



## 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 Porcupine Health Unit office or emailed to [inspections@porcupinehu.on.ca](mailto:inspections@porcupinehu.on.ca). If you require assistance, please call the Inspection Department at (705)267-1181 (1-800-461-1818).

### EVENT INFORMATION

|                    |                     |
|--------------------|---------------------|
| NAME OF EVENT:     |                     |
| DATE(S) OF EVENT:  | HOURS OF OPERATION: |
| LOCATION OF EVENT: |                     |

### CONCESSION OPERATOR INFORMATION

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

### FOOD SERVICE

|   |   |
|---|---|
| VENDOR SET-UP: <input type="checkbox"/> Temporary Food Booth <input type="checkbox"/> Street Food Vending Cart <input type="checkbox"/> Mobile Premise<br><input type="checkbox"/> Indoor Facility  |   |
| LOCATION OF FOOD PREPARATION: <input type="checkbox"/> On Site <input type="checkbox"/> Off Site  |   |
| <input type="checkbox"/> <b>IF ON SITE</b><br>NUMBER OF FOODHANDLERS EXPECTED TO WORK AT YOUR BOOTH:<br>NUMBER OF CERTIFIED FOOD HANDLERS:<br>DESIGNATED SUPPORT PERSON: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>DESIGNATED MONEY HANDLER: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> <b>IF OFF SITE</b><br>NAME OF PREMISE:<br>TYPE OF PREMISE (i.e., restaurant, church kitchen, community centre, etc.):<br>ADDRESS:<br>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* | 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 |
|            |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  |
|            |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  |
|            |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  |
|            |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  |
|            |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  |
|            |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  |

\*Attach separate sheet of paper if more space is required for menu items.

## FOOD STORAGE/TRANSPORTATION

|   |
|---|
| <p>HOW WILL HAZARDOUS FOOD BE TRANSPORTED TO THE EVENT? <input type="checkbox"/> Refrigerated truck<br/> <input type="checkbox"/> Insulated containers with ice <input type="checkbox"/> Thermal containers <input type="checkbox"/> Other (Please specify: _____ )</p>   |
| <p>WHAT METHOD(S) WILL BE USED TO MAINTAIN COLD FOODS AT 4°C (40°F) OR COLDER DURING THE EVENT? <input type="checkbox"/> Not required <input type="checkbox"/> Refrigerated truck <input type="checkbox"/> Mechanical refrigeration <input type="checkbox"/> Insulated containers with ice<br/> <input type="checkbox"/> Other (Please specify: _____ )</p>   |
| <p>WHAT METHOD(S) WILL BE USED TO MAINTAIN HOT FOODS AT 60°C (140°F) OR HOTTER DURING THE EVENT? <input type="checkbox"/> Not required <input type="checkbox"/> Sterno/chaffing dish <input type="checkbox"/> BBQ/grill <input type="checkbox"/> Propane stove <input type="checkbox"/> Crock pot <input type="checkbox"/> Hot plate<br/> <input type="checkbox"/> Oven <input type="checkbox"/> Steam table/unit <input type="checkbox"/> Other (Please specify: _____ )</p> |
| <p>WHAT METHOD(S) WILL BE USED TO REHEAT FOOD PRIOR TO SERVICE?<br/> <input type="checkbox"/> Not required <input type="checkbox"/> Microwave oven <input type="checkbox"/> Stove top <input type="checkbox"/> Oven <input type="checkbox"/> Grill/BBQ <input type="checkbox"/> Deep fryer<br/> <input type="checkbox"/> Other (Please specify: _____ )</p>   |
| <p>DO YOU HAVE A PROBE THERMOMETER TO CHECK THE INTERNAL TEMPERATURES OF FOOD DURING THE EVENT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>   |
| <p>DO YOU HAVE ACCURATE INDICATING THERMOMETER(S) TO CHECK TEMPERATURE CONTROL UNITS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>   |
| <p>HOW WILL FOODS INCLUDING CONDIMENTS BE PROTECTED FROM CONTAMINATION DURING THE EVENT?<br/> <input type="checkbox"/> Food grade wrap <input type="checkbox"/> Lids <input type="checkbox"/> Pre-packaged condiments <input type="checkbox"/> Sneeze guard/shield<br/> <input type="checkbox"/> Enclosed cabinet/container <input type="checkbox"/> Other (Please specify: _____ )</p>   |
| <p>DO YOU HAVE RE-SUPPLY METHOD FOR ICE DURING THE EVENT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>   |

