

Special Event/Farmers Market Vendor Application Form

This application must be submitted at least 10 days prior to any event.
 Fax 705-721-1495 OR Email hc.phi@smdhu.org (**PDF attachments only**)
 If you require assistance, please call *Health Connection* at 705-721-7520 (1-877-721-7520) ext. 8811

EVENT INFORMATION

Name of Event:	
Date of Event:	From: DD / MM / YYYY To: DD / MM / YYYY
Event Address:	Hours of Operation:

VENDOR INFORMATION

Name:	Business Name:	
Currently holds Certificate of Inspection (green sign) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address:	Phone:	Mobile:
	Email:	

ORGANIZER'S INFORMATION

Name of Event Organizer or Sponsoring Group or Agency:	
Contact Person:	
Mailing Address:	Phone:
	Email:

TYPE OF FOOD PREMISES AT EVENT

<input type="checkbox"/> Mobile Premises	<input type="checkbox"/> Inspected Restaurant	<input type="checkbox"/> Temporary Booth
Is Food Handler certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Certification: DD / MM / YYYY	
<input type="checkbox"/> Request For Exemption From Regulations (<i>Religious, Fraternal Organizations or Service club</i>)		

NOTE: A sign must be posted notifying patrons event not inspected. A donors list must be provided if exempted from regulations and accepting food from an un-inspected source.

WATER SUPPLY

Water Source:	
<input type="checkbox"/> Municipality (<i>City/Town</i>):	<input type="checkbox"/> Well Address:
<input type="checkbox"/> Hauled Municipal Name:	Phone:
Bottled Water	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Lines - Food-grade material	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, length in feet/meters:
Backflow devices provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ice supplied to vendors	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, source of water used to make ice:

HYDRO

Power Supply:

Municipality (City/Town): Generator

Premises Name: N/A

Electricity available Yes No Refrigerated truck Yes No

Backup power available Yes No Power cords Yes No

WASTE WATER & GARBAGE DISPOSAL

Method of Waste Water Disposal:

Holding tank Other, specify:

Waste water containers None available, please explain:

FOOD SOURCES AND STORAGE

Food from (choose all that apply)	<input type="checkbox"/> Inspected source <input type="checkbox"/> Restaurant <input type="checkbox"/> Inspected home based <input type="checkbox"/> Community Hall <input type="checkbox"/> Other, specify
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***Attach most recent Inspection Report to this application**

How will food be transported to the event?	<input type="checkbox"/> Insulated container <input type="checkbox"/> Cooler with ice <input type="checkbox"/> Refrigerated vehicle <input type="checkbox"/> Other:
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Cold Holding Equipment	<input type="checkbox"/> N/A <input type="checkbox"/> Cooler with ice (4°C or lower) <input type="checkbox"/> Refrigerator (4°C or lower) <input type="checkbox"/> Refrigerated Truck <input type="checkbox"/> Chest Freezer (-18°C or lower) <input type="checkbox"/> Other:
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Cooking Equipment	<input type="checkbox"/> N/A <input type="checkbox"/> BBQ/grill <input type="checkbox"/> Deep Fryer <input type="checkbox"/> Stove <input type="checkbox"/> Oven <input type="checkbox"/> Microwave <input type="checkbox"/> Smoker <input type="checkbox"/> Rotisserie <input type="checkbox"/> Other:
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Hot Holding Equipment	<input type="checkbox"/> N/A <input type="checkbox"/> BBQ/grill <input type="checkbox"/> Steam table <input type="checkbox"/> Chafing Dish <input type="checkbox"/> Oven <input type="checkbox"/> Heat Lamp <input type="checkbox"/> Crock Pot <input type="checkbox"/> Other:
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Indicate (check) what type of equipment you will have on-site during the event:

Hand washing station Liquid soap and paper towel Two compartment utensil washing station

Garbage container Probe thermometer Three compartment utensil washing station

Potable water tank Waste water holding tank Sanitizing solution for dishes/equipment

Extra, clean utensils Sanitizer test strips Thermometer in cold holding units

Other:

Food Sold/Served etc.	Type of Food Preparation (e.g. grilling, frying, BBQ, etc.)	Food Precooked		Food Cooked On-site			Food Storage On-site	
		Yes	No	Yes	No	Pre-Heating	Hot 60°C (140°F) or higher	Cold 4°C (40°F) or lower
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MULTIPLE EVENT PARTICIPATION FORM

If you are attending more than one special event, not including Farmers Markets, within Simcoe Muskoka District, please list the events below.

Please note: If you are serving the same foods as detailed above on the application, you do not need to submit an application for these events you have specified below. If the food served/sold at another event is different please submit a new food vendor application detailing the types of foods and source information. Attach additional pages if needed.

Name of the Event	Location of the Event	Date of the Event	Operating Hours AM/PM	Proposed menu same as indicated below (Yes/No)	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

EQUIPMENT LAYOUT & PHOTOS

Provide an equipment layout for your booth at the special event. The layout can be hand drawn in the space below or attached to this application. To confirm requirements review the Special Events Guidelines.

FORM COMPLETION (VENDOR)

Name(print):	Date: DD / MM / YYYY
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FOR OFFICE USE ONLY

Office:	PHI:	Date: DD / MM / YYYY
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Inspector's Notes:	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Revised February 2020