

## Application for Special Event Permit

This application must be submitted 10 days prior to any event. Complete and sign form. Submit to any Simcoe Muskoka District Health Unit office. If you require assistance, please call *Health Connection* at 705-721-7520 (1-877-721-7520) ext.8811.

EVENT INFORMATION			
<b>Name of Event</b>			
<b>Location</b>			
<b>Date of Event</b>	From: DD / MM / YYYY	To: DD / MM / YYYY	<b>Time</b>
<b>Event Coordinators Information</b>	<b>Name</b>		<b>Phone #</b>
	<b>Email</b>		
APPLICANT INFORMATION			
<b>Name</b>			
<b>Address</b>			
<b>Telephone #</b>		<b>Fax #</b>	
<b>Email</b>			
TYPE OF EQUIPMENT AT EVENT			
<b>Water supply source:</b>			
<input type="checkbox"/> Municipality ( <i>City/Town</i> ) _____ <input type="checkbox"/> Well Address _____			
<input type="checkbox"/> Hauled Municipal Water – Name _____ Phone # _____			
<b>Power supply:</b>			
<input type="checkbox"/> Municipal ( <i>City/Town</i> ) _____ <input type="checkbox"/> Generator <input type="checkbox"/> N/A			
<b>How will food be transported to the event?</b>			
<input type="checkbox"/> Insulated container <input type="checkbox"/> Refrigerated vehicle <input type="checkbox"/> Cooler with ice <input type="checkbox"/> Other _____			
<b>Cold Holding Equipment</b>			
<input type="checkbox"/> N/A <input type="checkbox"/> Cooler with ice (4C or lower) <input type="checkbox"/> Chest Freezer (-18C or lower)			
<input type="checkbox"/> Refrigerator (4C or lower) <input type="checkbox"/> Other _____			
<b>Cooking Equipment</b>			
<input type="checkbox"/> N/A <input type="checkbox"/> BBQ/grill <input type="checkbox"/> Deep Fryer <input type="checkbox"/> Stove <input type="checkbox"/> Oven <input type="checkbox"/> Microwave			
<input type="checkbox"/> Other _____			
<b>Hot Holding Equipment</b>			
<input type="checkbox"/> N/A <input type="checkbox"/> BBQ/grill <input type="checkbox"/> Steam table <input type="checkbox"/> Chafing Dish			
<input type="checkbox"/> Other _____			
<b>Indicate (check) what type of equipment you will have on-site during the event:</b>			
<input type="checkbox"/> Designated hand sink <input type="checkbox"/> Liquid soap and paper towel <input type="checkbox"/> Two compartment utensil washing station			
<input type="checkbox"/> Sanitizing solution <input type="checkbox"/> Probe thermometer <input type="checkbox"/> Thermometers in cold holding units			
<input type="checkbox"/> Garbage container <input type="checkbox"/> Sanitizer test strips <input type="checkbox"/> Other _____			

**TYPE OF FOOD PREMISE AT EVENT**

- Mobile Premise  
  Inspected Restaurant  
  Street food Vending Cart  
  Temporary Booth  
 **Request For Exemption From Regulations (*Religious, Fraternal Organizations or Service club*)**

**NOTE:** a donors list must be provided if exempted from regulations and accepting food from an un-inspected source.

Food Handler Name: \_\_\_\_\_ Is Food handler certified? \_\_\_Yes \_\_\_No

FOOD LIST	FOOD SOURCE

**EQUIPMENT LAYOUT & PHOTOS – Maybe required**

Provide an equipment layout for your booth at the special event. The layout can be hand drawn in the space below or attached to this application. To confirm requirements review the [Special Events Guidelines](#)

Name(print)	Signature	Date
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**FOR OFFICE USE ONLY**

Office	PHI	Date
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**Inspectors Notes**
