

# Special Event Organizer Application

Fax your completed form to 519-823-4905 or email it to [PHI.Intake@wdgpublichealth.ca](mailto:PHI.Intake@wdgpublichealth.ca) at least 60 days prior to event.

Event Information			
Event Name:	Duration: 1 day    2-3 days    4-7 days		
Date of Event:	Total Attendance: Under 800    Over 800		
Event Location:	Annual Event: Yes    No		
Venue Type: Public Park    Street Festival    Community Centre    Other    Specify:			
Organizer/Contact Information			
Organizer/Contact Person:			
Address:		Home Phone:	
City/Town:	Postal Code:	Business Phone:	
Email Address:		Cell Phone:	
Website:			
Responsibilities of Organizer			
<b>Water Supply:</b>			
Potable water supplied to vendors: Yes    No    (If yes, complete next question on the water source)			
<b>Water Source:</b>			
Municipal	Other Regulated Source	Bottled Water	Private Well
Water Truck	Company name: _____		Other (specify):
Ice supplied to vendors: Yes    No    If yes, source of water used to make ice:			
<b>Hydro:</b>			
Electricity available	Yes	No	Back-up power available    Yes    No
<b>Sanitary Facilities:</b>			
Portable Toilets	Yes	No	If yes, Sewage Hauler: _____
Permanent Toilets	Yes	No	
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Portable Hand Wash Basins	Yes	No	Permanent Hand Wash Basins    Yes    No
Sanitizer	Yes	No	If yes, specify type: _____    Soap and Paper Towels    Yes    No
<b>Garbage:</b> Garbage cans/containers available: Yes    No			
Vendor Information			
Total Number of Vendors participating:			
Personal Service Setting Booth (piercing, tattoo, manicure, etc)? Yes    No    If yes, Vendor(s) name and phone number(s):			
Will any Vendors have a petting zoo or animal exhibit? Yes    No    If yes, Vendor(s) name and phone number(s):			

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

**For Office Use Only**

CSR Number:		Inspector:	
Premise Exempted: Yes	No	Inspection required: Yes	No
Educational Material	Yes	No	
Comments:			
Date Approved:		PHI Signature:	