# 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 INFORMATIO	N	
Name of organizer:		
		Email:
		ce: Postal Code:
		Contact number:
	a: 🗌 Religious organizatio	on 🗆 Fraternal organization 🗔 Service club
Is the general public invited and	hazardous food served?	Yes 🗆 No
EVENT(S) INFORMATION		
Name of event:		Hours of operation:
		Expected attendance:
		d date:
EVENT(S) FACILITIES		
Number of toilets: Male: Number of hand sinks: Source of potable water supply: Municipal hook-up Holdin	_ Availability: 🗆 On-site [	
SPECIAL EVENT ORGANIZER		
<ul> <li>Provide each food vendor Special Event Food Servic (SEFSP) Application Pack days before the vendor at</li> <li>Notify Public Health of an the original SEFSP Organi</li> <li>Coordinate back-up plans the event of a power failu</li> <li>Arrange for sanitary dispondent</li> </ul>	with a copy of the e Permit Vendor age a minimum of 30 tends the market/event. y significant changes to zer application. with food vendors in re or water shortage.	<ul> <li>Provide an adequate number of sanitary facilities and maintain them in a functioning and sanitary manner throughout the event.</li> <li>Provide a potable water supply to vendors (water that is safe to consume, free from bacteria). Use only food-grade hoses.</li> <li>Arrange for proper sanitary disposal of garbage by providing for adequate, leak-proof garbage containers with lids.</li> </ul>

#### **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):	
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Business/organization name (if applicable):	Contact #:
	Permit # (Office use only):
Business/organization name (if applicable):	
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Business/organization name (if applicable):	
Vendor name:	
Business/organization name (if applicable):	

## **Complete this registration form, by clicking the submit** 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*, *RS.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; *Suneral*, *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.