



Forward completed notifications to your nearest Environmental Public Health office. Information is available on Page 4.

Be sure to include a map of your site layout.

Event Information

Name of special event _____

Address of event _____

Date(s) of event (dd-mm-yy) _____ to (dd-mm-yy) _____

Daily event start time _____ ☐ AM ☐ PM Estimated daily attendance _____

Daily event end time _____ ☐ AM ☐ PM

Applicant Information

Name of event organizer _____

Address _____

City _____

Province _____ Postal code _____

Phone number _____ Alternate phone number/fax _____

Email _____

Provide contact information for representative who will be available on-site, if event organizer will not be available.

Name _____ Phone number _____

Public Washrooms & Handwashing Stations

Permanent Washroom Facilities

Will there be permanent washroom facilities available to the public at this event? ☐ Yes ☐ No

Number of toilets _____

Number of handwashing stations _____

Temporary Washroom Facilities

Will there be temporary washroom facilities available to the public at this event? ☐ Yes ☐ No

Number of toilets _____

Number of handwashing stations _____

Number of hand sanitizers _____ (must be approved by the Public Health Inspector)

Vendor Services

What potable water services are being provided for vendors? Please indicate name of the municipal water supply or approved water hauler, as applicable.

Where are the vendors disposing of water during the event?

Where will garbage be disposed of?

Event Organizer Restrictions (Food)

Are there any restrictions or requirements relating to food services at this event?

e.g. Organizer does not allow frying or grease-laden vapours in event hall. Organizer requires all foods be prepared in site kitchen.

☐ Yes ☐ No

If yes, please describe.

Event Organizer Provisions

Will the event organizer be providing equipment or services to food vendors as part of this event?

e.g. Organizer will provide handwashing sinks, garbage bins, garbage removal, dishwashing sinks or other food preparation items.

☐ Yes ☐ No

If yes, please describe.

Site Layout

Attach a map providing locations of:

- ☐ all food and beverage vendors (include alcoholic beverage vendors)
- ☐ washrooms and washroom handwashing stations (include permanent and temporary facilities)
- ☐ garbage facilities

Complete the Vendor List on page 3

Signature

I certify that this information is true and correct, to the best of my knowledge.

Signature _____ Date _____

Name _____

For Office Use Only

Reviewed by _____ Date _____ Inspection Required? ☐ Yes ☐ No

Inspectors Assigned _____

Vendor Listing

Please provide the name, phone number and email address for anyone providing food or beverages at this event. Include anyone providing alcoholic beverages and food samples. Include additional sheets, if necessary.

Please note: Each vendor must provide a Special Event Vendor Notification found at
www.albertahealthservices.ca/8302.asp under Special Events.

Name of Operation	Contact Person	Phone Number & Email Address	Foods/Beverages Served



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

