

Application for Special Event Permit

This application must be submitted 10 days prior to any event. Complete and sign form. Submit to any Simcoe Muskoka District Health Unit office. If you require assistance, please call *Health Connection* at 705-721-7520 (1-877-721-7520) ext.8811.

EVENT INFORMATION			
Name of Event			
Location			
Date of Event	From: DD / MM / YYYY	To: DD / MM / YYYY	Time
Event Coordinators Info	Name:	Phone #:	Email:
APPLICANT INFORMATION			
Name			
Address			
Telephone #		Fax #	
Email			
TYPE OF EQUIPMENT AT EVENT			
Water supply source:			
<input type="checkbox"/> Municipality (City/Town) _____ <input type="checkbox"/> WellAddress _____			
<input type="checkbox"/> Hauled Municipal Water – Name _____ Phone # _____			
Power supply:			
<input type="checkbox"/> Municipal (City/Town) _____ <input type="checkbox"/> Generator <input type="checkbox"/> N/A			
How will food be transported to the event?			
<input type="checkbox"/> Insulated container <input type="checkbox"/> Refrigerated vehicle <input type="checkbox"/> Cooler with ice <input type="checkbox"/> Other _____			
Cold Holding Equipment <input type="checkbox"/> N/A <input type="checkbox"/> Cooler with ice (4C or lower)			
<input type="checkbox"/> Chest Freezer (-18C or lower) <input type="checkbox"/> Refrigerator (4C or lower) <input type="checkbox"/> Other _____			
Cooking Equipment <input type="checkbox"/> N/A <input type="checkbox"/> BBQ/grill <input type="checkbox"/> Deep Fryer <input type="checkbox"/> Stove			
<input type="checkbox"/> Oven <input type="checkbox"/> Microwave <input type="checkbox"/> Other _____			
Hot Holding Equipment <input type="checkbox"/> N/A <input type="checkbox"/> BBQ/grill <input type="checkbox"/> Steam table <input type="checkbox"/> Chafing Dish			
<input type="checkbox"/> Other _____			
TYPE OF FOOD PREMISE AT EVENT			
<input type="checkbox"/> Mobile Premise <input type="checkbox"/> Inspected Restaurant <input type="checkbox"/> Street food Vending Cart <input type="checkbox"/> Temporary Booth			
<input type="checkbox"/> Request For Exemption From Regulations (<i>Religious, Fraternal Organizations or Service club</i>)			
NOTE: a donors list must be provided if exempted from regulations and accepting food from an un-inspected source.			
Food Handler Name: _____ Is Food handler certified? ___Yes ___No			
FOOD LIST	FOOD SOURCE		

EQUIPMENT LAYOUT & PHOTOS – Maybe required

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.

Name(print):

FOR OFFICE USE ONLY

Office:

PHI:

Date:

Inspectors Notes: