



SPECIAL EVENT / FILMING PERMIT APPLICATION FORM

This application must be submitted no less than:
• 15 business days prior to the date of the Special Event and / or any activity that involves a road closure
• 3 days prior to the commencement of a Filming Event.
Applications will not be accepted if submitted incomplete or without required documents.

If you plan on utilizing a City-owned facility, please ensure that the facility/venue and amenities has been booked and confirmed through the Recreation and Culture Department (Facility Rentals: RecCSD@vaughan.ca ) before submitting your Special Event Application.

2020 FEES \$ 437 more than 1000 people \$ 219 (501 - 1000 people) \$ 110 (251- 500 people) \$55 (up to 250 people)
\$ 315 Filming \$No Fee - Student Film
\$ tbd - Road Closure - Pre-closure and pre-opening inspections (Additional fees may be required)

APPLICANT INFORMATION

Applicant Name: (Surname) (Given) (Initial)
Address: Unit: City: Prov: Postal Code:
Telephone #: (Business) (Cell) (Fax)
Company/Organization Name:
Business Address: Unit: City: Prov: Postal Code:
Email Address of Applicant (Contact):

EVENT INFO & ACTIVITIES Amusement Devices Athletic Festival Motorcycle Ride Food Vendors (# of Vendors)
Inflatable Devices Social Street Party Other:
Outdoor Exhibition Concert Parade Procession
Refreshment Vehicle Event License (please include separate Refreshment Vehicle License application)

Event/Film Title: Location:

\* If your event is at a City-owned facility, please provide your six digit contract number:

Dates Requested (dd/mm/yyyy): From: To: Start Time: am pm End Time: am pm

Alternative Date (dd/mm/yyyy): From: To: Start Time: am pm End Time: am pm

Expected number of food vendors:

Location Manager: (Surname) (Given) (Initial)

Telephone #: (Business) (Cell) (Fax)

\*\*\*\*Please ensure that 'Notice to Resident / Local Business' template is completed and submitted with application for approval\*\*\*\*

INDEMNITY/LIABILITY AGREEMENT

I / we hereby undertake and agree to indemnify and save harmless, the City of Vaughan and its employees from all actions, suits, claims and demands whatsoever, which may be brought against the City of Vaughan in respect to any loss, damage or injury to any person or property arising directly or indirectly out of or as a result of the City of Vaughan issuing this permit for the use of the City's streets parks and/or property.

NOTICE OF COLLECTION

I acknowledge that the foregoing application may contain "Personal Information" as defined under the Municipal Freedom of Information and Protection of Privacy Act. This information is required pursuant to the provisions of the Municipal Act. It will be used by the City of Vaughan to process this application, for administration of this Permit and to ensure compliance with all applicable statutes, regulations and by-laws. Questions about this collection should be directed to the Bylaw & Compliance, Licensing & Permit Services at (905) 832-8505.

Signature of person having the authority to bind the applicant

Date (dd/mm/yyyy)

