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EVENT COORDINATOR APPLICATION

NX _____

Please review the [Planning Guide for Temporary Events and Food Markets](#) before completing this form.

General descriptions of your event please check all that apply:

- Indoor Outdoor A combination of both
- Event is less than 14 days in a fiscal year Event is more than 14 days in a fiscal year Recurs, year last operated _____
- It is a Fair, Festival, Music Festival, Trade Show, or Fundraising Event
- It has a Farmers' Market component. *If checked, have Market Manager complete Market Manager Application*

**Application must be received by VCH at least 14 days in advance of the event .
 No guarantee late applications will be reviewed, processed or approved.**

Event Information:

Event name: _____ Event Venue: _____
 Venue address: _____ City: _____
 Date(s) of event: _____ Hours of operation: _____
 Initial start time (for inspection): _____ Estimated daily attendance: _____

Applicant Information:

Coordinator Name: _____ Email: _____ Phone: _____
 On-site Contact: _____ Email: _____ Phone: _____
 Legal (Company) Name: _____ Trade/Business/Individual Name: _____
 Address: _____ City: _____ Postal Code: _____
 Venue Contact: _____ Email: _____ Phone: _____

Part A – Types of Services that will be present at your Event, please check all that apply:

- Temporary Food Services - food for immediate consumption (e.g. burgers, hot dogs, prepared drinks, small plated food, portioned samples for tasting). **How many?** ____
 - For 14 days or less – Temporary Food Services Form use this [Application form](#)
 - For over 14 days in a single event – use this [Application form](#)
- Temporary Food Product Booth - food is sold or given away (e.g. pre-packaged food or drink). **How many?** _____
- Temporary Food Market in a separate designated area of Event venue.
- Cooking demonstration
- Mobile Food Premises - self-contained cart, trailer or vehicle with valid permit or health approval. **How many?** _____

NOTE: Home-prepared foods are not allowed in these events.

- Personal Services (e.g. haircutting, massage, tattoo, permanent make up, manicures). **How many?** _____

Please fill out [Application for Personal Services at an Event](#)

- Hot tubs, water features, fountain displays (vendor application not required but must identified if present at event)
- Petting zoo and open farms (vendor application not required but must identified if present at event)

Part B– Include with this application the following required information:

- 1. A list of vendors** (electronic copy), including the business name, business address, contact person, telephone, email and the specific service they will provide. Only vendors included in the submitted list will be considered for approval. An [Event Vendors list template](#) is available for your use.
- 2. A site plan** (electronic copy) with corresponding location of all vendors and services at the site with the venue details described including sinks, washrooms, wastewater holding tank(s), garbage collection etc.

EVENT & VENUE DETAILS

Note: The venue may provide some of the requirements below. Please give name of venue responsible, if applicable.

