

SPECIAL EVENTS NOTIFICATION FORM
ORGANIZER APPLICATION

O. Reg. 493/17: FOOD PREMISES under Health Protection and Promotion Act, R.S.O. 1990, c. H7. A person who gives notice of an intention to commence to operate a food premise to the medical officer of health under subsection 16 (2) of the Act shall include his or her name, contact information and the location of the food premise in the notice.

ORGANIZER RESPONSIBLE FOR RECEIVING COMPLETED FOOD VENDOR APPLICATIONS AND SUBMITTING APPLICATION PACKAGE TO THE HEALTH UNIT A MINIMUM OF 14 DAYS PRIOR TO THE PROPOSED EVENT.

THIS NOTIFICATION FORM IS TO NOTIFY THE HALIBURTON, KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT OF:	
<input type="checkbox"/> Special Event	<input type="checkbox"/> Farmers Market
<input type="checkbox"/> Other (<i>please specify</i>):	

SPECIAL EVENT/ FARMERS MARKET INFORMATION:		
Event Name:		
Event Date(s):		
Hours of Operation:		
Event Location: <small>(Full address, including street number and name, town/city and postal code.)</small>		
Anticipated Attendance:		
Event/ Market Layout:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not attached
Water supply:	<input type="checkbox"/> Private (ie. Well, Cistern, etc.)	<input type="checkbox"/> Treated <input type="checkbox"/> Untreated <input type="checkbox"/> Municipal
Sewage:	<input type="checkbox"/> Private	<input type="checkbox"/> Municipal
Garbage Disposal:	<input type="checkbox"/> Municipal	Removal Frequency: _____
Public Washrooms Available:	<input type="checkbox"/> Yes <input type="checkbox"/> No Please specify type of washroom: _____ # of Washrooms: _____ # of Handwashing Facilities & Location(s): _____	
Animal Exhibits: <small>(Petting zoo, pony rides, poultry etc.)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify type of exhibit: _____ Rabies Vaccination Certificate(s) Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICANT INFORMATION:		
Name:		
Address:		
Phone Number:		Email:

