

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 INFORMATION								
Name of Event:								
Event Address:								
Date of Event:			From: DD / MM / YYYY To: DD / MM / YYYY			Hours of Operation:		
Event Coordinators Information:			Name:			Phone No#:		
			Email:					
APPLICANT INFORMATION								
Name (Contact):				Business Name:				
Address:				Business No#:				
				Fax No#:				
Phone No#:				Email:				
COORDINATOR / ORGANIZER'S INFORMATION								
Name of Sponsoring Group or Agency:				Phone No#:				
				Other # (Business / Cell):				
Contact Person & Mailing Address:				Fax No#:				
				E-Mail:				
TYPE OF FOOD PREMISE AT EVENT								
<input type="checkbox"/> Mobile Premise <input type="checkbox"/> Inspected Restaurant <input type="checkbox"/> Street food Vending Cart <input type="checkbox"/> Temporary Booth								
Food Handler Name: _____ Is Food handler certified? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <u>DD / MM / YYYY</u>								
<input type="checkbox"/> Request For Exemption From Regulations (<i>Religious, Fraternal Organizations or Service club</i>)								
NOTE: a donors list must be provided if exempted from regulations and accepting food from an un- inspected source.								
Menu Item	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 hotter	Cold 4°C (40°F) or colder
		<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"/>

TYPE OF EQUIPMENT AT EVENT

Water Supply Source

Potable water supplied to vendors: Yes (if yes, complete next question on water source) No

Bottled Water Municipal Well

Water Truck – Other (specify): _____

Water Source Water lines: Food-grade material Yes No Length: _____

Backflow devices provided: Yes No

Ice supplied to vendors: Yes No _____

(If yes, source of water used to make ice)

Hydro

Electricity available: Yes No Backup power available: Yes No

Power supply: Municipal (City/Town) _____

Generator N/A Premise

Refrigerated truck available: Yes No

Sewage, Waste Water & Garbage Disposal

Method of Sewage Disposal: Municipal Private/Septic

Method of Waste Water Disposal: Holding Tank Grey water Containers Other, specify: _____

None Available, please explain: _____

Food Storage/ Transportation

How will food be transported to the event? Insulated container Cooler with ice

Refrigerated vehicle Other: _____

Cold Holding Equipment	<input type="checkbox"/> Refrigerator (4°C or lower) <input type="checkbox"/> Cooler with ice (4°C or lower) <input type="checkbox"/> Refrigerated Truck
N/A	<input type="checkbox"/> Chest Freezer (-18°C or lower) <input type="checkbox"/> Other: _____
Cooking Equipment	<input type="checkbox"/> BBQ/grill <input type="checkbox"/> Deep Fryer <input type="checkbox"/> Stove <input type="checkbox"/> Oven
N/A	<input type="checkbox"/> Microwave <input type="checkbox"/> Smoker <input type="checkbox"/> Rotisserie <input type="checkbox"/> Other: _____
Hot Holding Equipment	<input type="checkbox"/> BBQ/grill <input type="checkbox"/> Steam table <input type="checkbox"/> Chafing Dish <input type="checkbox"/> Oven
N/A	<input type="checkbox"/> Heat Lamp <input type="checkbox"/> Crock Pot <input type="checkbox"/> Other: _____

Indicate (check) what type of equipment you will have on-site during the event:

<input type="checkbox"/> Designated hand sink	<input type="checkbox"/> Liquid soap and paper towel	<input type="checkbox"/> Two compartment utensil washing station
<input type="checkbox"/> Sanitizing solution	<input type="checkbox"/> Probe thermometer	<input type="checkbox"/> Thermometers in cold holding units
<input type="checkbox"/> Garbage container	<input type="checkbox"/> Sanitizer test strips	<input type="checkbox"/> Grey water tank
<input type="checkbox"/> Plastic containers	<input type="checkbox"/> Three compartment sink	<input type="checkbox"/> Other: _____

Multiple Event Participation Form

If you are attending more than one special event 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

EQUIPMENT LAYOUT & PHOTOS – May be required

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

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

Office:	Date: DD / MM / YYYY	PHI:	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Inspectors Notes
