

Special Event Organizer Application Form

Return completed form to Algoma Public Health at least **4 weeks** before the start date of the event.

If you need help completing this form, call Algoma Public Health *Environmental Health* at **1-866-892-0172**

Event Information		
Event Name: _____		
Event Address: _____		
Start Date: _____	End Date: _____	
Time(s) of Operation: _____	Expected Number of Attendees: _____	
Diagram of Event Layout Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Organizer Information		
Organizer's Name: _____		
Address: _____	City/Town: _____	Postal Code: _____
Phone Number: _____	Email Address: _____	
Utilities – check all that apply (✓)		
<p>Sanitary Facilities</p> <p><input type="checkbox"/> Portable toilets If yes, specify number: _____</p> <p><input type="checkbox"/> Portable handwashing sinks If yes, specify number: _____</p> <p><input type="checkbox"/> Permanent toilets If yes, specify number: _____</p> <p><input type="checkbox"/> Permanent handwashing sinks If yes, specify number: _____</p> <hr/> <p>Hydro</p> <p><input type="checkbox"/> Electricity available</p> <p><input type="checkbox"/> Back-up power available</p> <p><input type="checkbox"/> Refrigerated truck available</p> <hr/> <p>Garbage collection / disposal</p> <p><input type="checkbox"/> Garbage cans/bins available If yes, specify number: _____</p> <p><input type="checkbox"/> Garbage will be disposed of daily</p>	<p>Water</p> <p>Water source:</p> <p><input type="checkbox"/> Municipal</p> <p><input type="checkbox"/> Well</p> <p><input type="checkbox"/> Bottled water</p> <p>Water lines:</p> <p><input type="checkbox"/> Food-grade material</p> <p><input type="checkbox"/> Backflow devices provided</p> <p><input type="checkbox"/> Ice supplied to vendors (If yes, source of water used to make ice): _____</p> <hr/> <p>Waste water disposal:</p> <p><input type="checkbox"/> City sewer</p> <p><input type="checkbox"/> Other: _____</p>	
Animal Exhibit		
Will there be an animal exhibit of any type at this event (petting zoo, pony rides, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide contact information: _____		
Personal Services Settings		
Will there be any vendors that perform personal services such as tattooing, body piercing, hair cutting? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide contact information: _____		

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

Vendor Information (provide food vendor name)	Vendor Mailing Address	Vendor's Phone Number(s) (business and/or cell)

Total Number of Food Vendors:	_____
-------------------------------	-------

ATTACH a complete vendor list if additional space is needed.

Organizer's Signature:	Date:
------------------------	-------



Approved: Yes No

Public Health Inspector's Signature:	Date:
--------------------------------------	-------

NOTICE OF COLLECTION
 Personal information requested by staff is collected under the authority of the *Health Protection and Promotion Act* and will be used to provide statistical data to the Ministry of Health and Long-Term Care.