

**Windsor-Essex County Health Unit
SPECIAL OCCASION APPLICATION**

Organization

Contact Person

Phone #

Address:

and Street

City

Postal Code

Location of Event: _____

Type of Event: *(i.e. Picnic, Reception, etc.)* _____

Date of Event: _____ Time of event: _____ a.m./p.m. To _____ a.m./p.m.
Month / Day / Year

Emergency phone # during Event: _____

Proposed Menu: _____

Sources / Suppliers of Food: _____

Where will food be prepared: *(i.e. onsite, at a location other than event, etc.)*

Equipment provided: *(i.e. barbecue, fryer, grill, etc.:)*

Means of Water Supply: _____

Proposed Attendance: _____ Open to Public YES NO

Washrooms: # of Men's _____ # of Women's _____

Type: *(Fixed, portable, etc.)* _____

