

Organizer Special Event Application

Return your completed form to hpd.assist@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. ****