## SEPARATE HANDWASHING BASIN

|   |
|---|
| <p>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?<br/> <input type="checkbox"/> Yes – Fixed sink <input type="checkbox"/> Yes – Portable sink <input type="checkbox"/> Yes – Temporary sink How many sinks provided? ( _____ )<br/> <input type="checkbox"/> No (Please explain: _____ )</p> |
| <p>DO YOU HAVE A SUPPLY OF LIQUID SOAP AND PAPER TOWELS PROVIDED FOR THE HANDWASHING SINK(S)? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please explain: _____ )</p>   |

**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: \_\_\_\_\_

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:**

|  |
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|  |
|  |

INSPECTOR: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

**FOR OFFICE USE ONLY**

O. Reg 562  
 Created/entered in Hedgehog as Special Event Vendor.  
 If exempted, provided appropriate signage.  
 Provided special event permit.

This application is:  APPROVED  NOT APPROVED

- |  |   |  |   |  |
|--|---|--|---|--|
| <p><u>Main Office</u></p> <p><input type="checkbox"/> Timmins<br/>         169 Pine St. South<br/>         P.O. Bag 2012<br/>         P4N 8B7<br/><br/>         (705)267-1181 or<br/>         Fax. (705)264-3980</p> | <p><u>Branch Offices</u></p> <p><input type="checkbox"/> <b>Cochrane</b><br/>         Minto Centre<br/>         P.O. Box 550<br/>         POL 1C0<br/>         (705)272-3394<br/>         Fax. (705)272-4996</p> <p><input type="checkbox"/> <b>Hearst</b><br/>         Medical Centre<br/>         P.O. Box 2470<br/>         POL 1N0<br/>         (705)362-7808<br/>         Fax. (705)362-7462</p> | <p><input type="checkbox"/> <b>Hornepayne</b><br/>         247 Third Avenue<br/>         P.O. Box 127<br/>         POM 1Z0<br/>         (807)868-2091<br/>         Fax. (807)868-2225</p> <p><input type="checkbox"/> <b>Iroquois Falls</b><br/>         58A Anson Drive<br/>         P.O. Box 575<br/>         POK 1G0<br/>         (705)258-2247<br/>         Fax. (705)258-2249</p> | <p><input type="checkbox"/> <b>Kapuskasing</b><br/>         4 Ash St.<br/>         P5N 2C8<br/>         (705)335-6101<br/>         Fax. (705)337-1895</p> <p><input type="checkbox"/> <b>Matheson</b><br/>         Bingham Memorial<br/>         Hospital<br/>         P.O. Box 490<br/>         POK 1N0<br/>         (705)273-2954<br/>         Fax. (705)273-2522</p> | <p><input type="checkbox"/> <b>Smooth Rock Falls</b><br/>         141 Fifth St.<br/>         P.O. Box 388<br/>         POL 2B0<br/>         (705)338-2654<br/>         Fax. (705)338-2250</p> <p><input type="checkbox"/> <b>Moosonee</b><br/>         38 Revillion Rd<br/>         P.O. Box 730<br/>         POL 1Y0<br/>         (705)336-2294<br/>         Fax. (705)336-2919</p> |
|--|---|--|---|--|

**1-800-461-1818**  
  
[www.porcupinehu.on.ca](http://www.porcupinehu.on.ca)