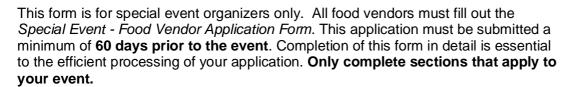
Special Events - Organizer Application Form





Send completed form to:	Thunder Bay District Health Unit
	Environmental Health Programs

SECTION A.

999 Balmoral Street, Thunder Bay, ON P7B 6E7

Fax: (807) 625-4822 Phone: 625-5930 or 1-888-294-6630, ext. 5930

OLOTION A.				
Event Name:				
Name of Applicant:	Contact Name:			
Mailing Address:				
Postal Code	Email Address			
Please check if you are a: \square Re	ligious Organization	☐ Fraternal C	rganization Service Club	
Telephone: (H)	(B)	_ (Fax)	(Cell)	
Event Location:				
Municipality:	E	Expected Attend	dance:	
Date(s) of Event:	Т	ime(s) of Event	:	
On-site Contact Name:			Cell #:	
Number of Food Vendors:	Spec	cial Occasion Po	ermit Required: Yes No	
SECTION B:				
Provide a list of vendors participati	ng in the event. (Atta	ch additional pa	ages if necessary.)	
Food Booth Name	Contact N	lame	Contact Number	

SECTION C:

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 #: Cell #:
Handwashing Equipment / Supplies
☐ 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.)? \Box Yes \Box No
Provide a brief description and contact information:
OFOTION D
SECTION D:
Please attach a <u>site plan diagram</u> 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.

Complete this section if food is to be served at an outdoor event, tournament, festival, concert, jamboree,

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