



City of Hamilton - Public Health  
Healthy Environments Division – Food Safety  
Robert Thomson Building 110 King St W, 2<sup>nd</sup> Floor  
Hamilton, ON L8P 3S6 Phone: 905-546-2489  
Fax: 844-444-0678  
[foodsafety@hamilton.ca](mailto:foodsafety@hamilton.ca)  
[www.hamilton.ca/foodsafety](http://www.hamilton.ca/foodsafety)

## Organizer Event Form 2026

Dear Event Organizer:

**RE: Special Event Organizer Application Form & Food Safety Information Package 2026** Hamilton Public Health Services helps event organizers ensure safe food handling at Special Events in the City of Hamilton to reduce the risk of foodborne illness.

### **Event Organizer Responsibilities**

1. Complete the **Special Event Organizer Application Form** (below).
2. Provide each food vendor with a copy of the **Special Event Food Vendor Application Form** and **Requirements for Food Vendors at Special Events** document.
3. Food vendors (including food trucks) are required to submit a copy of the kitchen's most recent public health inspection report. Disclosure signs (i.e. Hamilton's Green Pass Sign) will not be accepted. If the kitchen space is rented to prepare food, following must be provided:
  - Letter from owner of the kitchen space confirming that food is prepared at that location.
  - Copy of the rented kitchen's most recent public health inspection report.
4. Collect all completed vendor applications as **one single event package** and forward the completed package to Hamilton Public Health at least **30 days** before the start date of event. Completed packages can be submitted to Hamilton Public Health via **e-mail** at [foodsafety@hamilton.ca](mailto:foodsafety@hamilton.ca) or dropped off/mailed to Public Health Services, Food Safety Program, Robert Thomson Building, 110 King Street West, 2nd Floor, Hamilton, Ontario L8P 4S6. **or** faxed to: **844-444-0678**
  - All emails to Public Health must have the **name & date** of event in the subject line.
  - Submissions using Google Drive will not be accepted.
5. Notify Hamilton Public Health of any significant changes to the original application.
6. A separate list must be sent to [Foodtrucks@Hamilton.ca](mailto:Foodtrucks@Hamilton.ca) a minimum of 30 days prior to the start date of the event. Unlicensed food service **vehicles will not be permitted to operate** within the City of Hamilton. Vehicles that are found to be operating without a licence may be subject to penalties/fines or be asked to leave the event. The event organizer is responsible for communicating this requirement to their vendors.

**ONLY the 2026 Food Vendor Application Form will be accepted.**

The Special Event Organizer will be invoiced **after** the event for inspection services rendered. Refreshment Vehicles fully licensed by the City of Hamilton are not required to pay this fee. **All** food trucks must be listed on the **Special Event Food Vendor Application**, including City of Hamilton Plate Number. **Cost:** Administration fee is \$47.00/vendor (HST incl) if inspections are required. Late fee is \$35.00/vendor (HST incl) regardless. **Prices are subject to change without prior notice.**



## Special Event Organizer Application Form

Hamilton

*Please complete and return to Hamilton Public Health at least 30 days before the start date of event.*

If you require assistance completing this form, please contact Hamilton Public Health Services at  
**905-546-2489.**

Event Name:		Expected # of Vendors:			
Event Date(s): Start: End:		Expected # of Attendees:			
ORGANIZER INFORMATION					
Organizer's Name:					
Legal Name (Corporation Name/Number):					
Address:		Business Phone:			
City/Town:		Postal Code:	Cell Phone:		
Email Address:		Fax:			
EVENT DESCRIPTION					
Event Location/Address:					
Venue Type: Public Park		Street Festival	Mall Property		
Other (specify):					
Hours of Operation:		Diagram of Event Layout Provided: Yes No			
RESPONSIBILITIES OF THE ORGANIZER					
<b>SANITARY FACILITIES:</b>					
<b>Will sanitary facilities be provided for the event by the organizer?</b>					
Yes	No	(If yes, specify number)			
Portable Toilets	Yes	No	Portable Handwash Stations	Yes	No
Permanent Toilets	Yes	No	Permanent Handwash Stations	Yes	No

## **WATER SUPPLY:**

Will potable water be supplied to vendors? Yes (If yes, complete next question on water source) No

**WATER SOURCE:** Municipal Well Bottled Water Truck Company Name:

Water lines made of food-grade material: Yes No

Backflow devices provided: Yes No

Ice supplied to vendors: Yes (If yes, source of water used to make ice): No

## **HYDRO:**

Electricity available to vendors: Yes No

Back-up power available: Yes No

Refrigerated trucks provided for vendor use: Yes No

## **SEWAGE, WASTE WATER & GARBAGE DISPOSAL:**

Method of Sewage Disposal: Municipal Private/Septic

Garbage will be disposed of daily: Yes No

Method of Waste Water Disposal: Municipal Holding Tank Grey Water Containers

Other, explain below:

## **VENDORS:**

It is the responsibility of the Event Organizer to ensure that Hamilton Public Health Services is provided with a comprehensive list of all the vendors that will be at the event. This list is to be supplied at the time of submission of this application.

## **INFORMATION ABOUT THE VENDORS PARTICIPATING AT THE EVENT**

Will there be any vendors at the event that perform personal services such as tattooing, body piercing, manicures/pedicures or hair cutting? Yes No

Will any of the vendors be operating a Petting Zoo (i.e., any vendors that provide a service where the public has contact with animals)? Yes No

## **FOOD VENDORS**

Total number of **Food Vendors** participating in the event:

Provide a description of the proposed types of foods that will be served at the event (e.g. hamburgers, chicken skewers, roast beef, roasted pig, ribs, etc.):

**LIST OF VENDORS (Please ensure this list includes ALL vendors. If additional space is required, please attach a separate page).**

Event Name:	Organizer Name:	
Provide Vendor's Name and the Name of their Food Booth	Vendor's Mailing Address and Vendor's Email Address	Vendor's Phone Number(s) (business and cell)
Vendor's Name: Food Booth: Food Truck Plate #:		
Vendor's Name: Food Booth: Food Truck Plate #:		
Vendor's Name: Food Booth: Food Truck Plate #:		

\*Please ensure every vendor receives a copy of Hamilton Public Health's **Requirements for Food Vendors at Special Events**.

Date	Name of Organizer
	Organizer's Signature _____

**Adapted with permission of York Region Community and Health Services**