

## Organizer Application Form for Personal Services Special Events

Complete and return to Algoma Public Health at least **30 days** before the start date of this event. If you need help completing this form, call Algoma Public Health *Environmental Health* at **705-759-5286**.

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Event Information							
Event Name:			Evpoct	ed Number of Attendees:			
Event Date(s):			Expecie				
Event Location/Address:							
	ood be Pro	vided: □Ye	es □No	(If yes, complete Food Vendor list on page 2)			
Organizer Information							
Organizer's Name:							
Corporation/Numbered Company:							
Address:				Business Phone:			
City/Town:	Postal Code:			Cell Phone:			
Email Address:	· · · · · · · · · · · · · · · · · · ·			Fax:			
Responsibilities of Organizer							
Sanitary Facilities (if yes, specify number)							
Portable Toilets  Yes No	Portable Handwash Basins ☐Yes ☐No						
Permanent Toilets ☐Yes ☐No	Permanent Handwash Basins □Yes □No						
Water Supply							
Potable water supplied to vendors:   Yes (if yes, complete next question on the source of the water)							
Water Source: ☐ Municipal ☐Well ☐Other (specify)							
□Water Truck – company name:							
Water lines: Food-grade material □Yes □No Backflow devices provided: □Yes □No							
·							
Hydro							
Electricity available:							
Garbage							
Garbage bins available: ☐Yes ☐No Garbage disposed of daily: ☐Yes ☐No							
Services							
Types of personal services that will be offered: (tattooing, piercing, micro-blading, hair dressing etc.)							
Will food be served at this event: ☐ Yes ☐ No							



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Approved Sharps Containers Provided □Yes □No								
Hand Hygiene Stations (e.g. hand sinks, hand sanitizer): Locations:  Washrooms Booth Portable handwash station Other, specify								
Sink(s) with hot and cold running potable water Liquid soap in dispenser Single-use paper towels Single-use moist towellettes Hand sanitizer Other, specify								
Personal Service Ve	ndor Registration I	List (additio	nal vendors listed on	attached page)				
Name of Vendor	Business Name	Mailing Address	Phone #	E-mail				
-								
Food Vendor Registr	ration List	(additio	nal vendors listed on	attached page)				
Name of Vendor	Business Name	Mailing Address	Phone #	E-mail				
<ul> <li>Please take the following into consideration:</li> <li>Provide each vendor with a copy of the Algoma Public Health Special Event Vendor package.</li> <li>Hand sanitizers do not replace the requirement for handwashing stations.</li> <li>All food served or sold at the special event must be prepared at an approved source.</li> </ul>								
Organizer Name (Print) Organizer Signature Date								

Name of Vendor	Business Name	Mailing Address	Phone #	E-mail			
HEALTH DEPARTMENT USE ONLY							
	APPLICATION APPROVED: Inspector's Comments/Requirements:						
☐ YES NO							
☐ Subject to Requirements (see report)	5						
DATE:	Inspector's Name	e:	Signature:				

Personal Service Vendor Registration List (if additional space is required, attach a separate page)