



HEALTH DEPARTMENT

APPLICATION FOR HEALTH DEPARTMENT APPROVAL
Complete and return this form. address and fax numbers are provided below.

COMMUNITY SPECIAL EVENTS with Food Vendors (PAGE 1 OF 2)
FOR EVENT COORDINATORS / ORGANIZERS

This application form MUST be filed with the Durham Region Health Department (DRHD) 30 days prior to any event. Each food vendor MUST submit their completed application form to the DRHD at least 15 days prior to the event.

EVENT INFORMATION

NAME OF PROPOSED EVENT: PROPOSED EVENT LOCATION (ADDRESS) & MUNICIPALITY:
DATE(S) OF OPERATION: (DD/MM/YY - DD/MM/YY) TIME(S) OF OPERATION: (e.g. A.M. - P.M.) EXPECTED ATTENDANCE:
AT THIS EVENT, WILL THERE BE A: PETTING ZOO [] YES [] NO WILL THERE BE ANY SALE OF PETS AT THIS EVENT? [] YES [] NO

COORDINATOR/ORGANIZER'S INFORMATION

NAME OF SPONSORING GROUP OR AGENCY: CONTACT PERSON & MAILING ADDRESS:
LEGAL NAME (i.e. CORPORATION NAME/NO#): PHONE:
OTHER (BUSINESS/CELL):
VENDOR PERMIT NO#: FAX:
E-MAIL:

Are all of the food booths run by one of the following groups? [] religious organization [] service club [] fraternal organization
Will you be claiming an exemption from the Food Premises Regulation for the entire event? [] YES [] NO

PROVIDE THE FOLLOWING INFORMATION:

METHOD OF WATER SUPPLY:

[] Municipal Supply [] Commercially bottled [] Hauled Municipal water NAME & PHONE # OF WATER HAULER:
[] Well ADDRESS / LOCATION:
Type : [] Drilled [] Dug/Bored
Treatment: [] No [] Yes, if "Yes" what type [] Chlorine [] U/V & Filter [] Other, specify
Water sample to be taken two weeks prior to the event.
Water sample taken: [] No [] Yes If yes, date taken:
Water sample satisfactory: [] Yes [] No If no, resample taken [] Yes [] No Date taken:
Water sample results: Initial sample E.coli Total coliforms

HYDRO:

Electricity available to vendors: [] Yes [] No
Backup Power available: [] Yes [] No

SEWAGE, WASTE WATER & GARBAGE DISPOSAL:

Method of Sewage Disposal: [] Municipal [] Private/Septic
Method of Waste Water Disposal: [] Holding tank [] Gray water containers [] Other, specify [] None Available, please explain

Number of Garbage Receptacles on-site: Number of Dumpsters on-site:
Garbage will be disposed of: [] Daily [] Other, please explain
Clean-up Coordinator's Name: Phone No.:

COMMUNITY SPECIAL EVENTS with Food Vendors (PAGE 2 OF 2)

FOR EVENT COORDINATORS / ORGANIZERS

PUBLIC WASHROOM FACILITIES & HAND WASH SINKS/STATIONS:			
Types of Toilets & Hand Wash Sinks: <input type="checkbox"/> Permanent <input type="checkbox"/> Portable		Name of supplier for portable units: _____	
NUMBERS AVAILABLE	TOILETS	URINALS	HAND WASH BASINS/STATIONS
Male			
Female			

SITE PLAN FOR EVENT

Must Include:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Food vendors | <input type="checkbox"/> Washroom facilities | <input type="checkbox"/> Public hand wash stations | <input type="checkbox"/> Garbage disposal |
| <input type="checkbox"/> Electrical sources | <input type="checkbox"/> Water sources | <input type="checkbox"/> Waste water disposal | |

Additional information may be added such as location of existing buildings, location of private sewage systems, topographical characteristics (such as roads, ponds, streams, etc.) and any other details that are necessary to properly access the site.

HEALTH DEPARTMENT USE ONLY

APPLICATION APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Subject to Requirements	Inspector's Comments/Requirements: <input type="checkbox"/> Discussed Guidelines with Organizer <input type="checkbox"/> Advised Organizer to provide Guidelines to each vendor <input type="checkbox"/> Received Vendor Registration List & Food Vendor Applications Other Comments:
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DATE:	Inspector's Name: _____	Signature: _____
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Durham Region Health Department – Environmental Health 101 Consumers Drive, 2 nd Floor, Whitby, ON, L1N 1C4 Phone: 905-723-3818 ext. 2188 Fax: 905-666-1887	Durham Region Health Department – Port Perry Office 181 Perry Street, 2 nd Floor, Port Perry, ON, L9L 1B8 Phone: 905-985-4889 or 1-866-845-1868 Fax: 905-982-0840
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[Personal] Information is collected under the authority of *Health Protection and Promotion Act* R.S.O. 1990 c.H.7, s. 5 (as amended). This information is collected and used for the purpose of preventing, eliminating and/or decreasing the effects of a health hazard. Questions about this collection of information should be addressed to Durham Region Health Department, Manager, Health Information, Privacy and Security at 605 Rossland Rd E., P.O. Box 730, ON, L1N 0B2, (905) 668-7711.

