

**Office Fax Numbers:** 

## **Organizer Application Form for Special Events**

Richmond Hill:

Complete and return form to York Region Community and Health Services at least 30 days before the start date of this event

Tannery:

If you need help completing this form, call York Region Health Connection at 1-800-361-5653

Markham:

Georgina:

Office Fax	Numbers:	905-989-0237	905-940-9872		905-762-2091	905-836-8315				
Event Information										
Event Name	e:			Expected	Expected Number of Vendors:					
Event Date(s):				Expected	Expected Number of Attendees:					
Organizer Information										
Organizer's Name:										
Corporation/Numbered Company:										
Address:					Business	Business Phone:				
City/Town: Postal			tal Code:	Code: Cell Phone:						
Email Addre	Email Address:				Fax:					
Event Des	scription									
Event Location/Address:										
Venue Type:       ☐ Public Park       ☐ Street Festival       ☐ Mall Property       ☐ Other (specify):										
Hours of Operation: Diagram of Event Layout Provided  Yes  No										
Responsibilities of Organizer										
Sanitary Facilities (if yes, specify number)										
Portable To					Portable Hand Wash Basins Yes No					
Permanent Toilets Yes No Permanent Hand Wash Basins Yes No										
Water Supply  Potable water supplied to vendors: ☐ Yes (If yes, complete next question on the source of the water) ☐ No										
Potable wat				npiete next q	uestion on the sour	ce of the water)				
Water	Water Truck - Company Name:									
Source	☐ Bottled Water ☐ Municipal ☐ Well									
Other (specify):										
	Water lines: Food-grade material ☐ Yes ☐ No Backflow devices provided: ☐ Yes ☐ No									
Ice supplied to vendors:  Yes (If yes, source of water used to make ice):										
Hydro										
Electricity available:   Yes   No Back-up power available:   Yes   No										
Refrigerated truck available:										
Garbage										
Garbage cans/bins available:										
Garbage will be disposed of daily:   Yes   No										
Vendors										
Total numbe	er of Food Ve	ndors participating	in event:		Will there be any vendors that perform personal services such as tattooing, body piercing, hair cutting?  Yes No					
Will any vendors have 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										
Proposed ty	pes of foods t	hat will be served (	e.g. hambı	urgers, chick	en skewers, roast b	eef, etc.):				



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Vendor Registration List (if additional space is required, attach a separate page)									
Vendor Information (provide vendor name and food booth name)		Vendor Mailing Addr	ess	Vendor's Phone Number(s) (business and/or cell)					
Please take the following into consideration:									
Make sure vendors receive a copy of the special event package.									
<ul> <li>At a minimum, temporary handwashing stations must consist of an insulated container with a spigot that provides a continuous flow of running water, liquid soap, paper towels and a bucket to collect waste water. The temporary handwashing station must be set up on an elevated surface (i.e. table).</li> </ul>									
Hand sanitizers do not replace the requirement for handwashing stations.									
<ul> <li>All food served or sold at the special event must be prepared at an approved source. Do not serve or sell food prepared from home.</li> </ul>									
For Office Use Only									
Date:									
	————Publi	c Health Inspector's Signature	Organ	nizer's Signature					