

Applicant Information	Name of Organization		
	Mailing Address		
	City / Municipality	Province	Postal Code
	Name of Event Organizer		
	Phone ()	E-mail	Fax ()

Event	Name of Special Event		
	Event Address		
	Date(s) of Event (dd-mon-yy)	Time(s) of Event	Attendance / Day

Services	# of Permanent Toilets	# Temporary Toilets	# Handwash Sinks
	Liquid Waste		
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> City Sewer	<input type="checkbox"/> Holding Tank
	Water Services		
<input type="checkbox"/> Other: _____	City/Town: _____	<input type="checkbox"/> Holding Tank	

Each temporary food Establishment must complete the Temporary Food Establishment (Vendor) Notification.

Food & Beverage Preparation	Name of Vendor	Contact Name	Telephone #	Foods & Beverages Prepared	Permitted Facility
			()		<input type="checkbox"/> Yes <input type="checkbox"/> No
			()		<input type="checkbox"/> Yes <input type="checkbox"/> No
			()		<input type="checkbox"/> Yes <input type="checkbox"/> No
			()		<input type="checkbox"/> Yes <input type="checkbox"/> No
			()		<input type="checkbox"/> Yes <input type="checkbox"/> No
			()		<input type="checkbox"/> Yes <input type="checkbox"/> No

Food & Beverages Preparation continued on page three: Yes No

Please use this space to draw a site map. Photographs may also be submitted.

I certify that the information is to the best of my knowledge true and correct.

Signature _____

Date: _____

For Office Use Only

Reviewed by: _____

Date: _____

Food & Beverage Preparation	Name of Vendor	Contact Name	Telephone #	Foods & Beverages Prepared	Permitted Facility
			()		<input type="checkbox"/> Yes <input type="checkbox"/> No
			()		<input type="checkbox"/> Yes <input type="checkbox"/> No
			()		<input type="checkbox"/> Yes <input type="checkbox"/> No
			()		<input type="checkbox"/> Yes <input type="checkbox"/> No
			()		<input type="checkbox"/> Yes <input type="checkbox"/> No
			()		<input type="checkbox"/> Yes <input type="checkbox"/> No
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		()		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		()		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		()		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		()		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		()		<input type="checkbox"/> Yes <input type="checkbox"/> No	