Please see back of form and attached for additional requirements

**CONDITIONS TO BE FULFILLED BY APPLICANT**

<p style="text-align: center;"><b><u>All Activities</u></b></p> <p><input type="checkbox"/> <b>Area Residences &amp; Businesses notified in writing</b> no less than 48 hours prior to event.</p> <p><input type="checkbox"/> <b>Insurance Certificate</b> that covers the event and names the City of Vaughan as an additional insured - Please provide the Insurance Agency, Policy #, name of the Agent, Business Address, and Telephone #</p> <p><input type="checkbox"/> <b>\$2 million-Special Event</b>   <input type="checkbox"/> <b>\$5 million-Outdoor Exhibition/ Film</b></p> <p><input type="checkbox"/> <b>Traffic Control Plan</b> - Location and/or route map, parking layout which also indicates if road is assumed, any road closures, traffic stoppages, signs, barricades and the Emergency Vehicle access. All Emergency / Fire Routes must remain unobstructed at all times. The applicant is responsible for the procurement of all signs and barricades and any cost related to road closures. Please contact a Traffic Safety Supply and Service Company for a quote on traffic control devices and a traffic control plan. Note* Pre-closure and pre-opening inspections are conducted by the City (min \$290.00 charge).</p> <p><b>Note*</b> Paid Duty Police Officers will be required for traffic control for any event within 30 m of a signalized intersection (at the applicant's expense). Please see the website for more information: <a href="https://paidduty.yrp.ca/Module/PaidDuty/en/Step/1">https://paidduty.yrp.ca/Module/PaidDuty/en/Step/1</a></p> <p>Information related to permits for closures and use of York Regional roads can be found at the York Region Website: <a href="http://www.york.ca">www.york.ca</a></p> <p><b>Emergency Preparedness Plan</b> - A plan must be in place to protect public, organizing staff and participants from any identifiable hazards and threats that may occur at the event. The applicant must explain how they will address; hazards and threats, and outline roles and responsibilities.</p> <p><b>Filming</b> - Residential areas shall be restricted to the local hours of 7 a.m. and 11 p.m.; however an exemption may be granted by the City Clerk, provided that all affected residents are notified in writing and subsequently give their written approval.</p>	<p style="text-align: center;"><b><u>Other Restrictions as Required</u></b></p> <p><b>Alcoholic Beverages</b> - <i>Special Occasion Permit/Temp. Outdoor Extension</i>. Please see link below for more info. <a href="http://agco.on.ca/en/whatwedo/permit_special.aspx">http://agco.on.ca/en/whatwedo/permit_special.aspx</a></p>
<p><b>Athletic Event, Parade / Processions</b></p> <p><input type="checkbox"/> Security &amp; Traffic Control Plan</p> <p><input type="checkbox"/> A sample copy of a <b>Release, Waiver and Indemnity Form</b> is required from participants involved in an athletic event which is part of the road closure.      <input type="checkbox"/> <b>Attached</b></p>	<p><b>Electrical Safety Authority</b> – <input type="checkbox"/> Electrical Inspection is required for electrical equipment used at events. For more information please see <a href="http://www.esasafe.com">www.esasafe.com</a></p>
<p><b>Outdoor Exhibition &amp; Festivals</b></p> <p><input type="checkbox"/> Security, Waste and Noise Management Plan</p>	<p><b>Emergency Medical Services Plan</b></p> <p><input type="checkbox"/> Staff, attendee and public safety plan</p> <p><input type="checkbox"/> Provision of First Aid resources (supplies and staff)</p> <p><input type="checkbox"/> Availability of paramedic staff and access to site</p>
<p><b>Street Party/Social</b> - Applicant must close street with proper road barriers and inform residents affected by closure (see sample letter). A Noise Exemption or monitoring may be required.</p>	<p><b>Erecting Structure</b> - <input type="checkbox"/> Tent-larger than 60 m<sup>2</sup> (645sf) / Stage higher than 2 feet. Contact Building Department at 905 832-8510 for Permits or information.</p>
<p><b>Amusement Devices</b> -Technical Standards &amp; Safety Authority <b>Operating License Permit(s) (for each ride)</b> Please see the Technical Standards &amp; Safety Authority website for more information : <a href="http://www.tssa.org/regulated/amusement/default.asp">http://www.tssa.org/regulated/amusement/default.asp</a></p> <p><b>Inflatable Devices</b> (bouncers, slides, obstacle courses, etc). Additional \$ 2 Million Insurance coverage is required.</p>	<p><b>Fire Safety Plan (Vaughan Fire &amp; Rescue Services)</b></p> <p><input type="checkbox"/> Identification of potential fire safety hazards</p> <p><input type="checkbox"/> Written notification and approval of Chief Fire Official</p> <p><input type="checkbox"/> Provision of Pay Duty Firefighters (where applicable)</p>
	<p><b>Health &amp; Safety Plan (Medical Officer of Health)</b></p> <p><input type="checkbox"/> Provision of potable water and lavatory facilities</p> <p><input type="checkbox"/> Food service events that are open to the public must comply with York Region Health Department Special Event Guidelines. Guidelines are available at: <a href="http://www.york.ca/Services/Public+Health+and+Safety/">http://www.york.ca/Services/Public+Health+and+Safety/</a></p> <p>For more information on food safety or to speak with a Public Health Inspector, call York Region <a href="http://www.york.ca/Services/Public+Health+and+Safety/">Health Connection</a> at: <b>1-800-361-5653, TTY 1-866-252-9933</b></p>
	<p><b>Noise Management Plan</b></p> <p>If your event creates noise that can be heard outside the location of your event, you may be required to obtain a Noise Bylaw exemption and/or monitoring. Will your event have amplified sound?      Yes      No</p>
	<p><b>Security Plan (York Regional Police)</b></p> <p><input type="checkbox"/> Identified potential security concerns</p> <p><input type="checkbox"/> Written notification and approval of Chief of Police</p> <p><input type="checkbox"/> Provision of Pay Duty Officers (where applicable)</p>
	<p><b>Waste Management Plan</b></p> <p><input type="checkbox"/> Description of waste reduction strategies</p> <p><input type="checkbox"/> Provision of waste and recycling collection receptacles</p> <p><input type="checkbox"/> Debris and litter clean-up strategy</p> <p><input type="checkbox"/> Precautions for hazardous waste (where applicable)</p>
	<p style="text-align: center;"><b>RAFFLES</b></p> <p>If you wish to hold a draw or auction in connection with your event, an additional Raffle Application must be submitted. Information and applications are available at: <a href="http://www.vaughan.ca/services/residential/licensing_and_permits/pages/default.aspx">http://www.vaughan.ca/services/residential/licensing_and_permits/pages/default.aspx</a></p>



