

Information Package and Application for

SPECIAL EVENT FOOD COORDINATORS



Huron Perth
**Public
Health**

1-888-221-2133
www.hpph.ca

May 2022



Dear Coordinator:

Huron Perth Public Health wants your event to be a great success. To help you organize it, we've developed this information package and application. The **Special Event Food Coordinator's Application** consists of the following sections:

- Coordinator's Contact Information
- Special Event Information
- Description of Services
- Vendor Registration List
- Site Plan

Please send the completed application forms to Huron Perth Public Health at least **30 days before** the event.

As coordinator, you will also need to:

- Provide each food vendor with a copy of the Information Package for Special Event Food Vendors. The vendors are responsible for completing and submitting their application forms at least four weeks before the event.
- Let us know if there are changes to the original application.
- Provide a safe water supply for the event and vendors.
- Arrange adequate disposal of garbage at a designated site.
- Provide sanitary facilities and handwashing stations in sufficient numbers and keep them clean.
- Arrange for sanitary disposal of liquid waste if sanitary sewers are not available.

If your event includes an animal attraction (petting zoo), you need a handwashing station located at the exit to the attraction. If you are supplying the handwashing stations, please show where they are located on the Site Plan.

If you supply food for the event, you need to fill out the Special Event Food Vendor's Application.

For more information, please call Huron Perth Public Health, 1-888-221-2133. You can also find packages and online applications at www.hpph.ca/SpecialEventsMarkets.

We look forward to working with you and wish you all the best with your event.

Yours truly,

Huron Perth Public Health

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to working with you
and wish you all the best
with your event.**

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please call
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1-888-221-2133.

Special Event Food Coordinator's Application

| COORDINATOR'S CONTACT INFORMATION | | |
|---|---|--------------------------|
| Contact name: _____ | Organization: _____ | |
| Mailing address: _____ | | |
| Street (911 Number) | City/Town | Postal Code |
| Phone number: Day Time: _____ Evening: _____ Cell: _____ | | |
| Fax number: _____ | Email: _____ | |
| SPECIAL EVENT INFORMATION | | |
| Name of event: _____ | Yearly event? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Location of event: _____ | | |
| Street (911 Number) | City/Town | Postal Code |
| <input type="checkbox"/> Indoor Event <input type="checkbox"/> Outdoor Event | | |
| SCHEDULE | | |
| Date(s) | Time of Event (starting and ending) | |
| | Start: _____ | End: _____ |
| | Start: _____ | End: _____ |
| | Start: _____ | End: _____ |
| Number of food vendors: _____ (Complete Vendor Registration List) | | |
| Expected attendance: _____ | | |
| DESCRIPTION OF SERVICES | Yes | No |
| Is this a smoke-free event? If no, the Tobacco Enforcement Officer may contact you to discuss requirements. | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you need "No Smoking" signs to post at your event? | <input type="checkbox"/> | <input type="checkbox"/> |
| Water supply: Is potable (drinkable) water supplied? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, source of water: <input type="checkbox"/> Municipal <input type="checkbox"/> Bottled <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Well water | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| Electricity available to vendors? If yes, is back-up power supplied to vendors (portable generator)? | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| Garbage bins supplied? (Garbage must be disposed of at least daily) | <input type="checkbox"/> | <input type="checkbox"/> |
| Washrooms provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| Handwashing stations provided? Handwashing stations must be supplied with potable water, liquid hand soap in a pump dispenser, and paper towels in a dispenser at all times. | <input type="checkbox"/> | <input type="checkbox"/> |
| Animal attractions? If yes, handwashing stations must be provided at entrance and exit. | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal services vendors? (tattooing, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |

VENDOR REGISTRATION LIST

| | Name of Vendor | Item Being Sold | Mailing Address (Street address, 911 number, and city) | Phone Number and Email address |
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I _____ certify and accept responsibility for ensuring the information provided is correct and will be adhered to.

Signature of Coordinator: _____ Date: _____

SITE PLAN

Include location of food vendors, water sources, power sources, washroom/handwashing facilities, waste disposal, septic systems, topographical characteristics (e.g., ponds, streams, roads) and any other details that may be necessary to properly assess the site.

MAIL OR FAX:**Huron Perth Public Health**

77722B London Rd, RR 5
Clinton, ON N0M 1L0
1-844-935-1327

653 West Gore St.
Stratford, ON N5A 1L4
519-271-2785

www.hpph.ca/SpecialEventsMarkets

