



# Special Event Licence Application

Municipal Law Enforcement and Licensing  
 50 Centre Street South  
 Oshawa, ON  
 L1H 3Z7

Office Use Only	Req.	Rec.
Business Name Registration		
Ownership		
Propane Certificate		
Photograph		
Commercial Insurance		
Fire Extinguisher Info		
Fire Suppression System Info		
Safety Certificate		
Vehicle Insurance		
Letter of Permission & Map		
Durham Region Health		
Oshawa Fire Services		
M.L.E.L.S – Property		
Licence Number		
Issue Date		

Application for: Special Event Licence

- CLASS A – General Peddler
- CLASS B – Special Events Organizer
- CLASS C – Seasonal Sales
- Short Term Food Shop
- Temporary Refreshment Vehicle

Applicant	
Last Name	Given Name(s)
Address (including postal code)	
Email	
Home Phone	Business Phone
Business Name	
Business Address (including postal code)	
Mailing Address	
Description of goods and/or services to be offered	

Personal information contained on this form is collected under the authority of Section 11 of the Municipal Act, 2001 and will be used for administering the Municipal Law Enforcement and Licensing process. Questions concerning collection of personal information should be directed to the City of Oshawa's Information Access and Privacy Officer at 50 Centre Street South, Oshawa, Ontario, L1H 3Z7 or 905-436-3311.

Name of Event	
Event Location	Event Date(s)

**Temporary Refreshment Vehicles**

Upon application, the applicant must include the following documentation:

- Business Name Registration
- Ownership
- Propane Certificate (if applicable)
- Photograph of vehicle
- Safety Certificate
- Vehicle Insurance Certificate
- Commercial General Liability Insurance with a minimum of \$2,000,000 (two million dollars)
- Picture of the Fire Extinguisher presently available in the vehicle;
  - a. Fire Extinguisher Maintenance Record. Picture of the tag located on the neck of the extinguisher or documentation from the service contractor,
  - b. The date of manufacture of the extinguisher.
- Fire Suppression System Inspection Record (dated within 6 months) (Also known as NFPA 96 Commercial Cooking Suppression System) (if applicable)

**Peddler – Class B Special Event Organizer**

Upon application, the applicant must include the following documentation:

- Proof of \$2 to 5 million General Liability Insurance naming the City of Oshawa as additional insured
- Proposed list of vendors
- Site plan detailing the location of all participating Peddlers subject to the Director’s approval

**Short Term Food Shop**

Upon application, the applicant must complete and submit a Special Event application for vendors directly to Durham Region Health department

I have read and understand the regulations pertaining to this licence category. I authorize the City of Oshawa to make any investigation regarding this application and authorize the release of records and information to the City of Oshawa provided such information is received and discussed confidentially.

Signature	Date
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# New Carnival Licence Application

**Municipal Law Enforcement and Licensing**  
**50 Centre Street South**  
**Oshawa, ON L1H 3Z7**

Office Use Only	Req.	Rec.
Business Name Registration		
Durham Regional Health (Info)		
Oshawa Fire Department (Info)		
MLELS – Property		
TSSA Licence		
Device Permits		
ESA Notification Number		
Insurance Certificate		
Facility Booking		
Residential Approval		
Licence No.		
Issue Date		

Event Date \_\_\_\_\_

Event Location \_\_\_\_\_

**Applicant**

Last Name \_\_\_\_\_ Given Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Business Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Name and Address of Company providing Carnival Devices (include names of principal owners)**

Name of Company \_\_\_\_\_ Phone \_\_\_\_\_

Name of Principal Owners \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

Generator Power Output (if greater than 12 kilowatts and 240 volts an Electrical Safety Authority Inspection is required)

Watts \_\_\_\_\_ Volts \_\_\_\_\_ Electrical Safety Authority Inspection Number \_\_\_\_\_

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## Carnival Licence

Upon application, the applicant must include the following documentation:

- TSSA Licence
- Device Permits
- General Liability Insurance from Inflatable Company
- Proof of 2 to 5 million dollar General Liability Insurance from applicant organization naming the City of Oshawa as an additional insured.
- Written Approval from residents for homes within a 100 meter radius of event.

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### Important Note

A Food Shop and/or Refreshment Vehicle Licence is/are required by the City of Oshawa where food stuffs intended for human consumption are made for sale, offered for sale, stored, or sold. Ensure all such operations and operators have or will obtain the necessary licence(s) prior to the event.

