



Organizer Application Form for Special Events

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

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

Office Fax Numbers:	Georgina: 905-989-0237	Markham: 905-940-9872	Richmond Hill: 905-762-2091	Tannery: 905-836-8315
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Event Information

Event Name:	Expected Number of Vendors:
Event Date(s):	Expected Number of Attendees:

Organizer Information

Organizer's Name:		
Corporation/Numbered Company:		
Address:		Business Phone:
City/Town:	Postal Code:	Cell Phone:
Email Address:		Fax:

Event Description

Event Location/Address:	
Venue Type: <input type="checkbox"/> Public Park <input type="checkbox"/> Street Festival <input type="checkbox"/> Mall Property <input type="checkbox"/> Other (specify):	
Hours of Operation:	Diagram of Event Layout Provided <input type="checkbox"/> Yes <input type="checkbox"/> No

Responsibilities of Organizer

Sanitary Facilities (if yes, specify number)

Portable Toilets <input type="checkbox"/> Yes <input type="checkbox"/> No	Portable Hand Wash Basins <input type="checkbox"/> Yes <input type="checkbox"/> No
Permanent Toilets <input type="checkbox"/> Yes <input type="checkbox"/> No	Permanent Hand Wash Basins <input type="checkbox"/> Yes <input type="checkbox"/> No

Water Supply

Potable water supplied to vendors: <input type="checkbox"/> Yes (If yes, complete next question on the source of the water) <input type="checkbox"/> No	
Water Source	<input type="checkbox"/> Water Truck - Company Name:
	<input type="checkbox"/> Bottled Water <input type="checkbox"/> Municipal <input type="checkbox"/> Well
	<input type="checkbox"/> Other (specify):
Water lines: Food-grade material <input type="checkbox"/> Yes <input type="checkbox"/> No Backflow devices provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ice supplied to vendors: <input type="checkbox"/> Yes (If yes, source of water used to make ice): <input type="checkbox"/> No	

Hydro

Electricity available: <input type="checkbox"/> Yes <input type="checkbox"/> No	Back-up power available: <input type="checkbox"/> Yes <input type="checkbox"/> No
Refrigerated truck available: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Garbage

Garbage cans/bins available: <input type="checkbox"/> Yes (specify number): <input type="checkbox"/> No
Garbage will be disposed of daily: <input type="checkbox"/> Yes <input type="checkbox"/> No

Vendors

Total number of Food Vendors participating in event:	Will there be any vendors that perform personal services such as tattooing, body piercing, hair cutting? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 types of foods that will be served (e.g. hamburgers, chicken skewers, roast beef, etc.):

