

Special Event Organizer Application

Fax your completed form to 519-823-4905 or email it to 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			
Water Supply:			
Potable water supplied to vendors: Yes No (If yes, complete next question on the water source)			
Water Source:			
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:			
Hydro:			
Electricity available	Yes	No	Back-up power available Yes No
Sanitary Facilities:			
Portable Toilets	Yes	No	If yes, Sewage Hauler: _____
Permanent Toilets	Yes	No	

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
Garbage: 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:		
Event Exempted: Yes	No		Inspection required: Yes	No	
Educational Material	Yes	No			
Comments:					
Date Approved:			PHI Signature:		



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1-800-265-7293 ext. 4753

www.wdgpublichealth.ca