

Special Event – Organizer

Temporary Food Establishment Application

Every **Event Organizer** must

- a) Complete all 3 pages of this application and submit to Toronto Public Health, Healthy Environments. For the office closest to your event call 311.
- b) Provide all food vendors with a copy of the Special Event – Vendor, Temporary Food Establishment Application.
- c) Collect all completed vendor applications and submit to Toronto Public Health, Healthy Environments. All applications must be submitted a minimum of 3 weeks prior to event start date.
- d) Comply with the [Smoke-Free Ontario Act](#)

Organizer Information		
Contact Person:		
Business/Organizer Name:		
Address:		
E-mail:		
Phone #:	Cell #:	Fax #:

Event Information	
On-site Contact Person(s):	
Cell #:	
Name of Event:	
Number of Attendees Expected:	
Location: <small>(Municipal Address, Park Name or Street Closure Details)</small>	
Start Date:	End Date:
Hours of Operation (Daily):	

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Food Vendor(s) Information

List all participating **food vendors**.

At least one certified food handler should be present at each food vending location.

Contact Person:	Phone/Cell #:
Business Name:	E-mail:
Address:	Fax #:

Contact Person:	Phone/Cell #:
Business Name:	E-mail:
Address:	Fax #:

Contact Person:	Phone/Cell #:
Business Name:	E-mail:
Address:	Fax #:

Contact Person:	Phone/Cell #:
Business Name:	E-mail:
Address:	Fax #:

Contact Person:	Phone/Cell #:
Business Name:	E-mail:
Address:	Fax #:

Contact Person:	Phone/Cell #:
Business Name:	E-mail:
Address:	Fax #:

Attach additional pages as needed

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Event Layout

Indicate on a drawing or electronic copy

- | | |
|--|--|
| <input type="checkbox"/> Street names and intersection | <input type="checkbox"/> Washrooms with hand wash station(s) |
| <input type="checkbox"/> Food vendor's name and location | Supplier: |
| <input type="checkbox"/> Water source: | <input type="checkbox"/> Hand wash station at each food vending location |
| <input type="checkbox"/> Ice supplier: | <input type="checkbox"/> Petting zoo or booth with live animals |
| <input type="checkbox"/> Power source: | <input type="checkbox"/> Other |