SPECIAL EVENT / OUTDOOR EXHIBITION / FILMING PERMIT

APPLICATION FORM

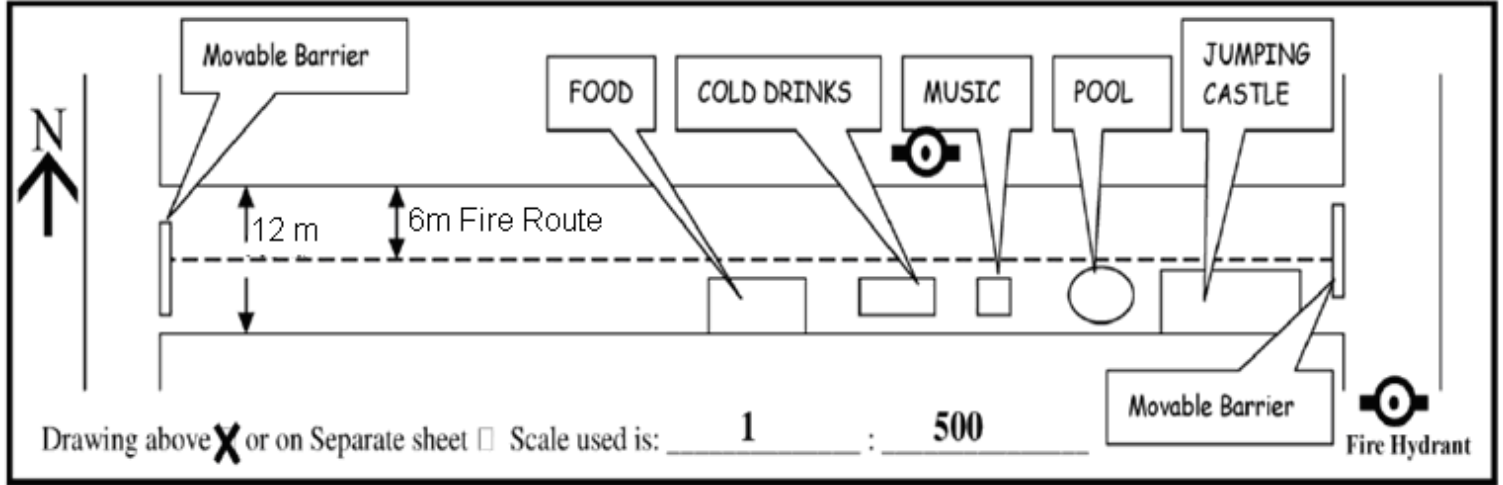
Road Closure Request - Attach map showing proposed location / route

Temporary  Intermittent (total time \_\_\_\_ (minutes) over a period of 1 hour, with \_\_\_\_ minute max. duration)

