

## 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.hp-ph.ca/SpecialEvents](http://www.hp-ph.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 <a href="http://www.hp-ph.ca/SpecialEvents">www.hp-ph.ca/SpecialEvents</a>			
In a separate document, provide a diagram that indicates the location of:			
• food booths	• washrooms		
• handwashing stations	• fencing		
• garbage receptacles	• animal attractions (if applicable)		
• dishwashing area	• personal services vendors (if applicable)		
• wastewater disposal			
Name the document, [Special Event name] – Site plan			

## Smoke-free Ontario Act, 2018

**Request** free signs at  
[tobacco@hp-ph.ca](mailto:tobacco@hp-ph.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 meters of any playgrounds and sporting areas.

## 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.