

## Haliburton, Kawartha, Pine Ridge District Health Unit

Environmental Health Department 200 Rose Glen Road Port Hope, ON L1A 3V6

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## SPECIAL EVENTS NOTIFICATION FORM ORGANIZER APPLICATION

O. Reg. 493/17: FOOD PREMISES under Health Protection and Promotion Act, R.S.O. 1990, c. H7. A person who gives notice of an intention to commence to operate a food premise to the medical officer of health under subsection 16 (2) of the Act shall include his or her name, contact information and the location of the food premise in the notice.

ORGANIZER RESPONSIBLE FOR RECEVING COMPLETED FOOD VENDOR APPLICATIONS AND SUBMITTING APPLICATION PACKAGE TO THE HEALTH UNIT A MINIMUM OF <u>14 DAYS PRIOR</u> TO THE PROPOSED EVENT.

THIS NOTIFICATION FORM IS TO NOTIFY THE HALIBURTON, KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT OF:				
☐ Special Event ☐ Farmo	mers Market			
☐ Other (please specify):				
SPECIAL EVENT/ FARMERS MARKET INFORMATION:				
Event Name:				
Event Date(s):				
Hours of Operation:				
Event Location:  (Full address, including street number and name, town/city and postal code.)				
Anticipated Attendance:				
Event/ Market Layout:	☐ Attached		☐ Not attached	
Water supply:	Private (ie. Well, Cistern, etc.)	☐ Treated ☐ Untreated	☐ Municipal	
Sewage:	☐ Private		☐ Municipal	
Garbage Disposal:	☐ Municipal		Removal Frequency:	
Public Washrooms Available:	☐ Yes ☐ No Please specify type of washroom: # of Washrooms: # of Handwashing Facilities & Location(s):			
Animal Exhibits: (Petting zoo, pony rides, poultry etc.)	☐ Yes ☐ No  If yes, please specify type of exhibit: Rabies Vaccination Certificate(s) Attached: ☐ Yes ☐ No			
APPLICANT INFORMATION:				
Name:				
Address:				
Phone Number:		Email:		

LIST OF VENDORS ATTENDING THE EVENT:				
Name of Vendor:	Contact Name:	Contact Phone/ Email:		
Please contact the health unit to discuss the legal requirements, review plans and/or conduct a pre-operational assessment prior to the proposed event.				
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Date of Notification:				
Signature of Organizer:				

Any personal and personal health information that you may provide on this form is collected under the authority of relevant legislation including: the Health Protection and Promotion Act, as amended, the Regulated Health Professions Act, the Immunization of School Pupils Act, and the Personal Health Information Protection Act. This information will be used for assessment, management, treatment, and reporting purposes. Your information may be shared within the Health Unit as required by legislation. For information about the collection, use and disclosure of your information, please refer to the Health Unit website at www.hkpr.on.ca or contact the Medical Officer of Health, 200 Rose Glen Road, Port Hope, Ontario, L1A 3V6 or 1-866-888-4577.

## Legislation that may apply to your premise may include:

Health Protection and Promotion Act, R.S.O. 1990, c. H.7 (ontario.ca)

O. Reg. 493/17: FOOD PREMISES (ontario.ca)

O. Reg. 319/08: SMALL DRINKING WATER SYSTEMS (ontario.ca)

Smoke-Free Ontario Act, 2017, S.O. 2017, c. 26, Sched. 3

Alcohol and Gaming Commission of Ontario | (agco.ca)

Local Municipality for Building/structural items and by-laws (garbage areas, zoning, business license, etc)

## **Useful Resources:**

Food Premises Reference Document, 2019 (gov.on.ca)

Operational Approaches for Food Safety Guideline, 2019
(gov.on.ca)

<u>Food Safety Matters – Farmers' Markets Ontario</u> (<u>farmersmarketsontario.com</u>)