

Tel: 705-721-7520
Toll free: 1-877-721-7520
www.simcoemuskokshealth.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:				
<b>VENDOR INFORMATION</b>						
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	emporary Booth			
Is Food Handler certified? ☐ Yes ☐ No Date of Certification: DD / MM / YYYY						
☐ Request For Exemption From F	Regulations <i>(Re</i>	ligious, Fraternal Organizations	or Service club)			
NOTE: A sign must be posted notifying and accepting food from an un-inspected		inspected. A donors list must be prov	vided if exempted from regulations			
WATER SUPPLY						
Water Source:						
☐ Municipality ( <i>City/Town</i> )		□ Well Address				
☐ Hauled Municipal Name and Pho	one					
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	o make ice:			





HYDRO									
Power Supply:									
☐ Municipality (	(City/Town)			☐ Gene	erator				
☐ Premises Na	me	□ N/A							
	able ☐ Yes ☐ No Refrigerated truck ☐ Yes ☐ No								
Backup power a	ıvailable 🗆	Yes □ No	Po	wer cords	S		☐ Yes	□ No	
WASTE WATER & GARBAGE DISPOSAL									
Method of Waste Water Disposal:									
☐ Holding tank		$\square$ Other, specify: _							
☐ Waste water	containers	☐ None available, p	olease ex	plain:					
FOOD SOURC	CES AND STO	RAGE							
		☐ Inspected source ☐ Restaurant							
Food from (cho	oose all that	□ Private residence □ Community Hall							
αρριγή		☐ Other, specify _	□ Other, specify					<del> </del>	
*Attach most re	ecent Inspection	n Report to this appl							
	e transported	☐ Insulated contain	☐ Insulated container ☐ Cooler with ice						
to the event?		☐ Refrigerated veh	icle			Other:			
Cold Holding   Cooler		r with ice (4°C or lower) ☐ Refrigerator (4°C or lower) ☐ Refrigerated Truck							
Equipment    N/A    □ Chest Freezer (-18°C or lower)    □ Other:									
	☐ ☐ BBQ/9	grill □ Deep Fryer □ Stove □ Oven							
	N/A   Micro	wave ☐ Smoker		☐ Rotisserie ☐ Other:					
Hot Holding	☐ ☐ BBQ/9	grill ☐ Steam table ☐ Chafing Dish ☐ Oven							
Equipment	N/A ☐ Heat I	_amp ☐ Crock Pot		☐ Other:					
Indicate (check	x) what type of e	equipment you will h	ave on-s	ite durin	g the ev	ent:			
☐ Hand washin	g station	$\square$ Liquid soap and p	aper tow	el	☐ Two o	compartn	nent uter	ısil washing	station
☐ Garbage con	tainer	☐ Probe thermometer ☐ Three compartment utensil washing station					ng station		
☐ Plastic conta	iners	$\square$ Waste water hold	ing water	tank	☐ Saniti	izing solu	ution for o	dishes/equi	pment
☐ Potable wate	r tank	☐ Sanitizer test strips ☐ Thermometer in cold holding units							
☐ Extra, clean ι	utensils	□ Other:							
		Type of Food Preparation (e.g.	Food Precooked		Food Cooked On-site			Food Storage On-site	
Food Sold/S	Served etc.	grilling, frying, BBQ, etc.)	Yes	No	Yes	No	No Pre- Heating (140°F) or (40		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 specified below. If the food served/sold at another event is different please submit a new <u>food vendor application</u> 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		ting Hours	Proposed menu same as indicated below (Yes/No)		
					☐ Yes	□ No	
					☐ Yes	□ No	
					☐ Yes	□ No	
					☐ Yes	□ No	
					☐ Yes	□ No	
<b>EQUIPMENT LAYOU</b>	T & PHOTOS						
below or attached to this	application.	it the special event. The la					
FORM COMPLETION							
Name(print):			Date	DD / MM / YY	YY		
Office:	PHI:			Date: DD / N	IM / YYYY		
Inspector's Notes: Approved		d □Yes	□Yes □ No				

Revised April 2019