**Licences are valid for event location(s) and date(s) only.**

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I have read and understand the regulations pertaining to this licence category. I authorize the City of Oshawa to make any investigation regarding this application and authorize the release of records and information to the City of Oshawa provided such information is received and discussed confidentially.

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Signature	Date
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HEALTH DEPARTMENT

APPLICATION FOR HEALTH DEPARTMENT APPROVAL
Complete and return this form. address and fax numbers are provided below.

COMMUNITY SPECIAL EVENTS with Food Vendors (PAGE 1 OF 2)
FOR EVENT COORDINATORS / ORGANIZERS

This application form MUST be filed with the Durham Region Health Department (DRHD) 30 days prior to any event. Each food vendor MUST submit their completed application form to the DRHD at least 15 days prior to the event.

EVENT INFORMATION

NAME OF PROPOSED EVENT: PROPOSED EVENT LOCATION (ADDRESS) & MUNICIPALITY:
DATE(S) OF OPERATION: (DD/MM/YY - DD/MM/YY) TIME(S) OF OPERATION: (e.g. A.M. - P.M.) EXPECTED ATTENDANCE:
AT THIS EVENT, WILL THERE BE A: PETTING ZOO YES NO PERSONAL SERVICES VENDOR YES NO (i.e. tattoos, ear/body piercing, acupuncture etc...) WILL THERE BE ANY SALE OF PETS AT THIS EVENT? YES NO

COORDINATOR/ORGANIZER'S INFORMATION

NAME OF SPONSORING GROUP OR AGENCY: CONTACT PERSON & MAILING ADDRESS:
LEGAL NAME (i.e. CORPORATION NAME/NO#): PHONE: OTHER (BUSINESS/CELL):
VENDOR PERMIT NO#: FAX: E-MAIL:

Are all of the food booths run by one of the following groups? religious organization service club fraternal organization
Will you be claiming an exemption from the Food Premises Regulation for the entire event? YES NO

PROVIDE THE FOLLOWING INFORMATION:

METHOD OF WATER SUPPLY:

Municipal Supply Commercially bottled Hauled Municipal water NAME & PHONE # OF WATER HAULER:
Well ADDRESS / LOCATION:
Type: Drilled Dug/Bored
Treatment: No Yes, if "Yes" what type Chlorine U/V & Filter Other, specify
Water sample to be taken two weeks prior to the event.
Water sample taken: No Yes If yes, date taken:
Water sample satisfactory: Yes No If no, resample taken Yes No Date taken:
Water sample results: Initial sample E.coli Total coliforms

HYDRO:

Electricity available to vendors: Yes No
Backup Power available: Yes No

SEWAGE, WASTE WATER & GARBAGE DISPOSAL:

Method of Sewage Disposal: Municipal Private/Septic
Method of Waste Water Disposal: Holding tank Gray water containers Other, specify
None Available, please explain

Number of Garbage Receptacles on-site: Number of Dumpsters on-site:
Garbage will be disposed of: Daily Other, please explain
Clean-up Coordinator's Name: Phone No.:

# COMMUNITY SPECIAL EVENTS with Food Vendors (PAGE 2 OF 2)

## FOR EVENT COORDINATORS / ORGANIZERS

<b>PUBLIC WASHROOM FACILITIES &amp; HAND WASH SINKS/STATIONS:</b>			
Types of Toilets & Hand Wash Sinks: <input type="checkbox"/> Permanent <input type="checkbox"/> Portable		Name of supplier for portable units: _____	
NUMBERS AVAILABLE	TOILETS	URINALS	HAND WASH BASINS/STATIONS
<b>Male</b>			
<b>Female</b>			

**SITE PLAN FOR EVENT**

Must Include:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Food vendors       | <input type="checkbox"/> Washroom facilities | <input type="checkbox"/> Public hand wash stations | <input type="checkbox"/> Garbage disposal |
| <input type="checkbox"/> Electrical sources | <input type="checkbox"/> Water sources       | <input type="checkbox"/> Waste water disposal      |   |

Additional information may be added such as location of existing buildings, location of private sewage systems, topographical characteristics (such as roads, ponds, streams, etc.) and any other details that are necessary to properly access the site.

