

SPECIAL EVENT COORDINATOR APPLICATION



To be completed for events with 10 or more food or personal service vendors

- Coordinators must submit this application to the local Health Protection Office at least **14 DAYS PRIOR TO THE EVENT**. 28 days is strongly recommended to ensure adequate processing time.
- If approved, a copy of this application will be returned to be retained onsite for reference.

OTHER SUBMISSIONS to be included with this application:

1. *Application to Operate a Temporary Food Premises (for Special Event Food Service)* for each temporary food vendor.
2. *Site plan (with vendor locations, food storage areas, water supply, wastewater, garbage disposal, activities, etc.)*

EVENT INFORMATION

NAME OF EVENT		EVENT LOCATION (E.G., NAME OF PARK)	
ADDRESS (STREET / CITY)			<input type="checkbox"/> INDOORS <input type="checkbox"/> OUTDOORS
EVENT DATE(S)		HOUR(S) EVENT WILL BE OPERATING	
OPENING TIME		ESTIMATED DAILY ATTENDANCE	
PETTING FARM ONSITE? <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, Describe:			
TATTOO/ PIERCER/BODY MODIFICATION ONSITE? <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, Describe:			
BATHING BEACH, POOL/HOT TUB/ SLIP & SLIDE) ONSITE? <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, Describe:			

COORDINATOR INFORMATION

NAME OF COORDINATOR		TELEPHONE NUMBER	CELL PHONE NUMBER
MAILING ADDRESS		FAX NUMBER	E-MAIL ADDRESS
STREET			
CITY		PROVINCE	POSTAL CODE
NAME OF PERSON IN CHARGE ON DAY OF EVENT		TELEPHONE NUMBER	CELL PHONE NUMBER

APPLICANT SIGNATURE

The information enclosed is true and accurate to the best of my knowledge. I understand that requirements must be met in accordance with Section 6 of the B.C. Food Premises Regulation or the event will not receive approval to operate.

Date: _____

Signature: _____

NAME OF EVENT	EVENT DATE(S)
----------------------	----------------------

	Name of Vendor	Mobile Unit	Caterer	Booth	Other
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

EVENT AND VENUE DETAILS- The Coordinator will provide the following:

<input type="checkbox"/> Power Supply	<input type="checkbox"/> Sanitizer Solution	<input type="checkbox"/> Booth construction
<input type="checkbox"/> Hot water	<input type="checkbox"/> Liquid collection/disposal	<input type="checkbox"/> Garbage collection/disposal
<input type="checkbox"/> Food storage/Refrigeration	<input type="checkbox"/> Washrooms (toilet and sink)	
<input type="checkbox"/> Potable water supply (describe source):		
<input type="checkbox"/> Handwashing station (number, location):		
<input type="checkbox"/> Water distribution (describe, list hose type):		
<input type="checkbox"/> Other (describe/explain):		

EHO Approval:	Date:
----------------------	--------------