

## Form: Special Event Organizer

### Event information

**Submit** completed form  
**30 days prior** to event  
start by fax, email, mail  
or drop off

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Event name \_\_\_\_\_  
Event address (911) \_\_\_\_\_  
City or town \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_  
Event date(s): \_\_\_\_\_  
Opening time \_\_\_\_\_ a.m. p.m. Closing time \_\_\_\_\_ a.m. p.m.  
Event type: Indoor Outdoor Expected attendance \_\_\_\_\_  
Name of contact (during event) \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

### Organizer information

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First name \_\_\_\_\_ Last name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Address (911) \_\_\_\_\_  
City or town \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

### Vendor information

**Submit** a list of all  
food vendors

**Direct** food vendors to  
submit completed form\*  
**14 days prior** to event

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#### Food vendor list

In a separate document, provide the following information for each food vendor:

- Name of food vendor
- Phone
- Product(s) sold
- Email
- Number of food vendors \_\_\_\_\_

Name the document, [Special Event name] – Food vendor list

\*Special Event Food Vendor form is available at [www.hpph.ca/SpecialEvents](http://www.hpph.ca/SpecialEvents)

### Potable water

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A source of potable (safe) water must be used and available at the event for activities such as handwashing, dishwashing, food preparation, etc.

Indicate source of potable water:

Municipal water

Well water (sampled within the past 6 months – provide proof to public health)

Water to be provided by vendor

Not provided (prepackaged food only and no samples being offered)

Other, describe:

Explain how you will dispose of and/or hold wastewater (from hand and dishwashing) during an event (if applicable):

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## Site plan

Are garbage bins supplied?  
Garbage must be disposed of at least daily. Y N Not applicable

Will electricity be provided? Y N Not applicable

Will public washrooms with handwashing stations be made available for those in attendance? Y N Not applicable

Number of washroom facilities \_\_\_\_\_ Number of handwash facilities \_\_\_\_\_

Will there be animal attractions?  
If yes, please submit the Notification of Petting Zoos, Animal Rides, Animal Exhibits and Open Farms form\*. Y N Not applicable

5 Will there be personal services vendors (tattooing, etc.)?  
If yes, please submit the Personal Services Special Event Vendor form\*. Y N Not applicable

\*Forms available at [www.hpph.ca/SpecialEvents](http://www.hpph.ca/SpecialEvents)

In a separate document, provide a diagram that indicates the location of:

- food booths
- handwashing stations
- garbage receptacles
- dishwashing area
- wastewater disposal
- washrooms
- fencing
- animal attractions (if applicable)
- personal services vendors (if applicable)

Name the document, [Special Event name] – Site plan

## [Smoke-Free Ontario Act, 2018](#)

Request free signs at [tobacco@hpph.ca](mailto:tobacco@hpph.ca)

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The *Smoke-Free Ontario Act, 2018* prohibits smoking and vaping in several areas that may affect your special event. Smoking/vaping is prohibited on all patios, which are considered to be any areas where food and drinks are served and/or eaten. There are also prohibitions on smoking/vaping within 20 metres of any playgrounds and sporting areas.

## Ontario Regulation 747/21: Permits

For more information, contact the relevant municipality

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Ontario now allows municipalities to permit bring-your-own (BYO) alcoholic beverages at eligible outdoor public events where a municipal bylaw is in place designating which cultural or community events qualify.

Event organizers must follow all local bylaw requirements and AGCO processes before allowing, selling, or distributing alcohol on-site.

If an event is not operating under a BYO permit, organizers should provide clear messaging that the event is **not** a licensed BYO event.

## Organizer sign off

All sections of form required

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**I acknowledge** that I have read and understand the information provided in this form and that the information I have provided in this form is correct.

**Enter name and date here**

Organizer name \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

## Personal information

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The personal information on this form is collected under the authority of the *Health Protection and Promotion Act*, R.S.O. 1990, c. H. 7. It will be used for ownership identification and enforcement of the Act and its applicable Regulations.