

## Special Event/Farmers Market Event Organizer Application Form

**\*\*Only use when there are 2 or more vendors**

This application must be submitted at least 30 days prior to any event.  
 Fax 705-721-1495 OR Email hc.phi@smdhu.org **(PDF attachments only)**

If you require assistance, please call *Health Connection* at 705-721-7520 (1-877-721-7520) ext. 8811

<b>EVENT INFORMATION</b>	
Name of Event:	
Expected Number of Vendors:	
Date of Event: From: DD / MM / YYYY To: DD / MM / YYYY	
Expected Number of Attendees:	
<b>EVENT ORGANIZER INFORMATION</b>	
Name of Event Organizer or Sponsoring Group or Agency:	
Contact Person & Mailing Address:	Phone:
	Mobile:
	Email:
<b>EVENT DESCRIPTION</b>	
Event Location / Address:	Hours of Operation:
Venue Type <input type="checkbox"/> Public Park <input type="checkbox"/> Street Festival <input type="checkbox"/> Other, specify:	
Diagram of Event Layout Provided <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SANITARY FACILITY</b>	
<input type="checkbox"/> Municipality (City/Town):	<input type="checkbox"/> Private
Number of Portable Toilets:	Number of Permanent Toilets:
Number of Portable Hand Wash Basins:	Number of Permanent Hand Wash Basins:
<b>WATER SUPPLY</b>	
Potable water supplied to vendors <input type="checkbox"/> Yes (if yes, complete next question on water source) <input type="checkbox"/> No	
<b>Water Source:</b>	
<input type="checkbox"/> Municipality (City/Town):	<input type="checkbox"/> Well Address:
<input type="checkbox"/> Hauled Municipal Name and Phone:	
Bottled Water <input type="checkbox"/> Yes <input type="checkbox"/> No	
Water Lines - Food-grade material <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, length in feet/meters:	
Backflow devices provided <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ice supplied to vendors <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, source of water used to make ice:	

**HYDRO**

**Power Supply:**

- Municipality (*City/Town*):  Generator  
 Premises Name:  N/A

- Electricity available to vendors  Yes  No Refrigerated truck  Yes  No  
 Backup power available  Yes  No Power cords  Yes  No

**WASTE WATER & GARBAGE DISPOSAL**

**Method of Waste Water Disposal:**

- Holding tank  Other, specify:  
 Waste water containers  None available, please explain:

Person or company responsible for waste water disposal: Phone:

**Garbage Disposal:**

Garbage will be disposed of  Daily  Other, please explain:

Person or company responsible for garbage disposal: Phone:

**SERVICES**

- Will alcohol be served or sold?  Yes  No  
 Will there be any personal services such as tattooing or body piercing?  Yes  No  
 Will there be a petting zoo (i.e., any event where public contact with animals is allowed and/or encouraged, such as a petting corral or open farm)?  Yes  No

**SMOKE-FREE ONTARIO ACT COMPLIANCE**

**Patios**

Smoking, vaping or use of cannabis, is prohibited on patios and within 9 metres of a patio, where food and drink is served. This includes outdoor areas operated in conjunction with food and beverage sales where seating and / or tables are provided for patrons to consume their meal or beverage.

Number of patio areas: Number of Smoke-Free Ontario signs needed (min. 2 per patio area):

**Tobacco and Vapour Product Sales and Promotion**

Cigarettes, vapour, and other tobacco products cannot be sold without regulatory compliance with the Smoke-Free Ontario Act (SFOA) and the Tobacco Tax Act (TTA).

- Vendors selling tobacco:  Yes  No  
 Vendors selling vapour products:  Yes  No

*\*It is against the law to promote or display tobacco / vaping brands and products in Ontario in most circumstances.*

**Smoke-Free Signage for Buildings, Tents, Portable Toilets and Work Vehicles**

Event organizers are required to post dual no smoking / no vaping signs at venue entrances and exits, indoor and outdoor washrooms and work vehicles.

Number of buildings, tents, portable toilets and work vehicles: Number of Smoke-Free Ontario signs needed:

**SITE PLAN FOR EVENT**

- |   |  |  |   |
|---|--|--|---|
| <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      | <input type="checkbox"/> Patio            |

**FOOD VENDORS** (Attach additional pages if needed)

Name of Vendor	Business Name	Phone	E-Mail

**FORM COMPLETION (EVENT ORGANIZER)**

Name (print):	Date: DD / MM / YYYY
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**FOR OFFICE USE ONLY**

Office:	PHI:	Date: DD / MM / YYYY
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<b>Risk Assessment:</b> <input type="checkbox"/> Is this event a mass gathering <input type="checkbox"/> Do the vendors onsite sell/offer hazardous foods with a temporary set up with no certificate of inspection <input type="checkbox"/> Are there more than 10 food vendors on site	<b>Event To Be Inspected</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  * (if one or more risk assessment criteria is checked off, event is to be inspected)
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**Inspector's Notes:**

Revised February 2020