



HALIBURTON, KAWARTHA,
PINE RIDGE DISTRICT
HEALTH UNIT

APPLICATION FOR SPECIAL EVENT PERMIT

For Office Use Only

This application can be submitted to the appropriate office of HKPR.
Note: Completed applications must be submitted 10 days prior to event and an approval from the Health Unit must be obtained prior to the event.

Unique Identifier Number: _____	
Office: Port Hope <input type="checkbox"/> Lindsay <input type="checkbox"/> Brighton <input type="checkbox"/> Haliburton <input type="checkbox"/>	PHI Inspector: _____ Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>
Date: _____	Risk Assessment High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>

ANSWER ALL QUESTIONS ON THIS APPLICATION.

Event Coordinator (Fill out sections A-E) and/or Food Booth Operator (Fill out sections A, F and G)

**Please note: 1) The event coordinator needs to provide us with a floor plan of the event set-up.

2) The food booth operator needs to submit a floor plan of the food booth set up.

Section A Applicant Information			
Name of Event: _____			
Name of Applicant: (individual or organization): _____			
Home Phone: _____		Business Phone: _____	
Applicant mailing Address: (number, street, town, municipality, PO box, postal code) _____			
Name of person responsible for food Safety: _____		Home Phone: _____	Business Phone: _____
Food Safety Coordinators mailing address: (number, street, town, municipality, PO box, postal code) _____			
Date of Event: _____		Time of Event _____	
		Duration of Event _____	
Type of Event: Community Festival (e.g. fair) <input type="checkbox"/> Private function <input type="checkbox"/> Tournament/Sports <input type="checkbox"/> Fundraising <input type="checkbox"/> Consumer Trade Show <input type="checkbox"/> Diplomatic/Significant <input type="checkbox"/> other <input type="checkbox"/> _____		Number of visitors anticipated _____ Number and location of Hand Wash basins located in the event enclosure _____	
Section B Garbage Disposal			
Contractor: _____		Contact telephone: _____	
Type of Containers: _____		Removal frequency: _____	
Section C Sewage Disposal			
Sewage Disposal: Private _____ Municipal _____ Other <input type="checkbox"/> _____			
Section D Animal Exhibit			
Will there be an animal exhibit at this event? (e.g. petting zoo, pony rides, poultry) If yes, please give a brief description: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Section E Public Washroom Facilities			
Type and number: <input type="checkbox"/> Permanent _____ <input type="checkbox"/> Portable _____		Number of: Women's _____ Men's _____	
If Portable, identify onsite maintenance person/company: _____			
Hand washing equipment/supplies: number of hand wash basins _____ liquid soap <input type="checkbox"/>			
Hand drying: paper <input type="checkbox"/> continuous cloth <input type="checkbox"/> air dryer <input type="checkbox"/>			
List of Food Vendors: (to be filled out by event coordinator)			
Trade Name	Contact Name	Contact telephone/cell	Type of foods to be prepared/sold

(For additional information and/or Food vendors, attach a separate list to the application)

Port Hope
200 Rose Glen Road
Port Hope ON L1A 3V6
Phone: (905) 885-9100
Fax: (905) 885-9551

Brighton
Box 127, 35 Alice Street
Brighton ON K0K 1H0
Phone: (613) 475-0933
Fax: (613) 475-1455

Haliburton
191 Highland Street, Unit 301
Haliburton ON K0M 1S0
(705) 457-1391
Fax (705) 457-1336

Lindsay
108 Angeline Street S
Lindsay ON K9V 3L5
(705) 324-3569
Fax: (705) 324-0455

Section F Event Information TO BE FILLED OUT BY FOOD BOOTH OPERATOR/VENDORS	
Name of premise/property where event is to be held:	
Address of event location: (Township, lot, concession):	
Will alcohol be served or consumed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are Tickets to be sold to the public for event? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the event for invited guests only? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is your organization a religious group, fraternal organization or a service club? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes please specify the name _____	
**Events for private function for invited guests only do not require Health Unit approval. (e.g. weddings, funerals, etc)	
When will food booth be operating?	Date _____ Times _____
	Date _____ Times _____
	Date _____ Times _____
Food Booth Operator	
Permanent (On-site) <input type="checkbox"/> Mobile <input type="checkbox"/> Catering Truck <input type="checkbox"/>	
Where is Food Prepared _____ if offsite, method of transportation _____ Hot Dog Cart <input type="checkbox"/> Other _____	

Note: Below, please record the foods, the source of food and the type of equipment to be used if a central kitchen facility is to be operated

Food and Equipment List	
Foods & Potable Water	(Approved) Sources Where food has been purchased

Note: Please check mark yes or no to each item provided and provide additional details under comments if necessary.

Section G Temporary Food Premises Checklist			
Item List	Yes	No	Comments
Potable Water Supply			
Running hot & cold water			
Disposable gloves			
Handwashing facilities			
Sanitizer			
Probe thermometer			
Refrigerators			
Freezers			
Cooking equipment			
Hot holding equipment			
Utensil washing facilities			
Garbage disposal			
Single service dishes			
Aprons			
Booth floors			
Booth walls			
Booth ceiling			
Lighting			
Sanitizer test strip			

Please Note: Upon approval the Special Occasion Permit will be issued to the food booth operator and shall be posted during the operation.

I _____ certify and I accept responsibility for ensuring the above mentioned information is correct and will be adhered to.

Signature of Event Coordinator	Position held in Organization	Date
Signature of Food Booth Operator	Position held in Organization	Date

Personal information on this form is collected under the authority of the Health Protection and Promotion Act (HPPA) for the purpose of processing an application made under Section 22.1 of the HPPA.