

**SPECIAL EVENTS NOTIFICATION FORM**  
**VENDOR APPLICATION**

**O. Reg. 493/17: FOOD PREMISES under Health Protection and Promotion Act, R.S.O. 1990, c. H7.** A person who gives notice of an intention to commence to operate a food premise to the medical officer of health under subsection 16 (2) of the Act shall include his or her name, contact information and the location of the food premise in the notice.

**APPLICATION TO BE SUBMITTED TO ORGANIZER SO THAT DOCUMENTATION IS PROVIDED TO THE HEALTH UNIT  
A MINIMUM OF 14 DAYS PRIOR TO THE PROPOSED EVENT.**

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| <b>THIS NOTIFICATION FORM IS TO NOTIFY THE HALIBURTON, KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT OF:</b> |   |
| <input type="checkbox"/> Special Event   | <input type="checkbox"/> Farmers Market |
| <input type="checkbox"/> Other ( <i>please specify</i> ):  |   |

|  |   |   |                                       |
|--|---|---|---------------------------------------|
| <b>SPECIAL EVENT/ FARMERS MARKET INFORMATION:</b>  |   |   |                                       |
| Event Name:  |   |   |                                       |
| Event Date(s):   |   |   |                                       |
| Hours of Operation:  |   |   |                                       |
| Event Location:<br><small>(Full address, including street number and name, town/city and postal code.)</small> |   |   |                                       |
| Anticipated Attendance:  |   |   |                                       |
| Event/ Market Layout:  | <input type="checkbox"/> Attached   |   | <input type="checkbox"/> Not attached |
| Water supply:  | <input type="checkbox"/> Private<br><small>(i.e.. Well, Cistern, etc.)</small>  | <input type="checkbox"/> Treated <input type="checkbox"/> Untreated | <input type="checkbox"/> Municipal    |
| Sewage:  | <input type="checkbox"/> Private  |   | <input type="checkbox"/> Municipal    |
| Garbage Disposal:  | <input type="checkbox"/> Municipal  |   | Removal Frequency:                    |
| Public Washrooms Available:  | <input type="checkbox"/> Yes <input type="checkbox"/> No      Please specify type of washroom: _____<br># of Washrooms: _____      # of Handwashing Facilities & Location(s): _____                               |   |                                       |
| Animal Exhibits:<br><small>(Petting zoo, pony rides, poultry etc.)</small>                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please specify type of exhibit: _____<br>Rabies Vaccination Certificate(s) Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No |   |                                       |

|                               |  |        |  |
|-------------------------------|--|--------|--|
| <b>APPLICANT INFORMATION:</b> |  |        |  |
| Name:                         |  |        |  |
| Business Name:                |  |        |  |
| Address:                      |  |        |  |
| Phone Number:                 |  | Email: |  |
| Business Location:            | <input type="checkbox"/> HKPR Region <input type="checkbox"/> Outside HKPR<br>*If located outside of HKPR region, most recent inspection report to be attached |        |  |

