



City of Hamilton - Public Health Services  
Healthy Environments Division – Food Safety  
Robert Thomson Building  
110 King St W, 2<sup>nd</sup> Floor  
Hamilton, ON L8P 3S6  
Phone: 905-546-2489  
Fax: 905-546-2787  
[foodsafety@hamilton.ca](mailto:foodsafety@hamilton.ca)  
[www.hamilton.ca/foodsafety](http://www.hamilton.ca/foodsafety)

Dear Event Organizer:

**RE: Special Event Organizer Application Form and Food Safety Information Package 2024**

Hamilton Public Health Services helps event organizers ensure safe food handling at Special Events in the City of Hamilton to reduce the risk of foodborne illness.

**Event Organizer responsibilities:**

1. Complete the **Special Event Organizer Application Form** (below).
2. Provide each food vendor with a copy of the **Special Event Food Vendor Application Form** and **Requirements for Food Vendors at Special Events** document.
3. Food vendors (including food trucks) are required to submit a copy of the kitchen's most recent public health inspection report. If the kitchen space is rented to prepare food, following must be provided:
  - Letter from the owner of the kitchen space confirming that food is prepared at that location.
  - Copy of the rented kitchen's most recent public health inspection report.
4. Collect all completed vendor applications as **one single event package** and forward the completed package to Hamilton Public Health at least **14 days** before the start date of event.
5. Notify Hamilton Public Health of any significant changes to the original application.
6. **ONLY 2024** Food Vendor Application Form **will be accepted**.

The Special Event Organizer will be invoiced after the event for inspection services rendered.

Refreshment Vehicles fully licensed by the City of Hamilton are not required to pay this fee.

However, food trucks must be listed on the **Special Event Food Vendor Application**, including City of Hamilton Plate Number.

**Note:** An administration fee of \$43.51 (includes HST) is charged per vendor unit for Special Events to cover the costs incurred for inspection services. An additional fee of \$33 (includes HST) per vendor applies if the application is not received at least 14 days ahead of the event. Please do not submit payment before your event. You will be invoiced after the event, if Inspections were required. Prices are subject to change without prior notice.



## Special Event Organizer Application Form

Please complete and return to Hamilton Public Health **at least 14 days** before the start date of event.

If you require assistance completing this form, please contact Hamilton Public Health Services at **905-546-2489**.

Completed packages can be submitted to Hamilton Public Health via e-mail: [foodsafety@hamilton.ca](mailto:foodsafety@hamilton.ca) or faxed to: **905-546-2787**, or dropped off/mailed to Public Health Services, Food Safety Program, Robert Thomson Building, 110 King Street West, 2nd Floor, Hamilton, Ontario L8P 4S6.

EVENT INFORMATION			
Event Name:		Expected # of Vendors:	
Event Date(s): Start:		End:	
		Expected # of Attendees:	
ORGANIZER INFORMATION			
Organizer's Name:			
Legal Name (Corporation Name/Number):			
Address:		Business Phone:	
City/Town:	Postal Code:	Cell Phone:	
Email Address:		Fax:	
EVENT DESCRIPTION			
Event Location/Address:			
Venue Type: <input type="checkbox"/> Public Park <input type="checkbox"/> Street Festival <input type="checkbox"/> Mall Property <input type="checkbox"/> Other (specify):			
Hours of Operation:		Diagram of Event Layout Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	
RESPONSIBILITIES OF THE ORGANIZER			
SANITARY FACILITIES:			
<b>Will sanitary facilities be provided for the event by the organizer? (If yes, specify number)</b>			
Portable Toilets <input type="checkbox"/> Yes <input type="checkbox"/> No		Portable Handwash Stations Yes <input type="checkbox"/> <input type="checkbox"/> No	
Permanent Toilets <input type="checkbox"/> Yes <input type="checkbox"/> No		Permanent Handwash Stations Yes <input type="checkbox"/> <input type="checkbox"/> No	
WATER SUPPLY:			
<b>Will potable water be supplied to vendors?</b> <input type="checkbox"/> Yes (If yes, complete next question on water source) <input type="checkbox"/> No			
<b>WATER SOURCE:</b> <input type="checkbox"/> Municipal <input type="checkbox"/> Well <input type="checkbox"/> Bottled <input type="checkbox"/> Water truck (Company Name): _____			
Water lines made of food-grade material: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Backflow devices provided: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Ice supplied to vendors: <input type="checkbox"/> Yes (If yes, source of water used to make ice): _____ <input type="checkbox"/> No			
HYDRO:			
Electricity available to vendors: <input type="checkbox"/> Yes <input type="checkbox"/> No		Back-up power available: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Refrigerated trucks provided for vendor use: <input type="checkbox"/> Yes <input type="checkbox"/> No			
SEWAGE, WASTE WATER & GARBAGE DISPOSAL:			

Method of Sewage Disposal:  Municipal  Private/Septic Garbage will be disposed of daily:  Yes  No  
 Method of Waste Water Disposal:  Municipal  Holding Tank  Grey Water Containers  Other, explain below:

**VENDORS:**

It is the responsibility of the Event Organizer to ensure that Hamilton Public Health Services is provided with a comprehensive list of all the vendors that will be at the event. This list is to be supplied at the time of submission of this application.

**INFORMATION ABOUT THE VENDORS PARTICIPATING AT THE EVENT**

Will there be any vendors at the event that perform personal services such as tattooing, body piercing, manicures/pedicures or hair cutting?  Yes  No

Will any of the vendors be operating a Petting Zoo (i.e., any vendors that provide a service where the public has contact with animals)?  Yes  No

**FOOD VENDORS**

Total number of **Food Vendors** participating in the event:

Provide a description of the proposed types of foods that will be served at the event (e.g. hamburgers, chicken skewers, roast beef, roasted pig, ribs, etc.):

**LIST OF VENDORS** (Please ensure this list includes ALL vendors. If additional space is required, please attach a separate page).

Event Name:	Organizer Name:	
Provide Vendor's Name and the Name of their Food Booth	Vendor's Mailing Address and Vendor's Email Address	Vendor's Phone Number(s) (business and cell)
Vendor's Name: Food Booth: Food Truck Plate #:		
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\*Please ensure every vendor receives a copy of Hamilton Public Health's **Requirements for Food Vendors at Special Events**.

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Organizer's Signature