NORTHEASTERN PUBLIC HEALTH
SANTÉ PUBLIQUE DU NORD-EST

Northeastern Public Health – Environmental Health Services

SPECIAL EVENT PERMIT APPLICATION FORM

This application must be submitted no later than 15 days prior to any event. Completed and signed forms can be dropped off or faxed to any Northeastern Public Health office or emailed to inspections@neph.ca. If you require assistance, please call Environmental Health Services at 1-877-442-1212.

EVENT INFORMATION

NAME OF EVENT:	
DATE(S) OF EVENT:	HOURS OF OPERATION:
LOCATION OF EVENT:	EXPECTED NUMBER ATTENDANCE:

CONCESSION OPERATOR INFORMATION

NAME OF APPLICANT:			
STREET AND MAILING ADDRESS: CITY/TOWN: POSTAL CODE:			
TELEPHONE:	HOME:	WORK:	CELL:
EMAIL:		FAX:	
PERSON IN CHARGE OF FOOD HANDLING: ❒ Same as above			
STREET AND MAILING ADDRESS: CITY/TOWN: POSTAL CODE:			
TELEPHONE:	HOME:	WORK:	CELL:
EMAIL:		FAX:	
IS THE FOOD BOOTH RUN BY ONE OF THE FOLLOWING GROUPS? ❒ Religious organization ❒ Fraternal organization ❒ Service club			
WILL YOU BE CLAIMING AN EXEMPTION FROM THE FOOD PREMISES REGULATION AT THIS EVENT? ❒ Yes ❒ No			

FOOD SERVICE

VENDOR SET-UP: ❒ Temporary Food Booth ❒ Street Food Vending Cart/Mobile Premise ❒ Indoor Facility	
LOCATION OF FOOD PREPARATION: ❒ On Site ❒ Off Site	
NUMBER OF CERTIFIED FOOD HANDLERS:	
❒ IF ON SITE NUMBER OF FOODHANDLERS EXPECTED TO WORK AT YOUR BOOTH: DESIGNATED SUPPORT PERSON: ❒Yes ❒No ❒N/A DESIGNATED MONEY HANDLER: ❒Yes ❒No ❒N/A	❒ IF OFF SITE NAME OF PREMISE: TYPE OF PREMISE (i.e., restaurant, church kitchen, community centre, etc.): ADDRESS: PHONE NUMBER:
WHERE WILL THE FOOD BE PURCHASED OR SUPPLIED* FROM?	
NAME:	ADDRESS:

*Attach separate sheet of paper if more space is required for food suppliers.

MENU

MENU ITEM* (INCLUDING PREPACKAGED FOODS)	TYPE OF FOOD PREPARATION (E.G., GRILLING, FRYING, BBQ, ETC.)	FOOD PRECOOKED		FOOD COOKED ONSITE			FOOD STORAGE ONSITE	
		YES	NO	YES	NO	REHEATING	HOT 60°C (140°F) OR HOTTER	COLD 4°C (40°F) OR COLDER
		❒	❒	❒	❒	❒	❒	❒
		❒	❒	❒	❒	❒	❒	❒
		❒	❒	❒	❒	❒	❒	❒
		❒	❒	❒	❒	❒	❒	❒
		❒	❒	❒	❒	❒	❒	❒
		❒	❒	❒	❒	❒	❒	❒

*Attach separate sheet of paper if more space is required for menu items, including ingredients.

FOOD STORAGE/TRANSPORTATION

HOW WILL HAZARDOUS FOOD BE TRANSPORTED TO THE EVENT? ❒ Refrigerated truck
❒ Insulated containers with ice ❒ Thermal containers ❒ Other (Please specify:)

WHAT METHOD(S) WILL BE USED TO MAINTAIN COLD FOODS AT 4°C (40°F) OR COLDER DURING THE EVENT? ❒ Not required ❒ Refrigerated truck ❒ Mechanical refrigeration ❒ Insulated containers with ice ❒ Other (Please specify:)

WHAT METHOD(S) WILL BE USED TO MAINTAIN HOT FOODS AT 60°C (140°F) OR HOTTER DURING THE EVENT? ❒ Not required ❒ Sterno/chaffing dish ❒ BBQ/grill ❒ Propane stove ❒ Crock pot ❒ Hot plate ❒ Oven ❒ Steam table/unit ❒ Other (Please specify:)

