



## **Vendor Application for Event Permit**

(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 INFO	ORMATION										
Name of Ever	nt:										
Event Addres	ss:										
Date of Event:		From: DD / MM / YYYY			Hours	Hours of Operation:					
		To: DD/MM/YYYY									
<b>Event Coordinators Information:</b>		Name:				Phone No#:					
		Email:									
APPLICANT	INFORMATION										
Name (Contac			Busin	ess N	ame:						
Address:		Business No#:									
Phone No#:				Fax No#:							
Email:											
COORDINAT	FOR ORGANIZER'S	INFORMAT	ION								
Name of Sponsoring Group or Agency:			Ph	Phone No#:							
		Other (Business / Cell):									
Contact Person & Mailing Address:			Fax No#:								
		E-Mail:									
TYPE OF FO	OOD PREMISE AT E	VENT									
☐ Mobile Prer		Restaurant	□S	Street food	d Vend	ling Ca	rt 🗆 T	emporary E	Booth		
Food Handler	Is Food handler certified? ☐ Yes ☐ No Date: ☐ / MM / YYYY										
☐ Request Fo	or Exemption From Re	egulations <i>(R</i>	eligio	us, Frate	ernal C	Organiz	ations o	r Service c	lub)		
NOTE: a donor	rs list must be provided if	exempted from	regulat	tions and a	acceptii	ng food	from an ur	n- inspected s	source.		
Menu Item	Type of Food Preparat grilling, frying, BBQ		od Pre	d Precooked		d Cook site	ed On-	- Food Storage On-site			
	5······9, 125		es	No	Yes	No	Pre- Heating	Hot 60°C (140°F) or hotter	Cold 4°C (40°F) or colder		
		]									
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Tel: 705-721-7520
Toll free: 1-877-721-7520
www.simcoemuskokahealth.org
Your Health Connection

TYPE OF EQUIPMENT AT EVENT **Water Supply Source** Potable water supplied to vendors: 

Yes (if yes, complete next question on water source)  $\square$  No □ Bottled Water ☐ Municipal ☐ Water Truck – ☐ Other (specify): \_ Water lines: Food-grade material ☐ Yes ☐ No Length: \_\_\_\_\_ **Water Source** Backflow devices provided: ☐ Yes ☐ No Ice supplied to vendors: ☐ Yes ☐ No (If yes, source of water used to make ice) Hydro ☐ Yes ☐ No Electricity available: Backup power available: ☐ Yes ☐ No ☐ Municipal (City/Town)\_\_\_\_\_ Power supply:  $\square$  N/A ☐ Premise ☐ Generator Refrigerated truck avaliable: ☐ Yes ☐ No Sewage, Waste Water & Garbage Disposal Method of Sewage Disposal: ☐ Municipal ☐ Private/Septic Method of Waste Water ☐ Holding Tank ☐ Gray water Containers ☐ Other, specify: Disposal: ☐ None Available, please explain: Food Storage/ Transportation How will food be ☐ Insulated container ☐ Cooler with ice transported to the event? ☐ Refrigerated vehicle ☐ Other: — ☐ Refrigerator (4°C or lower) **Cold Holding** □ Cooler with ice (4°C or lower) □ Refrigerated Truck **Equipment** N/A ☐ Chest Freezer (-18°C or lower) ☐ Other: — Cooking ☐ BBQ/grill □ Deep Fryer ☐ Stove ☐ Oven Equipment N/A ☐ Microwave ☐ Smoker ☐ Rotisserie ☐ Other: **Hot Holding** ☐ BBQ/grill ☐ Steam table ☐ Chafing Dish ☐ Oven **Equipment** N/A  $\square$  Crock Pot ☐ Heat Lamp ☐ Other: — Indicate (check) what type of equipment you will have on-site during the event: ☐ Designated hand sink ☐ Liquid soap and paper towel ☐ Two compartment utensil washing station ☐ Sanitizing solution ☐ Probe thermometer ☐ Thermometers in cold holding units ☐ Garbage container ☐ Sanitizer test strips ☐ Grey water tank ☐ Plastic containers ☐ Three compartment sink ☐ Other: \_\_\_\_\_



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Multiple Event Participation Form

application for these eve	serving the same foods ents you have specified	nt within Simcoe Muskoka Dist as detailed above on the app below. If the food served/sold of foods and source informati	lication, you o	do not need ent is diffe	l to submit rent please	submit a
Name of the Event	Location of the Event	Date of the Event	Operating I AM/PM	Hours	Proposed menu same as indicated below (Yes/No)	
					☐ Yes	□ No
					☐ Yes	□ No
					☐ Yes	□ No
					□ Yes	□ No
					☐ Yes	□ No
<b>EQUIPMENT LAY</b>	OUT & PHOTOS -	Maybe required				
Name(print):		Signature:			Date:	YYYY
Name(print):	F	Signature: OR OFFICE USE ONLY	•			YYYY
Office: Date:				Approved	DD/MM/	yyyy ; □ No
		OR OFFICE USE ONLY		Approved	DD/MM/	
Office: Date:		OR OFFICE USE ONLY		Approved	DD/MM/	
Office: Date:		OR OFFICE USE ONLY		Approved	DD/MM/	
Office: Date:		OR OFFICE USE ONLY		Approved	DD/MM/	
Office: Date:		OR OFFICE USE ONLY		Approved	DD/MM/	
Office: Date:		OR OFFICE USE ONLY		Approved	DD/MM/	
Office: Date:		OR OFFICE USE ONLY		Approved	DD/MM/	
Office: Date:		OR OFFICE USE ONLY		Approved	DD/MM/	
Office: Date:		OR OFFICE USE ONLY		Approved	DD/MM/	