



Perth District Health Unit

653 West Gore Street
Stratford, Ontario
N5A 1L4 (519) 271-7600

Application Form for Farmers Market Food Vendors

Please read the attached "Food Safety Requirements for Food Vendors at Farmers' Markets" before filling out this application form. Return this application form to your Farmers Market Organizer. The Health Unit will not accept individual applications.

Please indicate which market(s) you are applying for: _____

| | | |
|--|--|-----------------------|
| Vendor Information: | | |
| Business Name: Business Address: | Business Phone: () | Home Phone: () |
| | Cell Phone: () | Fax: () |
| Contact Person(s): | Email: | |
| Are you an out-of-county vendor? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, attach a copy of most recent health inspection report. | | |
| General Food Information: | | |
| Do you prepare all food items you will be bringing to the market at a kitchen / facility that is inspected either by Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA), Canadian Food Inspection Agency (CFIA) or a public health unit? <input type="checkbox"/> yes <input type="checkbox"/> no | | |
| If yes , name of kitchen / facility: Address: Phone: () | If no , please explain where you prepare foods: | |
| Food Handler Information: | | |
| 1. Methods of keeping cold foods cold during transportation? <input type="checkbox"/> not applicable <input type="checkbox"/> mechanical refrigeration <input type="checkbox"/> insulated container with ice/ice packs <input type="checkbox"/> other (specify) _____ | | |
| 2. Methods of keeping cold foods cold during storage and display at the market? <input type="checkbox"/> not applicable <input type="checkbox"/> mechanical refrigeration <input type="checkbox"/> crushed ice <input type="checkbox"/> ice packs <input type="checkbox"/> other (specify) _____ | | |
| 3. Methods of keeping hot foods hot during transportation? <input type="checkbox"/> not applicable <input type="checkbox"/> insulated containers <input type="checkbox"/> other (specify) _____ | | |
| 4. Method of keeping hot foods hot during storage and display at the market? <input type="checkbox"/> not applicable <input type="checkbox"/> chafing dish <input type="checkbox"/> crock pot <input type="checkbox"/> other (specify) _____ | | |
| 5. Method of protecting food from contamination during storage and display at the market? <input type="checkbox"/> food-grade wrap <input type="checkbox"/> sneeze guard <input type="checkbox"/> prepackaged <input type="checkbox"/> other (specify) _____ | | |
| 6. How will the food be handled at the market? Check any that apply. <input type="checkbox"/> no handling necessary <input type="checkbox"/> portioning <input type="checkbox"/> wrapping <input type="checkbox"/> cutting/slicing <input type="checkbox"/> blending <input type="checkbox"/> other (specify) _____ | | |
| 7. Will you have access to a conveniently located hand wash sink? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, is it: <input type="checkbox"/> at your booth <input type="checkbox"/> within the market | | |
| 8. Will food samples be provided? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, list the food samples: _____ _____ | | |

Farmers Market Vendor Form

Do you / your family live on a farm?

Yes

No

Do you / your family manage / own / cooperate in / rent a farm?

Yes

No

Are you selling items grown / raised / produced on the farm in Question 1 or 2?

Yes

No

Indicate which items below that you sell and their source (include name, address and phone number):

| Item | SOURCE | | |
|---|--|--|-----------------|
| | Product from a farm my family manages/owns/ cooperates in/rents/lives on | Product from another business/wholesaler/distributor | Other (specify) |
| Fruits/vegetables, specify: _____ _____ | | | |
| Raw meats/poultry/seafood, specify: _____ _____ | | | |
| Processed meats (deli meats, sausages, etc), specify: ____ _____ | | | |
| Dairy products, specify: ____ _____ | | | |
| Eggs (proof of grading required) Indicate grading station or store → | | | |
| Honey/maple products, specify: _____ _____ | | | |
| Baked goods, specify: ____ _____ | | | |
| Grains/seeds, specify: ____ _____ | | | |
| Preserves/Pickling, specify: _____ _____ | | | |
| Other food and beverage products, specify: _____ _____ | | | |
| Other, specify: _____ _____ _____ | | | |

What percentage of your products is from the farm that you manage / own / cooperate in / rent / live on? _____

I _____ certify and I accept responsibility for ensuring the above information is correct. I am responsible for ensuring that I am in full compliance with health regulatory requirements.

Signature: _____ Date: _____