Dates Requested (dd/mm/yyyy): From: \_\_\_\_ To: \_\_\_\_ Start Time: \_\_\_\_  am  pm / End Time: \_\_\_\_  am  pm

Requested road closures: \_\_\_\_\_

Reason for closure: \_\_\_\_\_



Your Site Plan

Drawing above  or on separate sheet  Scale used is: \_\_\_\_\_ : \_\_\_\_\_

**For Office Use Only**

Reviewed by: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Application #: \_\_\_\_\_

**SPECIAL EVENT / FILMING PERMIT APPLICATION FORM**

(Insert Company logo or use Company Letterhead above)

**Notice to Resident/Business Template  
(Draft to be submitted for approval)**

Dear Residents, Property Owners:

Please take a moment to read the following information about an event - **(PROJECT NAME)** at **(LOCATION/ADDRESS)** on/from **(DATE/DATES)**. **(EVENT APPLICANT)** would like to provide you with as much information as possible about our presence to help you prepare for our arrival and anticipate how our activity might affect your daily routine/business.

**(EVENT APPLICANT)** will be conducting a **(TYPE OF EVENT AT / ALONG THE ROUTE OF LOCATION/ADDRESS)** beginning at **(TIME & DATE)** and ending at **(TIME & DATE)**. Our presence and event will be **(CONTINUOUS/INTERMITTENT)** during this period.

DESCRIPTION OF EVENT AND SPECIFIC EQUIPMENT:

**(INCLUDE A BRIEF SYNOPSIS AND DETAILS ABOUT THE SPECIAL EVENT, SPECIAL EQUIPMENT INCLUDING GENERATORS, LIGHTING, AND NOISE. IF POLICE/FIRE/OTHER WILL BE ON SITE PLEASE INCLUDE THIS INFORMATION)**

IMPACT ON REGULAR TRAFFIC AND PEDESTRIANS:

**(INCLUDE DETAILS ABOUT FULL AND INTERMITTENT CLOSURES OF STREETS AND/OR SIDEWALKS, PEOPLE OR ACTIVITIES THAT WILL BE ON THE STREET AND/OR SIDEWALKS, AND ANY VEHICLES THAT WILL BE ESCORTED, DRIVE BELOW THE SPEED LIMIT, BE PULLING TRAILERS ETC. IF POLICE/FIRE/OTHER WILL BE ON SITE PLEASE INCLUDE THIS INFORMATION)**

IMPACT ON PARKING:

In order to minimize the disruption to your neighbourhood the majority of our vehicles will be located at **(PARKING LOCATION OF VEHICLES)**. However to accommodate our essential vehicles and continuity of event the (City of Vaughan) has authorized parking of **(NUMBER OF VEHICLES) (LENGTH & TYPE OF VEHICLES)** on the **(N/S/E/W)** side of **(STREET/STREETS)**. These vehicles will arrive at **(TIME)** on **(DATE)** and leave at **(TIME)** on **(DATE)**. **(If you will be coming and going please indicate intermittent parking and approximate dates/time of your presence)**

We empathize that our presence may affect your routine and appreciate your cooperation during this time. Please be assured that we will do all in our power to minimize the impact of our activities in your neighbourhood. The goodwill of Vaughan citizens and communities is essential for our event and its success. It is a relationship that we intend to maintain in good standing.

Should you require access to the restricted area during this time **(delivery, repairs, moving out, special needs/accessibility etc.)** do not hesitate to contact us ahead of time at **(CONTACT PERSON & NUMBER)**. While we are in your neighbourhood you can also talk to our on-site representative.

Thank you for your patience and cooperation during our work.

Event Representative Name & Mobile Number: MUST BE ON SITE DURING ENTIRE SPECIAL EVENT - FILMING PERIOD

Sincerely,

**(LOCATION MANAGER NAME)**  
**(APPLICANT / COMPANY NAME)**  
**(Other contact information)**

# Standard Certificate of Insurance

1. Proof of insurance will be accepted on this Certificate only, without amendments.
2. Completed certificates must be signed and submitted to one of the Departments provided in Item #5 of the requirements section below.
3. This Certificate must be completed and signed by an Insurance Company or authorized insurance broker licensed and able to conduct business in Canada.

