

Organizer Special Event Application

Return your completed form to: PHI.Intake@wdgpublichealth.ca or by fax to 519-823-4905 at least **30** days prior to the event

Event Information		
Event Name:		Event Date:
Event Location:		Event Duration: (days) Annual Event: Yes <input type="checkbox"/> No <input type="checkbox"/>
Visitor Expectancy:		
Venue Type: Public Park <input type="checkbox"/> Street Festival <input type="checkbox"/> Community Centre <input type="checkbox"/> Other(specify):		
Smoking area provided? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Organizer/Contact Information:		
Organizer/Contact Person:		Application (Today's Date)
Address:		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"/> Water Truck Company Name _____ Other (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:		
<i>Organizers are required to have toilets available for attendees. For recommendations on the number of toilets please contact your local sewage hauler.</i>		
Permanent Toilets: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many? _____ Location: _____		
Portable Toilets: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many? _____ Sewage Hauler: _____		
Permanent Hand Wash Basins: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many? _____		
Portable Hand Wash Basins: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many? _____		
Hand Sanitizer: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Soap and Paper Towels: Yes <input type="checkbox"/> No <input type="checkbox"/>		

Garbage

Will you be providing garbage collection? Yes ☐ No ☐

Vendors

Are food vendors participating? Yes ☐ No ☐

Personal Service Setting Booth (piercing, tattoo, manicure, etc?) Yes ☐ No ☐

If yes, please fill out the Personal Service Temporary Event Application

Petting zoo or animal exhibit Yes ☐ No ☐

If yes, please provide contact information: _____

****Please list all participating vendors on the following page. ****

[illegible]

For Office Use Only

PHI Signature: