TEMPORARY EVENT COORDINATOR APPLICATION

island health

Coordinators must submit this application 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). For more information, please see **Planning Guide for Temporary Events and Food Markets**.

- There is no guarantee submissions received less than 14 business 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.

EVENT INFORMATION

NAME OF EVENT	EVENT LOCATION (E.G., NAME OF PARK)	
ADDRESS (STREET / CITY)		☐INDOORS ☐OUTDOORS
EVENT DATE(S)	HOUR(S) EVENT WILL BE OPERATING Start Time:　　　End Time:	ESTIMATED DAILY ATTENDANCE

EVENT DETAILS

FOOD VENDORS ONSITE? ☐YES　☐NO	If Yes, Complete: • A **Temporary Food Service Application form** for **each** food vendor processing food onsite, and • Page 2 if more than one food vendor will be present at event.
FARMERS MARKET ONSITE? ☐YES　☐NO	If Yes, Market Manager to complete **Market Manager Application form**.
PETTING FARM ONSITE? ☐YES　☐NO	If Yes, Describe:
TATTOO/ PIERCER/BODY MODIFICATION ONSITE? ☐YES　☐NO	If Yes, Complete an Application for Personal Services at a Trade Show.
BATHING BEACH, POOL/HOT TUB/ SLIP & SLIDE) ONSITE? ☐YES　☐NO	If Yes, Describe:

COORDINATOR INFORMATION

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

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 Vendor	Mobile Unit	Caterer	Booth	Other
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:

☐ Power Supply	☐ Sanitizer Solution	☐ Booth construction
☐ Hot water	☐ Liquid collection/disposal	☐ Garbage collection/disposal
☐ Food storage/Refrigeration	☐ Washrooms (toilet and sink)	

☐ Potable water supply (describe source):

☐ Hand washing station (number, location):

☐ Water distribution (describe, list hose type):

☐ Other (describe/explain):

EHO Approval:	**Date:**

SAMPLE SITE PLAN

PETTING ZOO

Portable Toilets

LEGEND

- ◯ Food Vendor
- [x] Mobile Food Vendor
- [w] Public Washroom
- ★ Portable Hand Sinks
- △ Garbage
- ◇ Picnic Tables

MAIN VENUE

Stage

Tented Seating Area

FOOD VENUE

[w]

Community Centre

[w]

[x] [x] [x] [x]