

SPECIAL EVENTS NOTIFICATION FORM
VENDOR 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.

**APPLICATION TO BE SUBMITTED TO ORGANIZER SO THAT DOCUMENTATION IS PROVIDED TO THE HEALTH UNIT
A MINIMUM OF 14 DAYS PRIOR TO THE PROPOSED EVENT.**

THIS NOTIFICATION FORM IS TO NOTIFY THE HALIBURTON, KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT OF:
<input checked="" type="checkbox"/> Special Event <input type="checkbox"/> Farmers Market
<input type="checkbox"/> Other (<i>please specify</i>):

SPECIAL EVENT/ FARMERS MARKET INFORMATION:	
Event Name:	Northern Heat Rib Series 2024 - Lindsay Ribfest
Event Date(s):	Aug 30 - Sept 1
Hours of Operation:	Fri 4-11 Sat 12-11 Sun 12-11 Mon 12-8
Event Location: <small>(Full address, including street number and name, town/city and postal code.)</small>	Lindsay Fairgrounds - 354 Angeline St S, Lindsay, ON K9V 4R2
Anticipated Attendance:	3500 per day
Event/ Market Layout:	<input checked="" type="checkbox"/> Attached <input type="checkbox"/> Not attached
Water supply:	<input type="checkbox"/> Private (i.e.. Well, Cistern, etc.) <input type="checkbox"/> Treated <input type="checkbox"/> Untreated <input checked="" type="checkbox"/> Municipal
Sewage:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Municipal
Garbage Disposal:	<input type="checkbox"/> Municipal Removal Frequency: Daily
Public Washrooms Available:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please specify type of washroom: _____ # of Washrooms: _____ # of Handwashing Facilities & Location(s): _____
Animal Exhibits: <small>(Petting zoo, pony rides, poultry etc.)</small>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify type of exhibit: _____ Rabies Vaccination Certificate(s) Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT INFORMATION:	
Name:	
Business Name:	
Address:	
Phone Number:	Email:
Business Location:	<input type="checkbox"/> HKPR Region <input type="checkbox"/> Outside HKPR *If located outside of HKPR region, most recent inspection report to be attached

