

HYDRO										
Power Supply:										
<input type="checkbox"/> Municipality (City/Town) _____				<input type="checkbox"/> Generator						
<input type="checkbox"/> Premises Name _____				<input type="checkbox"/> N/A						
Electricity available			<input type="checkbox"/> Yes <input type="checkbox"/> No		Refrigerated truck		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Backup power available			<input type="checkbox"/> Yes <input type="checkbox"/> No		Power cords		<input type="checkbox"/> Yes <input type="checkbox"/> No			
WASTE WATER & GARBAGE DISPOSAL										
Method of Waste Water Disposal:										
<input type="checkbox"/> Holding tank			<input type="checkbox"/> Other, specify: _____							
<input type="checkbox"/> Waste water containers			<input type="checkbox"/> None available, please explain: _____							
FOOD SOURCES AND STORAGE										
Food from (choose all that apply)			<input type="checkbox"/> Inspected source		<input type="checkbox"/> Restaurant					
			<input type="checkbox"/> Private residence		<input type="checkbox"/> Community Hall					
			<input type="checkbox"/> Other, specify _____							
*Attach most recent Inspection Report to this application										
How will food be transported to the event?			<input type="checkbox"/> Insulated container		<input type="checkbox"/> Cooler with ice					
			<input type="checkbox"/> Refrigerated vehicle		<input type="checkbox"/> Other: _____					
Cold Holding Equipment		<input type="checkbox"/> N/A		<input type="checkbox"/> Cooler with ice (4°C or lower)		<input type="checkbox"/> Refrigerator (4°C or lower)		<input type="checkbox"/> Refrigerated Truck		
		<input type="checkbox"/> Chest Freezer (-18°C or lower)		<input type="checkbox"/> Other: _____						
Cooking Equipment		<input type="checkbox"/> N/A		<input type="checkbox"/> BBQ/grill	<input type="checkbox"/> Deep Fryer	<input type="checkbox"/> Stove	<input type="checkbox"/> Oven			
		<input type="checkbox"/> Microwave	<input type="checkbox"/> Smoker	<input type="checkbox"/> Rotisserie	<input type="checkbox"/> Other: _____					
Hot Holding Equipment		<input type="checkbox"/> N/A		<input type="checkbox"/> BBQ/grill	<input type="checkbox"/> Steam table	<input type="checkbox"/> Chafing Dish	<input type="checkbox"/> Oven			
		<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"/> Hand washing station			<input type="checkbox"/> Liquid soap and paper towel			<input type="checkbox"/> Two compartment utensil washing station				
<input type="checkbox"/> Garbage container			<input type="checkbox"/> Probe thermometer			<input type="checkbox"/> Three compartment utensil washing station				
<input type="checkbox"/> Plastic containers			<input type="checkbox"/> Waste water holding water tank			<input type="checkbox"/> Sanitizing solution for dishes/equipment				
<input type="checkbox"/> Potable water tank			<input type="checkbox"/> Sanitizer test strips			<input type="checkbox"/> Thermometer in cold holding units				
<input type="checkbox"/> Extra, clean utensils			<input type="checkbox"/> 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"/>	<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"/>

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

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.

FORM COMPLETION

Name(print):		Date: DD / MM / YYYY	
Office:	PHI:	Date: DD / MM / YYYY	
Inspector's Notes:		Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	

Revised April 2019