

LITTLE JAMAICA FESTIVAL Special Event – Vendor

Temporary Food Establishment Application

Every Food Vendor must complete all five pages of this application and forward it the Event Organizer.

Event Information

Name of Event: YORK-EGLINTON BIA THE LITTLE JAMAICA FESTIVAL

Location of the Event: EGLINTON AVE WEST (DUFFERIN - MARLEE)

Event Address:

(Municipal Address, Park Name or Street Closure Details) 1761 EGLINTONAVE W TORONTO ON

Event Organizer/ Organization: YORK - EGLINTON BIA

Vendor Information

On-site Contact Person(s):

On-site Cell #:

Booth Name and Booth Number, if applicable:

Date(s) at the Event:

Number of Certified Food Handlers that will be on-site:

Proof of certification available at the booth

Business/ Organization Name:

Address:

Phone:

Email:

Municipal License Number:

List of on-site equipment and supplies for operational needs

Check items that will be available

Temporary Food Booth

- | | |
|--|--|
| <input type="checkbox"/> Supply of potable water for cooking and cleaning | <input type="checkbox"/> Platform (15cm or 6") to elevate food, food containers and paper goods above the ground |
| <input type="checkbox"/> Leak-proof container(s) for waste water | <input type="checkbox"/> Cleaning supplies (e.g. detergent, wiping cloth) |
| <input type="checkbox"/> Garbage container with supply of plastic garbage bags | <input type="checkbox"/> Clean, smooth washable tables and storage areas |
| <input type="checkbox"/> Power source/backup (e.g. generator, propane burner) | <input type="checkbox"/> Overhead booth covering (e.g. canopy, umbrella) |

Food Safety Equipment

- | | |
|--|---|
| <input type="checkbox"/> Hot holding unit to maintain hot foods at 60°C (140°F) or higher (e.g. chafing dishes, hot plates) | <input type="checkbox"/> Scoops to dispense ice for consumption |
| <input type="checkbox"/> Probe thermometer(s) | <input type="checkbox"/> Plastic wrap/aluminum foil for protecting food |
| <input type="checkbox"/> Cold holding units to maintain cold foods at 4°C (39°F) or lower (e.g. coolers, refrigerators, freezers) | <input type="checkbox"/> Backup supply of clean utensils (4 sets of each) |
| <input type="checkbox"/> Thermometer(s) for each storage unit containing hazardous foods | <input type="checkbox"/> Food grade storage containers |
| <input type="checkbox"/> Ice for food storage separate from ice for consumption (from an approved source) | <input type="checkbox"/> Hair restraint (e.g. hairnets, caps, hats) |
| | <input type="checkbox"/> Clean aprons for food handlers |

Hand Washing Facilities

- | | |
|--|--|
| <input type="checkbox"/> Liquid soap in a dispenser | Hand washing facility must be one or more of the following: |
| <input type="checkbox"/> Paper towels | |
| <input type="checkbox"/> Potable water supply with continuous flow | |
| <input type="checkbox"/> Waste water container | |
| | <input type="checkbox"/> Portable or free standing hand wash station |
| | <input type="checkbox"/> Gravity fed water container with spigot set up on a table |
| | <input type="checkbox"/> Other |

Note: Hand sanitizers do not replace the requirements for a temporary hand wash station

Sanitizing Solution

Supplies need to make sanitizer on site:

- | | |
|---|---|
| <input type="checkbox"/> Water | <input type="checkbox"/> Measuring cup and teaspoon |
| <input type="checkbox"/> Label spray bottle | |

Sanitizer:

- | | |
|--|---|
| <input type="checkbox"/> Chlorine (Bleach) | <input type="checkbox"/> Quaternary ammonium |
| <input type="checkbox"/> Iodine | <input type="checkbox"/> Test strip to check sanitizer strength |

Special Event – Vendor

List of Food Suppliers

Name of Supplier:	
Contact Person (if applicable):	Address:
Phone #:	E-mail:
List of Food(s) obtained from this supplier:	

Name of Supplier:	
Contact Person (if applicable):	Address:
Phone #:	E-mail:
List of Food(s) obtained from this supplier:	

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Phone #:	E-mail:
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Contact Person (if applicable):	Address:
Phone #:	E-mail:
List of Food(s) obtained from this supplier:	

Attach additional pages as needed

Special Event – Vendor

Food Item

Name of food item and ingredient:

How is it prepared?

Will this food be pre-cooked? or Will this food be cooked on-site?

Location where the food is prepared (list full address)?

Will the food be transported Yes No

Type of container used to transport food(s) to maintain temperatures?

How will proper temperatures for hazardous foods be maintained at the event (e.g. coolers, warming ovens)?

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Special Event – Vendor

Booth Set-up

Indicate on a drawing or electronic copy (all applicable equipment)

- | | |
|---|---|
| <input type="checkbox"/> Hand wash station(s) | <input type="checkbox"/> Food and supplies storage areas |
| <input type="checkbox"/> Additional sink(s) | <input type="checkbox"/> Refrigerated trucks & other off-site storage |
| <input type="checkbox"/> Cooking equipment | Location: |
| <input type="checkbox"/> Work tables | <input type="checkbox"/> Power source/backup |
| <input type="checkbox"/> Container(s) for waste water | <input type="checkbox"/> Overhead booth covering Type: |
| <input type="checkbox"/> Garbage container(s) | <input type="checkbox"/> Protective barrier for cooking equipment |

