

SPECIAL EVENT FOOD SERVICE PERMIT (SEFSP)



Organizer Application

The following application must be filled out by the event organizer and returned to Public Health Sudbury & Districts a minimum of **20 days prior to the market's or event's opening**.

FOR PUBLIC HEALTH OFFICE USE ONLY

Date office received: _____

Area#/PHI: _____ PHI initial: _____ Manager initial: _____

ORGANIZER'S INFORMATION

Name of organizer: _____

Telephone: _____ Fax: _____ Email: _____

Address: _____ City/Province: _____ Postal Code: _____

On-site contact name: _____ Contact number: _____

Is the special event organized by a: Religious organization Fraternal organization Service club
 Other specify: _____

Is the general public invited and hazardous food served? Yes No

EVENT(S) INFORMATION

Name of event: _____ Hours of operation: _____

Location: _____ Expected attendance: _____

Start date: _____ End date: _____

EVENT(S) FACILITIES

Number of toilets: Male: _____ Female: _____ Availability: On-site Portable

Number of hand sinks: _____ Availability: On-site Portable

Source of potable water supply:

Municipal hook-up Holding tank (Municipal water) N/A Other: _____

SPECIAL EVENT ORGANIZER RESPONSIBILITIES

- Provide each food vendor with a copy of the Special Event Food Service Permit Vendor (SEFSP) Application Package a minimum of 30 days before the vendor attends the market/event.
- Notify Public Health of any significant changes to the original SEFSP Organizer application.
- Coordinate back-up plans with food vendors in the event of a power failure or water shortage.
- Arrange for sanitary disposal of liquid waste.
- Provide an adequate number of sanitary facilities and maintain them in a functioning and sanitary manner throughout the event.
- Provide a potable water supply to vendors (water that is safe to consume, free from bacteria). Use only food-grade hoses.
- Arrange for proper sanitary disposal of garbage by providing for adequate, leak-proof garbage containers with lids.

FOOD VENDORS

Vendor name: _____ **Permit # (Office use only):** _____

Business/organization name (if applicable): _____ **Contact #:** _____

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Complete this registration form, by clicking the **submit** button, send it via email to envhealth@phsd.ca as an attachment, or fax it to 705.677.9607. Save a copy of this PDF to your desktop and print it for your records.

To meet public health requirements, any personal information on this form is collected under the authority of one or more of the following (as amended) and related regulations: Health Protection and Promotion Act, R.S.O. 1990; Smoke Free Ontario Act, S.O. 2017; Skin Cancer Prevention Act, 2013, S.O. 2013; Healthy Menu Choices Act, 2015, S.O. 2015; Safe Drinking Water Act, 2002, S.O. 2002; Ontario Building Code Act, 1992, S.O. 1992; Funeral, Burial and Cremation Services Act, 2002, S.O. 2002; Environmental Protection Act, R.S.O. 1990; Regulated Health Professions Act, 1991, S.O. 1991; and is in compliance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 and the Personal Health Information Protection Act, 2004, S.O. 2004. Questions about this collection should be directed to the Program Manager at Public Health Sudbury & Districts, 1300 Paris Street, Sudbury, ON P3E 3A3, 705.522.9200, ext. 398.