Named Insured: \_\_\_\_\_

Address of Named Insured: \_\_\_\_\_

Location & description of work/activity/contract to which this certificate applies: \_\_\_\_\_

Type of Insurance	Policy Number	Effective Date YYYY/MM/DD	Expiry Date YYYY/MM/DD	Limit of Liability	Deductible
Commercial General Liability	_____	_____	_____	_____	_____
Motor Vehicle Liability	_____	_____	_____	_____	_____
Umbrella/Excess Liability	_____	_____	_____	_____	_____
Other:	_____	_____	_____	_____	_____

**The Named Insured and undersigned Insurer agree to and confirm the following requirements:**

1. The Commercial General Liability Policy is extended to include Personal / Bodily Injury, Contractual Liability, Non-Owned Automobile Liability, Owner's and Contractor's Protective Coverage, Products – Completed Operations, Contingent Employers Liability, Cross Liability and Severability of Interest and Volunteers/Employee's as additional insured(s).
2. **The Corporation of the City of Vaughan** has been added as an **Additional Insured** under the Commercial General Liability Policy, but only with respect to the liability arising out of the aforementioned operations of the Named Insured.
3. Other Additional Insured(s): \_\_\_\_\_
4. The Named Insured and Insurer must declare deductible limits for each type of coverage applicable. All claims arising out of the operations which fall within the deductible limits are the sole responsibility of the Named Insured.
5. Should any of the described policies or part thereof be cancelled or materially changed, the Insurer must provide thirty (30) days written notice by registered mail to: The Corporation of the City of Vaughan to the respective department in the drop down box below:

**Attention:** \_\_\_\_\_

**Email:** \_\_\_\_\_

6. Protection under the General Liability Policy(ies) identified above shall apply as primary insurance and not excess to any other insurance available to any of the Additional Insured identified above.

**CERTIFICATION** I have authorization to issue this Certificate for and on behalf of the Insurer(s). This is certification under my authority that the insurance policies and coverage stated in this Certificate are in effect as stated as per the date of signing. This Certificate is valid until the expiration date(s) indicated unless notice is provided in writing pursuant to section #5 above.

**Insurance Company:**

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Insurance Broker:**

Address: \_\_\_\_\_

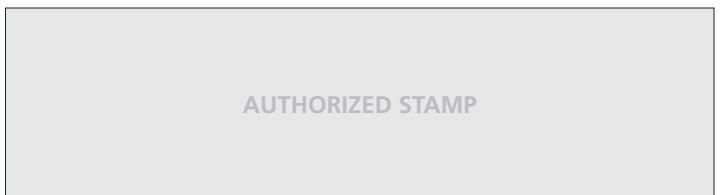
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Authorized Insurance Company Official**

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date (YYYY/MM/DD) \_\_\_\_\_



## EVENT GUIDELINES

An event takes place at a location where food is prepared, sold or distributed for a short period of time, two weeks or less.

York Region Community and Health Services has developed the following guidelines to assist event coordinators with following required safe food handling practices that will help prevent the risk of food-borne illness.

### Approved Sources

- **All food must be prepared from an approved source.** Note: religious organizations, service clubs or fraternal organizations must contact the health department for further information
- Use only Grade A or B eggs. Never use cracked or Grade C eggs
- Check meat and meat products for stamps and tags



### Transportation of Food

- Transport food items in coolers and insulated units to protect from contamination and to ensure that all food products are maintained at proper temperatures

### Food Temperatures

- **Do not leave hazardous food items at room temperatures**
- A probe thermometer is required to check internal temperatures of food
- Ensure food is properly cooked to the appropriate internal cooking temperatures
- All hazardous food items must be maintained at 60°C (140°F) or higher for hot food and 4°C (40°F) or lower for cold food. Keep food out of the Danger Zone
- Do not use heat lamps for hot holding food items
- Covered chafing dishes can be used with sterno heaters (warming gel)



### Food Protection

- Condiment containers must have self-closing lids and separate dispensing utensils
- Only single-service items (e.g., paper plates and cups) should be provided for use by customers
- Storage thermometers are required in all cold holding units to verify proper temperatures
- Cover food to protect it from contamination. Also keep raw food products away from ready-to-eat food products
- Separate raw from ready-to-eat food preparation by using different work tables or surfaces so as to prevent cross-contamination

