# 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: Fa	ax:	Email:	
Address:	City/Province	Postal Code:	
On-site contact name:		Contact number:	
		□ Fraternal organization □ Service club	
Is the general public invited and hazardo	ous food served? $\Box$ Y	es 🗆 No	
EVENT(S) INFORMATION			
Name of event:		Hours of operation:	
		Expected attendance:	
		date:	
EVENT(S) FACILITIES			
Number of toilets: Male: Fema	le: Avail	ability: 🗆 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 RESPO	NSIBILITIES		
<ul> <li>Provide each food vendor with a construction of the service of the servi</li></ul>	t Vendor nimum of 30 e market/event. cant changes to ication. od vendors in ter shortage.	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):	
Vendor name:	Permit # (Office use only):
Business/organization name (if applicable):	
Vendor name:	Permit # (Office use only):
Business/organization name (if applicable):	Contact #:
Vendor name:	Permit # (Office use only):
Business/organization name (if applicable):	
Vendor name:	Permit # (Office use only):
Business/organization name (if applicable):	
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Business/organization name (if applicable):	Contact #:
Vendor name:	Permit # (Office use only):
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Business/organization name (if applicable):	
Vendor name:	Permit # (Office use only):
Business/organization name (if applicable):	
Vendor name:	Permit # (Office use only):
Business/organization name (if applicable):	

## **Complete this registration form**, by clicking the button, send it via email to <u>Health\_Protection@phsd.ca</u> 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.