

Organizer Special Event Application

Return your completed form to: PHI.Intake@wdgpublichealth.ca or by fax to 519-823-4905 at least 60 days prior to the event

Event Information		
Event Name:	Duration: 1 day <input type="checkbox"/> 2-3 days <input type="checkbox"/> 4-7 days <input type="checkbox"/>	
Date of Event:	Total Attendance: 50 or less <input type="checkbox"/> 51-100 <input type="checkbox"/>	
Event Location:	Annual Event: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Venue Type: Public Park <input type="checkbox"/> Street Festival <input type="checkbox"/> Community Centre <input type="checkbox"/> Other <input type="checkbox"/> Specify:		
Smoking area provided? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Organizer/Contact Information		
Organizer/Contact Person:		
Address:		Home Phone:
City/Town:	Postal Code:	Business Phone:
Email Address:		Cell Phone:
Responsibilities of Organizer		
Water Supply:		
Potable water supplied to vendors: Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, complete next question on the water source)		
Water Source:		
Municipal <input type="checkbox"/> Other Regulated Source <input type="checkbox"/> Bottled Water <input type="checkbox"/> Private Well <input type="checkbox"/>		
Water Truck <input type="checkbox"/> Company name: _____ Other <input type="checkbox"/> (specify): _____		
Ice supplied to vendors: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, source of water used to make ice: _____		
Hydro:		
Electricity available Yes <input type="checkbox"/> No <input type="checkbox"/> Back-up power available Yes <input type="checkbox"/> No <input type="checkbox"/>		
Sanitary Facilities:		
Portable Toilets Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Sewage Hauler: _____		
Permanent Toilets Yes <input type="checkbox"/> No <input type="checkbox"/>		
Portable Hand Wash Basins Yes <input type="checkbox"/> No <input type="checkbox"/> Permanent Hand Wash Basins Yes <input type="checkbox"/> No <input type="checkbox"/>		
Hand Sanitizer Yes <input type="checkbox"/> No <input type="checkbox"/> Soap and Paper Towels Yes <input type="checkbox"/> No <input type="checkbox"/>		
Garbage: Garbage cans/containers available: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Vendor Information		
Are food vendors participating? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Personal Service Setting Booth (piercing, tattoo, manicure, etc)? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please fill out the <i>Personal Service Temporary Event Application</i> .		
Petting zoo or animal exhibit? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list: _____		
*Please list all participating vendors on the following page.		

Vendor Registration List			Office use only		
Booth Name	Contact Name	Phone Number(s)	Infractions Noted		
			Yes	Item #	No

For Office Use Only

NEX Number:		Inspector:	
Event Exempted: Yes <input type="checkbox"/>	No <input type="checkbox"/>	Inspection required: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Educational Material	Yes <input type="checkbox"/> No <input type="checkbox"/>	CID notified: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
Date Approved: _____		PHI Signature: _____	