



APPLICATION FOR HEALTH DEPARTMENT APPROVAL

Complete and return this form to Simcoe Muskoka District Health Unit at 15 Sperling Drive, Barrie ON L4M 6K9 or fax to: (705) 733-7738

Personal Service Temporary Event Application Form

Each temporary event providing personal services MUST submit a completed application form to the Simcoe Muskoka District Health Unit at least **30 days prior** to the event. Applications MUST be approved prior to the event. Events must comply with applicable sections of the current Ontario Regulation 136/18 for Personal Service Settings and the Guide to Infection Prevention and Control in Personal Services Settings, 2018. **Failure to receive prior approval may result in closure of personal service vending booths, or other legal action.**

For Coordinators of Temporary Personal Service Events

Event Information

Name of Event and Location:	Date(s) and Time(s) of Event:
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Number of vendors: _____ **Personal Service Vendors:** _____ **Other Vendors:** _____

Event Coordinator Information

Name of Sponsoring Group or Agency:	Contact Person & Mailing Address:
Phone Number:	Phone Number:
Fax Number:	Fax:
E-mail:	E-mail:

Vendor Permit Number: _____

Event Details

WATER SUPPLY:

Municipal Supply Commercially Bottled Hauled Municipal Water

Name & Phone # Of Water Hauler:

Well Address/Location:

Well water must have satisfactory sample results within one month prior to event and copy of results must be attached to application.

HYDRO:

Electricity available to vendors: Yes No

Backup power available: Yes No

SEWAGE, WASTE WATER & GARBAGE DISPOSAL:

Method of Sewage Disposal: Municipal Private/Septic Portable Toilets

Method of Waste Water Disposal: Holding tank Waste water containers

Other (specify): _____

None available (explain): _____

Number of Garbage Receptacles on-site: _____ **Number of Large Storage Units on-site:** _____

Note: Garbage must be disposed of daily.

Clean-up Coordinator's Name: _____ **Phone:** _____

PUBLIC WASHROOM FACILITIES & HAND WASH SINKS/STATIONS:

Types of Toilets & Hand Wash Sinks: Permanent Portable

Name of Supplier for Portable Units: _____

Phone: _____

FACILITIES AVAILABLE:

Number of Toilets (specify male/female/gender-neutral): _____

Number of Hand Wash Basins/Stations: _____

SITE PLAN FOR EVENT: Attach a site plan and include the location of the following on the plan:

Personal services vendors Washroom facilities Vendor hand wash stations Garbage disposal

Electrical sources Water sources Waste water disposal (for cleaning, disinfecting, sterilizing)

Food services vendors

PERSONAL SERVICES VENDOR REGISTRATION LIST:

Provide a list all personal service vendors and attach to this application. Coordinators are responsible for providing each vendor with the vendor application package. Vendor application submissions to the Health Unit will be the responsibility of the vendor and the coordinator. All vendors must be approved by the Simcoe Muskoka District Health Unit prior to the event.

I have received and read the *Personal Service Settings Temporary Events* information package. I understand the requirements for event coordinators at temporary events and have provided the information to all personal services vendors that will be attending the event. I agree that all the information I have provided on the 2 pages of this application form is accurate.

Date **Event Coordinator Name (Print)** **Event Coordinator Signature**

For Public Health Inspector to Complete:

Application Approved: Yes No

Inspector Comments:

Inspector Signature: _____ **Date:** _____