

# 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

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

## VENDOR INFORMATION

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

## ORGANIZER'S INFORMATION

<b>Name of Event Organizer or Sponsoring Group or Agency:</b>	
<b>Contact Person:</b>	
<b>Mailing Address:</b>	<b>Phone:</b>
	<b>Email:</b>

## TYPE OF FOOD PREMISES AT EVENT

<input type="checkbox"/> Mobile Premises	<input type="checkbox"/> Inspected Restaurant	<input type="checkbox"/> Temporary Booth
<b>Is Food Handler certified?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date of Certification:</b> 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

<b>Water Source:</b>	
<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

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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**

<b>Food from (choose all that apply)</b>	<input type="checkbox"/> Inspected source <span style="margin-left: 100px;"><input type="checkbox"/> Restaurant</span> <input type="checkbox"/> Inspected home based <span style="margin-left: 100px;"><input type="checkbox"/> Community Hall</span> <input type="checkbox"/> Other, specify
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**\*Attach most recent Inspection Report to this application**

<b>How will food be transported to the event?</b>	<input type="checkbox"/> Insulated container <span style="margin-left: 100px;"><input type="checkbox"/> Cooler with ice</span> <input type="checkbox"/> Refrigerated vehicle <span style="margin-left: 100px;"><input type="checkbox"/> Other:</span>
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<b>Cold Holding Equipment</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Cooler with ice (4°C or lower) <span style="margin-left: 50px;"><input type="checkbox"/> Refrigerator (4°C or lower)</span> <span style="margin-left: 50px;"><input type="checkbox"/> Refrigerated Truck</span> <input type="checkbox"/> Chest Freezer (-18°C or lower) <span style="margin-left: 50px;"><input type="checkbox"/> Other:</span>
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<b>Cooking Equipment</b>	<input type="checkbox"/> N/A <input type="checkbox"/> BBQ/grill <input type="checkbox"/> Deep Fryer <input type="checkbox"/> Stove <span style="margin-left: 100px;"><input type="checkbox"/> Oven</span> <input type="checkbox"/> Microwave <input type="checkbox"/> Smoker <input type="checkbox"/> Rotisserie <span style="margin-left: 100px;"><input type="checkbox"/> Other:</span>
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<b>Hot Holding Equipment</b>	<input type="checkbox"/> N/A <input type="checkbox"/> BBQ/grill <input type="checkbox"/> Steam table <input type="checkbox"/> Chafing Dish <span style="margin-left: 100px;"><input type="checkbox"/> Oven</span> <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"/>					

### 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

### FOR OFFICE USE ONLY

Office:

PHI:

Date: DD / MM / YYYY

Inspector's Notes:

Approved:  Yes  No

Revised February 2020