### Handwashing

- A handwash sink for food handlers must be in the food preparation area, along with liquid soap and paper towels. Vendors in close proximity to one another can share a handsink
- **Wastewater from handwash basins must be disposed of in a sanitary manner, such as in sewers or toilets, and not on the ground or in recreational waters**

### Food Handlers

- **Use gloves once only. After one use, remove and dispose of them**
- Use utensils to handle food to minimize direct hand contact
- Food handlers must follow good personal hygiene practices by washing hands often, refraining from smoking, and wearing clean clothing and hair coverings
- Proper handwashing is preferred over glove use unless the food handler has a minor cut or burn

## Utensils and Equipment

- A two-compartment sink is required and should be used for washing and sanitizing of all utensils used on-site. **Wastewater must be disposed of in a sanitary manner**
- Detergent soap supplies and approved sanitizer must be available. An approved sanitizer for the second sink, in the below illustration, can be made with approximately 2 ml / ½ teaspoon of household bleach mixed with 1 litre/4 cups of water



## Sanitizing and Cleaning

- All surfaces must be cleaned after use and sanitized
- The sanitizing spray solution should be double the strength used in manual dishwashing, for instance 5 ml/1 teaspoon of household bleach mixed with 1 litre/4 cups of water
- The sanitizing spray rinse solution shall be placed in a container that is properly labelled and readily available
- Allow the mixture to sit on surfaces for at least 45 seconds, before wiping. Do not rinse surfaces after sanitizing. Once dried, this concentration of sanitizer will not harm food or individuals consuming the food

## Other Important Tips

- Use sunshades or umbrellas to protect food from the sun and animal droppings
- Keep all food off the ground, including fruits and vegetables
- Ensure the water comes from a safe drinking water source
- Adequate, durable, leak-proof garbage storage bins must be in close proximity
- Waste must be removed daily and disposed of in a sanitary manner
- Have washroom facilities available for vendors and patrons
- If the event continues after sundown, adequate lighting is required

For more information regarding safe food handling practices at a special event, call *Health Connection* at **1-800-361-5653** or visit [www.york/foodsafety.ca](http://www.york/foodsafety.ca)



# Organizer Application Form for Special Events

Complete and return form to York Region Community and Health Services at least **30 days** before the start date of this event.

If you need help completing this form, call York Region *Health Connection* at **1-800-361-5653**

Office Fax Numbers – Georgina: 905-989-0237, Markham: 905-940-9872, Richmond Hill: 905-762-2091, Tannery: 905-836-8315

Event Information		
Event Name:	Expected Number of Vendors:	
Event Date(s):	Expected Number of Attendees:	
Organizer Information		
Organizer's Name:		
Corporation/Numbered Company:		
Address:	Business Phone:	
City/Town:	Postal Code:	Cell Phone:
Email Address:	Fax:	
Event Description		
Event Location/Address:		
Venue Type: <input type="checkbox"/> Public Park <input type="checkbox"/> Street Festival <input type="checkbox"/> Mall Property <input type="checkbox"/> Other (specify):		
Hours of Operation:	Diagram of Event Layout Provided <input type="checkbox"/> Yes <input type="checkbox"/> No	
Responsibilities of Organizer		
Sanitary Facilities (if yes, specify number)		
Portable Toilets <input type="checkbox"/> Yes <input type="checkbox"/> No	Portable Hand Wash Basins <input type="checkbox"/> Yes <input type="checkbox"/> No	
Permanent Toilets <input type="checkbox"/> Yes <input type="checkbox"/> No	Permanent Hand Wash Basins <input type="checkbox"/> Yes <input type="checkbox"/> No	
Water Supply		
Potable water supplied to vendors: <input type="checkbox"/> Yes (If yes, complete next question on the source of the water) <input type="checkbox"/> No		
<b>Water Source</b> <input type="checkbox"/> Water Truck - Company Name:	<input type="checkbox"/> Bottled Water <input type="checkbox"/> Municipal <input type="checkbox"/> Well	
<input type="checkbox"/> Other (specify):		
Water lines: Food-grade material <input type="checkbox"/> Yes <input type="checkbox"/> No	Backflow devices provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ice supplied to vendors: <input type="checkbox"/> Yes (If yes, source of water used to make ice): <input type="checkbox"/> No		
Hydro		
Electricity available: <input type="checkbox"/> Yes <input type="checkbox"/> No    Back-up power available: <input type="checkbox"/> Yes <input type="checkbox"/> No    Refrigerated truck available: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Garbage		
Garbage cans/bins available: <input type="checkbox"/> Yes (specify number): <input type="checkbox"/> No    Garbage will be disposed of daily: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Vendors		
Total number of Food Vendors participating in event:	Will there be any vendors that perform personal services such as tattooing, body piercing, hair cutting)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Proposed types of foods that will be served (e.g. hamburgers, chicken skewers, roast beef, etc.):		







