify and accept responsibility for ensuring the above-mentioned information is correct and will be adhered to. I have also read and understood the guidelines provided and will distribute the guidelines to the Food Vendors.

Signature of Applicant: _____ Date: _____

For office use only:

Comments: _____

File #: _____

Date Reviewed: _____ Approved: Yes No Signature of PHI: _____

Personal information on this form is collected under the authority of the *Health Protection and Promotion Act, R.S.O. 1990*, as amended and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990*. This information will be used to determine approval to operate. Questions regarding the collection of this information should be directed to the Environmental Health Programs, Thunder Bay District Health Unit, 999 Balmoral Street, Thunder Bay, ON P7B 6E7. Telephone (807) 625-5930 or 1-888-294-6630, ext. 5930.