

Tel: 705-721-7520 Toll free: 1-877-721-7520 www.simcoemuskokahealth.org Your Health Connection

Vendor Application Form

(Special Events, Farmers Market)

This application must be submitted at least 10 days prior to any event. Complete and sign form. Fax the completed form to Simcoe Muskoka District Health Unit office at 705-721-1495. 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:					
Event Organizer Information Name	e:						
Phone:		Email:					
VENDOR INFORMATION							
Name:		Business Name:					
Currently holds Simcoe Muskoka District Health Unit Certificate of Inspection (green sign) ☐ Yes ☐ No							
Address:		Phone:	Mobile:				
		Email:					
ORGANIZER'S INFORMATION							
Name of Sponsoring Group or Ag	ency:						
Contact Person:							
Mailing Address: Phone:							
		Email:					
TYPE OF FOOD PREMISES AT	EVENT						
☐ Mobile Premises	☐ Inspected	I Restaurant □ Te	mporary Booth				
Is Food Handler certified? Yes		Date of Certification: DD / MM / \	· · · · ·				
☐ Request For Exemption From F							
NOTE: A sign must be posted notifying			•				
and accepting food from an un-inspected		inspected. A donors list must be pro-	nded if exempted from regulations				
WATER SUPPLY							
Water Source:							
□ Municipality (City/Town) □ Well Address							
☐ Hauled Municipal Name and Phone							
Bottled Water	☐ Yes ☐ No						
Water Lines - Food-grade material	□ Yes □ No	If yes, length in feet/meters:					
Backflow devices provided	☐ Yes ☐ No						
Ice supplied to vendors	☐ Yes ☐ No	If yes, source of water used to ice:	o make				





HYDRO												
Power Supply:												
☐ Municipality (City/Town)				□ Generator								
□ Premises Name												
Electricity availa	Electricity available ☐ Yes ☐ No			Re	Refrigerated truck ☐ Yes ☐ No							
Backup power a	vailab	le 🗆	Yes □	No	Po	wer cord	8		□ Yes	□ No		
WASTE WAT	ER &	GARBAG	E DIS	POSAL								
Method of Wast	e Wate	er Disposa	l:									
☐ Holding tank			☐ Oth	er, specify: _								
☐ Waste water	contai	ners	☐ Nor	ne available, p	olease ex	plain:						
FOOD SOURC	CES A	ND STO	RAGE									
			☐ Ins	☐ Inspected source ☐ Restaurant								
Food from (cho apply)	ose a	III that	□ Pr	☐ Private residence ☐ Community Hall								
αρριγή			□ Ot	□ Other, specify								
*Attach most re	ecent	Inspection	Repor	t to this appl	ication							
How will food k	oe trar	nsported	□ Ins	☐ Insulated container ☐ Cooler with ice								
to the event?			□Re	☐ Refrigerated vehicle ☐ Other:								
Cold Holding		☐ Coole	with ice (4°C or lower) ☐ Refrigerator (4°C or lower) ☐ Refrigerated Truck									
Equipment	Freezer	Freezer (-18°C or lower)										
Cooking	☐ BBQ/g	grill Deep Frye		p Fryer	yer ☐ Stove ☐ Oven							
Cooking Equipment N/		☐ Microv	rowave \square Smo		ker	☐ Rotisserie ☐ Other:						
Hot Holding		☐ BBQ/g	/grill □ Stea		ım table	table ☐ Chafing Dish ☐ Oven						
Equipment	N/A	☐ Heat L	Lamp ☐ Crock P			ot Other:						
Indicate (check	() wha	t type of e	quipme	nt you will h	ave on-s							
☐ Hand washin	g stati	on	☐ Liqu	id soap and p	aper tow	rel	□ Two	compartn	nent uter	ısil washing	g station	
☐ Garbage container ☐ Probe thermometer			☐ Three compartment utensil washing station									
☐ Plastic conta	tainers Waste water holding water tank Sanitizing solution for dishes/equipment					pment						
☐ Potable wate	r tank		☐ Sanitizer test strips ☐ Thermometer in cold holding units									
☐ Extra, clean ι	utensil	s	☐ Othe	er:								
Food Sold/Served etc.			Type of Food	Food Precooked		Food Cooked On-site			Food Storage On-site			
		Preparation (e.g. grilling, frying, BBQ, etc.)	Yes	No	Yes	No	Pre- Heating	Hot 60°C (140°F) or higher	Cold 4°C (40°F) or lower			
					•							



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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 spe- application detailing the typ	cified below. If the fo es of foods and sour	od served/sold at	another event is	different plea	ase submit		
Name of the Event	Location of the Event	Date of the B		Operating H AM/PM	a	Proposed menu sam as indicated below (Yes/No)	
					[□ Yes	□ No
					[□ Yes	□ No
					[□ Yes	□ No
						□ Yes	□ No
						□ Yes	□ No
EQUIPMENT LAYOU	T & PHOTOS						
FORM COMPLETION							
Name(print):				Date: DD /	MM / YYYY	(
FOR OFFICE USE OF	NLY						
Office:	PH	ll:		Date	e: DD/MM	/ YYYY	
Inspector's Notes:	•		Approved	□Yes □ N	10		

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