# Vendor Application Form for Special Events

Complete and return form to York Region Community and Health Services  
at least **10 days** before the start date of this event.

If you need help completing this form, call York Region *Health Connection* at **1-800-361-5653**

Office Fax Numbers – Georgina: 905-989-0237, Markham: 905-940-9872, Richmond Hill: 905-762-2091, Tannery: 905-836-8315

Vendor Information		
Vendor's Name:	Business Name (if applicable):	
Address:		
City/town:	Postal Code:	
Phone:	Fax:	
Cell Phone:	Email Address:	
Event Information		
Event Name:	Event Location/Address:	
Participation Start Date:	Last Date of Participation:	
Days of operation (check all days that apply): <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	Hours of Operation:	
Proposed Food Menu (if you need additional space to list all food and suppliers, attach a separate page)		
Food Item(s) Offered to the Public	Name and Address of Source(s)/Supplier(s)	
	Name:	
	Address:	Phone:
	Name:	
	Address:	Phone:
	Name:	
	Address:	Phone:
	Name:	
	Address:	Phone:
Food Safety Inventory		
Management and Employee Food Safety Knowledge		
Will a certified food handler be on-site each day that you are participating in this special event? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, how many certified food handlers will be present:		
<b>Cold Holding</b>	<input type="checkbox"/> Refrigerator (4C or lower)	<input type="checkbox"/> An insulated cooler with ice (4C or lower)
How do you intend to keep food cold?	<input type="checkbox"/> Chest freezer (-18C or lower)	<input type="checkbox"/> Other (specify):
<b>Hot Holding</b>	<input type="checkbox"/> Steam table	<input type="checkbox"/> BBQ/Grill
How do you intend to keep food hot?	<input type="checkbox"/> Chafing dishes	<input type="checkbox"/> Other (specify):
<b>Food Preparation</b> – indicate the type of preparation that will be done at the event:		

## Food Handling and Storage

What type of equipment will you have on-site to handle and store food? (check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Handwashing station                    | <input type="checkbox"/> Liquid soap with paper towels | <input type="checkbox"/> Two compartment dishwashing station      |
| <input type="checkbox"/> Sanitizing solution                    | <input type="checkbox"/> Hairnets/hats                 | <input type="checkbox"/> Probe thermometers                       |
| <input type="checkbox"/> Thermometers for coolers/refrigerators |  | <input type="checkbox"/> Serving utensils – specify total number: |
| <input type="checkbox"/> Other (specify):                       |  | <input type="checkbox"/> Cooking utensils – specify total number: |

## Equipment Layout for Booth – This section must be completed

Provide an equipment layout for your booth at the special event. The layout can be hand drawn in the space below or attached to this application.

**Please take the following into consideration:**

- At a minimum, temporary handwashing stations must consist of an insulated container with a spigot that provides a continuous flow of running water, liquid soap, paper towels and a bucket to collect waste water. The temporary handwashing station must be set up on an elevated surface (i.e., table).
- Hand sanitizers do not replace the requirement for handwashing stations.

## Comments

Date:	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Public Health Inspector's Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Vendor's Signature
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**NOTICE OF COLLECTION**

Personal information requested by staff is collected under the authority of the *Health Protection and Promotion Act* and will be used to provide statistical data to the Ministry of Health and Long Term Care.