

SPECIAL EVENT/FARMERS' MARKET - ORGANIZER NOTIFICATION

Organizer of event to complete and sub	omit this form by	y email to: <u>EH</u>	Fax1@hpeph.ca or fax: 613-968-1461
Type of Event: Special Event	Farmers' Marke	t 🗌	Indoor 🗌 Outdoor 🗌
Event Name:			
Event Address:			
Contact Information			
Name of Organizer:			
Organization:			
	Email:		
Event Information			
Date(s) of Event:			
Start Time/Date: E		End Time/Date:	
Number of Food Vendors*:		Estimated Daily Attendance:	
*Each food vendor must complete and sub	mit a Special Eve	nt/Farmers' Ma	rket - Food Vendor Notification form.
Potable water under pressure on site:	Yes 🗌	No 🗌	If yes: Municipal Private
Garbage receptacles provided:	Yes 🗌	No 🗌	Total:
Public washrooms available:	Yes	No 🗌	Details:
Name of Applicant		Position/Title	
Signature		 Date	

For more information contact Healthy Environments at 613-966-5500 or 1-800-267-2803 ext. 677

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