

# TEMPORARY EVENT COORDINATOR APPLICATION



This form is required for events with more than one vendor offering food, a personal service or other regulated activity.

Event Coordinators must submit this application form to the local [Environmental Public Health office](#) at least **14 DAYS PRIOR TO THE EVENT** (28 days is strongly recommended to ensure adequate processing time).

- There is no guarantee submissions received less than 14 days prior to the event will be reviewed, processed or approved
- If approved, a copy of this application will be returned to be retained onsite for reference.

**Include with this application**, a site plan of the venue to identify the location of vendors, hand washing stations, ware washing stations, food storage areas, water supply, wastewater, garbage disposal, activities, etc.

Please review the [Planning Guide for Temporary Events and Food Markets](#) for more information.

## EVENT INFORMATION

NAME OF EVENT		EVENT LOCATION (E.G., NAME OF PARK)
EVENT ADDRESS (STREET / CITY)		<input type="checkbox"/> INDOORS <input type="checkbox"/> OUTDOORS
EVENT DATE(S)	HOUR(S) EVENT WILL BE OPERATING Start Time:                      End Time:	ESTIMATED DAILY ATTENDANCE

## EVENT DETAILS

**All required vendor forms to be collected by the Event Coordinator for submission with this package at least 14 days prior to the event**

FOOD VENDORS ONSITE? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, each vendor must submit a <a href="#">Temporary Food Service Application form</a> . <ul style="list-style-type: none"><li>• A \$50 administration fee will be applied for applications received less than 14 days prior to an event.</li></ul>
FARMERS MARKET ONSITE? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, a designated Market Manager must complete a <a href="#">Market Manager Application form</a> .
PETTING FARM ONSITE? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, describe:
TATTOO/ PIERCER/BODY MODIFICATION ONSITE? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, each vendor must complete an <a href="#">Application for Personal Services at a Trade Show</a> .
BATHING BEACH, POOL/HOT TUB/ SLIP & SLIDE) ONSITE? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, describe:

## EVENT COORDINATOR INFORMATION

NAME OF EVENT COORDINATOR	TELEPHONE	E-MAIL
NAME OF PERSON IN CHARGE ON DAY OF EVENT	TELEPHONE	E-MAIL

## 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)
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	Name of Vendor	Mobile Unit	Caterer	Booth	Other
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVENT AND VENUE DETAILS		The Event 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"/> Hand washing station (number, location):			
<input type="checkbox"/> Water distribution (describe, list hose type):			
<input type="checkbox"/> Other (describe/explain):			

Approved By (EHO):	Date:
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## SAMPLE SITE PLAN

