

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			
Mobile Premise	Inspected Restaurant	Street food Vending Cart	Temporary Booth

Food Handler Name: _____ **Is Food handler certified?** Yes No **Date:** DD / MM / YYYY

Request For Exemption From Regulations (Religious, Fraternal Organizations or Service club)

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

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

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 Refrigerator (4°C or lower) Cooler with ice (4°C or lower) Refrigerated Truck

N/A Chest Freezer (-18°C or lower) Other: _____

Cooking Equipment BBQ/grill Deep Fryer Stove Oven

N/A Microwave Smoker Rotisserie Other: _____

Hot Holding Equipment BBQ/grill Steam table Chafing Dish Oven

N/A Heat Lamp Crock Pot 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: _____

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