WHAT METHOD(S) WILL BE USED TO REHEAT FOOD PRIOR TO SERVICE?
❒ Not required ❒ Microwave oven ❒ Stove top ❒ Oven ❒ Grill/BBQ ❒ Deep fryer
❒ Other (Please specify:)

DO YOU HAVE A PROBE THERMOMETER TO CHECK THE INTERNAL TEMPERATURES OF FOOD DURING THE EVENT? ❒ Yes ❒ No ❒ N/A

DO YOU HAVE ACCURATE INDICATING THERMOMETER(S) TO CHECK TEMPERATURE CONTROL UNITS? ❒ Yes ❒ No ❒ N/A

HOW WILL FOODS INCLUDING CONDIMENTS BE PROTECTED FROM CONTAMINATION DURING THE EVENT?
❒ Food grade wrap ❒ Lids ❒ Pre-packaged condiments ❒ Sneeze guard/shield
❒ Enclosed cabinet/container ❒ Other (Please specify:)

DO YOU HAVE RE-SUPPLY METHOD FOR ICE DURING THE EVENT? ❒ Yes ❒ No ❒ N/A

SEPARATE HANDWASHING BASIN

IS THERE A SEPARATE HANDWASHING BASIN WITH HOT AND COLD OR WARM RUNNING WATER PROVIDED IN THE FOOD HANDLING/FOOD PREPARATION AREA? HOW MANY HANDWASHING SINKS ARE PROVIDED?
❒Yes – Fixed sink ❒Yes – Portable sink ❒Yes – Temporary sink How many sinks provided? ( )
❒No (Please explain:)

DO YOU HAVE A SUPPLY OF LIQUID SOAP AND PAPER TOWELS PROVIDED FOR THE HANDWASHING SINK(S)? ❒Yes ❒No (Please explain:)

UTENSIL WASHING

WHAT TYPE OF SINK IS PROVIDED FOR UTENSIL WASHING? ❒Two-compartment sink ❒ Three-compartment sink ❒None (Please explain:)
WHAT TYPE OF SANITIZER IS USED FOR SANITIZING UTENSILS? ❒Bleach ❒Other (Please explain:)
TEST STRIPS PROVIDED FOR SANITIZER? ❒ Yes ❒ No ❒ N/A

POTABLE WATER SOURCE

❒ Municipal supply	❒ Commercially bottled	❒ Hauled municipal water (Name/phone number of water hauler:)

WASTE WATER AND GARBAGE DISPOSAL

METHOD OF WASTE WATER/SEWAGE DISPOSAL: ❒ Holding tank ❒ Other (Please specify:)
NUMBER OF GARBAGE RECEPTACLES IN FOOD PREPARATION AREA:
POWER SUPPLY: ❒ not applicable ❒ electrical hook-up ❒ generator ❒ Other (Please specify:)

I have reviewed the *Special Events Operating Guidelines*. I understand the requirements for food vendors at special events and have provided the information to all food handlers.

PRINT: **SIGN:** **DATE:**

THE FOLLOWING CONDITIONS/RECOMMENDATIONS ARE TO BE COMPLETED BEFORE THE EVENT IS ALLOWED TO COMMENCE:

INSPECTOR: **DATE SIGNED:**

FOR OFFICE USE ONLY This application is: ❒APPROVED ❒NOT APPROVED

❒ O. Reg 493/17
- ❒ Provided special event permit.
- ❒ Entered in HealthSpace as Special Event Vendor.
- ❒ Requires an on-site inspection.

❒ Exempted from regulation
- ❒ Provided appropriate signage and donor list.

Offices

- ❒ Timmins
- ❒ New Liskeard
- ❒ Cochrane
- ❒ Hearst
- ❒ Hornepayne
- ❒ Iroquois Falls
- ❒ Kapuskasing
- ❒ Hearst
- ❒ Smooth Rock Falls
- ❒ Matheson
- ❒ Moosonee
- ❒ Englehart
- ❒ Kirkland Lake

1-877-442-1212

www.neph.on.ca

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