



Forward completed ORGANIZER and all VENDOR notifications to your nearest Environmental Public Health office no later than 30 days prior to the special event. Contact information is available on Page 4 of this form.

Please submit all changes by email to your local public health inspector or resubmit this form to your nearest Environmental Public Health office 14 days prior to the special event.

Event Details - When and where is your event?

Event Name: _____

Event Address: _____

1st Day: Start Time: End Time:

2nd Day: Start Time: End Time:

3rd Day: Start Time: End Time:

If longer than 3 days, provide other dates and times: _____

Event Attendance and Vendor Types - What is happening at your event?

How many people do you expect to attend each day: _____

Will there be liquor service? ☐ Yes ☐ No If you offer liquor service, you will need AGLC approval.

Temporary Food Establishment: ☐ Yes ☐ No

What types of vendors will attend the event? Permitted Mobile Food Establishments: ☐ Yes ☐ No

Petting Zoo: ☐ Yes ☐ No

Personal Services:
(esthetics, piercing, microblading, tattooing etc.) ☐ Yes ☐ No

If other vendors, please provide details: _____

Organizer Details - Who do we contact to discuss this application?

Name: _____ Phone number: _____

Address: _____ City: _____

Province: _____ Postal code: _____ Email: _____

Will the organizer be on-site during the event? ☐ Yes ☐ No

If no, who will be on-site? Name: _____

Position: _____

Phone number: _____

Toilets and Handwashing Sinks for Event Attendees

How many toilets are you providing?	Permanent toilets: _____ Temporary toilets: _____
How many handwashing sinks are you providing?	Permanent sinks: _____ Temporary sinks: _____
Will you be providing hand sanitizer stations at the toilets? If so, how many?	_____

Utilities and Equipment Provided to Vendors

Are you supplying potable water? For example, municipal water supply or water haulers.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide supply. _____
Are you supplying electricity?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate how. <input type="checkbox"/> Permanent electrical outlet <input type="checkbox"/> Generator <input type="checkbox"/> Other _____
Are you providing a handwashing sink for each vendor?	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: If you don't provide handwashing sinks to each vendor, ensure all vendors supply a handwashing sink.
Are you providing a dishwashing sink for each food vendor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will food vendors have access to an on-site kitchen for food preparation and/or dishwashing?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details. _____
Are you providing wastewater collection and removal from the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide how often and/or hired company. _____
Are you providing garbage collection and removal from the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide how often and/or hired company. _____
Are you providing equipment reprocessing for personal services vendors?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide how often and/or hired company. _____
Are you providing sharps collection and disposal for personal services vendors?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how and where will sharps be disposed? _____

Restrictions on Vendors

Have you imposed any restrictions on the vendors?

For example, no cooking on-site, no use of generators, limited power supply, or pre-packaged foods.

Vendor List

List all vendors offering food, food samples or personal services. Add additional pages as needed. Indicate vendor business type: temporary food establishment (TFE) , permitted food establishment (FE), personal services (PS), petting zoo or other.

Business Name (Add mobile decal number)	Contact Person	Phone Number	Email Address	Vendor Business Type

Site Layout

Provide a site map when you forward this notification to Environmental Public Health.

Indicate information provided on site map. ☐ All vendors (including mobile vendors)
Check all that apply.

- ☐ All washrooms
- ☐ All handwashing sinks
- ☐ Garbage collection sites
- ☐ Wastewater collection sites

Who completed this form?

Name

Date

Save this form. You may need to choose Print Option and the save as "Adobe PDF".

Email, fax or mail your completed Special Event Organizer Notification to the nearest address below.

A map is provided for your reference.

Northern Alberta

Environmental Public Health

north.specialevents@albertahealthservices.ca

Phone: 780-513-7517

Call for correct fax number.

Edmonton Area

Environmental Public Health

edm.specialevents@albertahealthservices.ca

Phone: 780-735-1800

Fax: 780-735-1802

Central Alberta

Environmental Public Health

central.specialevents@albertahealthservices.ca

Phone: 403-356-6367

Toll-free: 1-877-360-6366

Fax: 403-356-6433

Calgary Area

Environmental Public Health

specialevents@albertahealthservices.ca

Phone: 403-943-2295

Toll-free: 1-855-943-2288

Fax: 403-943-8056

Southern Alberta

Environmental Public Health

south.specialevents@albertahealthservices.ca

Phone: 403-388-6689

Toll-Free: 1-877-355-6689

Fax: 403-328-5934