Requirements	Describe how requirements will be met Check (✓) all that apply
Potable Water Supply <ul style="list-style-type: none"> Water from approved potable water system is required. Provide details of licensed hauler on service provider list. Free Chlorine residual for hauled water must be 0.2ppm (or higher, if specified by Permit) 	<input type="checkbox"/> Existing Municipal water supply or Permitted water system <input type="checkbox"/> Vendors to obtain potable water from an approved source <input type="checkbox"/> Licensed water hauler (provide Permit information) <input type="checkbox"/> Temporary water system connected to potable water supply
Water Distribution <ul style="list-style-type: none"> Temporary water system must have a plan that has been reviewed by VCH. The system must be approved and operational prior to start of event. Drinking water grade supply lines for potable water. Backflow preventers installed for temporary connections. 	<input type="checkbox"/> Municipal water supply, indoor by venue <input type="checkbox"/> Municipal water supply, outdoor with backflow <input type="checkbox"/> Permitted water system <input type="checkbox"/> Chlorine residual test will be done by user (hauled water)
Sanitary Facilities <ul style="list-style-type: none"> Hand sanitizers or hand wash stations if portable toilets are used Portable toilets may be required. 12 units/ 1000 people. 	<input type="checkbox"/> Not applicable, adequate indoor facilities <input type="checkbox"/> Will bring in portable toilets & service company. Name of service company: _____ # of porta-potties
Wastewater Collection & Disposal <ul style="list-style-type: none"> Collect and disposed of in a sanitary manner. NOT to be drained on the ground or into storm drains No cross connections to potable water Provide details of licensed hauler, if used. 	<input type="checkbox"/> Sanitary sewer <input type="checkbox"/> Self-contained tank (<input type="checkbox"/> onsite or <input type="checkbox"/> offsite disposal) <input type="checkbox"/> Open container or buckets (<input type="checkbox"/> onsite or <input type="checkbox"/> offsite disposal) <input type="checkbox"/> Holding tank(s) of adequate size and disposal service <input type="checkbox"/> Will use a licensed hauler to dispose wastewater: Business name: _____
Garbage Collection & Disposal <ul style="list-style-type: none"> Adequately sized and leak-proof containers. Remove regularly to prevent nuisance. Have a site management plan. Provide details of licensed hauler, if used. 	<input type="checkbox"/> Venue to provide containers and collect <input type="checkbox"/> Vendor to have containers (<input type="checkbox"/> onsite or <input type="checkbox"/> offsite disposal) <input type="checkbox"/> Licensed Waste Hauler. Business Name: _____
Power Supply <ul style="list-style-type: none"> Continuous supply include overnight power for refrigerated storage. Amount of power required for event has been determined and is available. Hook ups are ready before vendors arrive. Consider providing backup power supply. 	<input type="checkbox"/> Venue to supply <input type="checkbox"/> Generator(s) on site with proper power connection <input type="checkbox"/> Alternative power source _____ <input type="checkbox"/> Not needed <input type="checkbox"/> Vendors to supply their own
Ice supply <ul style="list-style-type: none"> From an approved source and sanitary storage provided. Provide details of ice supplier, if used. 	<input type="checkbox"/> Venue has ice machine accessible and close by on site <input type="checkbox"/> Venue will use an ice supplier: _____ <input type="checkbox"/> Vendors to bring their own ice from an approved source
Outdoor Booth Construction <ul style="list-style-type: none"> Canopies over food preparation and display areas. Suitable canopies provided over type of cooking equipment used. Flooring is a hard, level surface and the site is protected from flooding if it rains (e.g. through proper location or grading). 	<input type="checkbox"/> Not applicable, booth is indoor <input type="checkbox"/> Venue will provide suitable overhead covers <input type="checkbox"/> Vendors to bring their own overhead covers <input type="checkbox"/> Booths are located on concrete or asphalt <input type="checkbox"/> Venue will provide hard, level surface over grass or dirt <input type="checkbox"/> Vendors to bring their own hard, level surface over grass /dirt
Food Storage – Refrigeration <ul style="list-style-type: none"> Shared space must be mechanically refrigerated and adequate for vendors. Able to maintain potentially hazardous foods at 4°C (40 °F) and secured. 	<input type="checkbox"/> Venue has refrigeration accessible and close by on site <input type="checkbox"/> Venue has a refrigerated truck on site for shared storage <input type="checkbox"/> No shared refrigeration necessary (vendor to provide)
Food Storage – Dry goods <ul style="list-style-type: none"> Secure enclosure. Food stored off the ground. Facility or area is pest proofed. Space must be adequate and properly lit. 	<input type="checkbox"/> Venue has secure storage space at the venue <input type="checkbox"/> Venue will have secure rental storage container(s) <input type="checkbox"/> No storage space necessary
Utensils Washing, Sanitizing and Supplies <ul style="list-style-type: none"> Provide onsite commercial dishwasher(s) or 3-comp sinks or dishwashing service, if reusable dishes for public are used. Continuous supply of hot and cold running water, 2-compartment sinks for vendors to wash utensils & equipment with detergent and sanitizer. Provide details of the dishwashing service, if used. 	<input type="checkbox"/> Will provide adequate number of 2-comp sinks to vendors <input type="checkbox"/> Sink hook to a potable supply with drinking water grade hose <input type="checkbox"/> Vendors to bring detergent and sanitizer <input type="checkbox"/> Will have 3-comp sink, dishwashing service or a dishwasher on site <input type="checkbox"/> Not needed
Hand Washing Stations <ul style="list-style-type: none"> Handwashing stations in adequate number and locations. Liquid soap in pump dispensers and single use paper towels. NOTE: Event may be required to supply. All hand washing stations must be operational before food handling starts. 	<input type="checkbox"/> Venue will provide hand wash stations <input type="checkbox"/> Venue set up portable sink shared between booths <input type="checkbox"/> Venue to provide liquid soap and paper towels <input type="checkbox"/> Vendors will bring their own hand wash station, liquid soap and paper towels

On site food preparation and service to public shall not start until food premises have been approved. Organize inspection start times ahead of the event. Vendors and Coordinator/site contact shall be present with the Environmental Health Officer.

I understand the completion of the above requirements is necessary to receive approval to operate food and other regulated services described in this application. Should I fail to meet the requirements in accordance to the *Regulated activities*, I understand that all or part of the event will not receive approval to operate.

Signature of Event Coordinator

Date

* Please keep a copy of this application for your records and for use as a pre-inspection checklist.