<b>HEALTH DEPARTMENT USE ONLY</b>	
<b>APPLICATION APPROVED:</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO  <input type="checkbox"/> Subject to Requirements	<b>Inspector's Comments/Requirements:</b> <input type="checkbox"/> Discussed Guidelines with Organizer <input type="checkbox"/> Advised Organizer to provide Guidelines to each vendor <input type="checkbox"/> Received Vendor Registration List & Food Vendor Applications  Other Comments:   
DATE:	Inspector's Name: _____ Signature: _____
Durham Region Health Department – Environmental Health 101 Consumers Drive, 2 <sup>nd</sup> Floor, Whitby, ON, L1N 1C4 Phone: 905-723-3818 ext. 2188 Fax: 905-666-1887	Durham Region Health Department – Port Perry Office 181 Perry Street, 2 <sup>nd</sup> Floor, Port Perry, ON, L9L 1B8 Phone: 905-985-4889 or 1-866-845-1868 Fax: 905-982-0840

[Personal] Information is collected under the authority of *Health Protection and Promotion Act* R.S.O. 1990 c.H.7, s. 5 (as amended). This information is collected and used for the purpose of preventing, eliminating and/or decreasing the effects of a health hazard. Questions about this collection of information should be addressed to Durham Region Health Department, Manager, Health Information, Privacy and Security at 605 Rossland Rd E., P.O. Box 730, ON, L1N 0B2, (905) 668-7711.





COMMUNITY SPECIAL EVENTS

Each food vendor **MUST** submit a completed application form to the Durham Region Health Department at least **15 days prior** to the event and applications **MUST** be approved prior to attendance at events. (Photocopies of this form may be made for multiple vendors and can be submitted separately.) Events must comply with applicable sections of the Food Premises Regulation 562/90, under the Health Protection and Promotion Act, R.S.O., 1990 as amended. **Note: Failure to receive prior approval may result in closure of premises, or other legal action if inspection reveals significant public health concerns.**

FOR FOOD VENDORS (PAGE 1 OF 2)

EVENT INFORMATION

EVENT NAME:	LOCATION (ADDRESS) & MUNICIPALITY:
DATE(S) OF OPERATION: (DD/MM/YY – DD/MM/YY)	TIME(S) OF OPERATION: (e.g. A.M. – P.M.)

VENDOR INFORMATION

NAME OF TEMPORARY FOOD PREMISES AT EVENT:	OPERATOR NAME(S) & ADDRESS:
LEGAL NAME (i.e. CORPORATION NAME and/or NUMBER):	PHONE: OTHER (BUSINESS/CELL):
VENDOR PERMIT #:	FAX: E-MAIL:
ARE YOU A FIRST TIME PARTICIPANT OF AN EVENT IN DURHAM REGION? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, other events you have attended in Durham Region: Event: _____ dates: _____	VENDOR SET UP: <input type="checkbox"/> FOOD BOOTH/TENT <input type="checkbox"/> MOBILE TRAILER <input type="checkbox"/> HOT DOG CART <input type="checkbox"/> INDOOR FACILITY

Is the food booth run by one of the following groups?  religious organization  service club  fraternal organization  
Will you be claiming an exemption from the Food Premises Regulation at this event?  YES  NO

PROVIDE THE FOLLOWING INFORMATION:

WHERE WILL FOOD(S) BE PREPARED? <input type="checkbox"/> ONSITE <input type="checkbox"/> OFF SITE If off site, please provide the following: Name of Premise:	FOOD SUPPLIERS* – (Provide Name/Address/Phone #'s of all suppliers) (*Attach separate sheet of paper if more space is required)
Type of Premise (restaurant, church kitchen, community centre, etc.):	1.
Location (Address):	2.
Phone No.:	3.
	4.

Menu Item*	Type of Food Preparation (e.g. grilling, frying, BBQ, etc.)	Food Precooked		Food Cooked On-site		Food Storage On-site	
		Yes	No	Yes	No	Hot 60°C (140°F) or hotter	Cold 4°C (40°F) or colder

\*Attach separate sheet of paper if more space is required for food suppliers and/or menu items

FOOD STORAGE/TRANSPORTATION:

How will hazardous food be transported to the event?	<input type="checkbox"/> Refrigerated truck <input type="checkbox"/> Insulated containers with ice <input type="checkbox"/> Thermal containers <input type="checkbox"/> Other, specify _____
What method(s) will be used to maintain cold foods at 4°C (40°F) or colder during the event?	<input type="checkbox"/> Not required <input type="checkbox"/> Refrigerated truck <input type="checkbox"/> Mechanical Refrigeration <input type="checkbox"/> Insulated containers with ice <input type="checkbox"/> Other, specify _____
What method(s) will be used to maintain hot foods at 60°C (140°F) or hotter during the event?	<input type="checkbox"/> Not required <input type="checkbox"/> Sterno/chaffing dish <input type="checkbox"/> Barbecue/grill <input type="checkbox"/> Propane stove <input type="checkbox"/> Crock pot <input type="checkbox"/> Hot plate <input type="checkbox"/> Oven <input type="checkbox"/> Steam table/unit <input type="checkbox"/> Other, specify _____
What method(s) will be used to reheat food prior to service?	<input type="checkbox"/> Not required <input type="checkbox"/> Microwave oven <input type="checkbox"/> Stove top <input type="checkbox"/> Oven <input type="checkbox"/> Grill/BBQ <input type="checkbox"/> Deep fryer <input type="checkbox"/> Other, specify _____
Do you have a probe thermometer to check the internal temperatures of food during the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
How will foods, including condiments, be protected from contamination during the event?	<input type="checkbox"/> Food grade wrap <input type="checkbox"/> Lids <input type="checkbox"/> Pre-packaged condiments <input type="checkbox"/> Sneeze guard/shield <input type="checkbox"/> Enclosed cabinet/container <input type="checkbox"/> Other, specify _____
Do you have re-supply method for ice during the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <span style="float: right;">back →</span>



# COMMUNITY SPECIAL EVENTS FOR FOOD VENDORS (PAGE 2 OF 2)

## SEPARATE HANDWASHING BASIN:

Is there a separate handwashing basin with hot and cold or warm running water provided in the food handling/food preparation area? How many handwashing sinks are provided?  Yes – Fixed Sink  Yes – Portable Sink How many sinks provided: \_\_\_\_\_  
 No, please explain \_\_\_\_\_

Do you have supply of liquid soap and paper towels provided for the handwashing sink(s)?  Yes  No, please explain \_\_\_\_\_

## UTENSIL WASHING:

What type of sink is provided for utensil washing?  Two compartment sink  Three compartment sink  
 None, please explain \_\_\_\_\_

What type of sanitizer is used for sanitizing utensils?  Bleach  Other, please specify \_\_\_\_\_

Test strips provided for sanitizer?  Yes  No  N/A

## POTABLE WATER SOURCE:

<input type="checkbox"/> Municipal Supply	<input type="checkbox"/> Commercially bottled	<input type="checkbox"/> Hauled Municipal Water	NAME & PHONE # OF WATER HAULER:
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## WASTE WATER & GARBAGE DISPOSAL:

Method of Waste Water/Sewage Disposal:  Holding tank  Other, specify \_\_\_\_\_

Number of Garbage Receptacles in Food Preparation Area: \_\_\_\_\_

## Layout of the Temporary Food Premises (Food Preparation Area)

Must Include:

- |  |   |
|--|---|
| <input type="checkbox"/> Handwashing station with dispensed soap and paper towel | <input type="checkbox"/> Two/three compartment sink                                       |
| <input type="checkbox"/> Adequate refrigeration (method of refrigeration)        | <input type="checkbox"/> Food preparation area (i.e. tables, counters, grills/oven, etc.) |
| <input type="checkbox"/> Food storage area                                       | <input type="checkbox"/> Garbage receptacles, waste water container                       |

I have received and read the Community Special Events information provided. I understand the requirements for food vendors at Special Events and have provided the information to all food handlers.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This report does not purport to set forth all hazards nor to indicate that other hazards do not exist at the time services are rendered. By issuing this report, neither the Durham Region Health Department nor any of its employees makes any warranty, express or implied, concerning the property described in this report. Furthermore, neither the Durham Region Health Department nor any of its employees shall be liable in any manner for any personal injury or property damage or loss of any kind arising from or connected with this inspection or failure to inspect.

## HEALTH DEPARTMENT USE ONLY

APPLICATION APPROVED:  <input type="checkbox"/> YES <input type="checkbox"/> NO  <input type="checkbox"/> Subject to Requirements	Inspector's Comments/Requirements:    
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DATE: \_\_\_\_\_ Inspector's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Durham Region Health Department – Environmental Health  
 101 Consumers Drive, 2<sup>nd</sup> Floor, Whitby, ON, L1N 1C4  
 Phone: 905-723-3818 ext. 2188 Fax: 905-666-1887

Durham Region Health Department – Port Perry Office  
 181 Perry Street, 2<sup>nd</sup> Floor, Port Perry, ON, L9L 1B8  
 Phone: 905-985-4889 or 1-866-845-1868 Fax: 905-982-0840

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