Community Special Events and Farmers’ Markets Vendor Application Form

# Each food vendor **must** submit a completed application form to the Durham Region Health Department at least **15 days prior** to the event and applications **must** be approved **prior** to attendance at events. Events must comply with applicable sections of the Food Premises Regulation 493/17, under the Health Protection and Promotion Act, R.S.O., 1990 as amended.

**Note: Failure to receive prior approval may result in closure of premises, or other legal action if inspection reveals significant public health concerns.**

# Submit completed application form via email to [ehl@durham.ca,](mailto:ehl@durham.ca) fax 905-666-1887, or deliver/mail to 101 Consumers Drive, second floor, Whitby, ON, L1N 1C4 or 181 Perry Street, second floor, Port Perry, ON, L9L 1B8.

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| **For Food Vendors** | |
| **Event/Market Information** | |
| Event/Market Name: | Location (Address) and Municipality: |
| Date(s) of Operation: (dd/mm/yy) | Time(s) of Operation: (e.g. A.M. – P.M.) |
| **Note: If you are participating in another event/market held in Durham Region, please fill in the chart on page 6.** | |
| **Organizer’s Information** | |
| Name of Event Organizer or Sponsoring Group or Agency: | |
| Contact Person: | |
| Mailing Address: | Phone: |
| Email: |
| **Vendor Information** | |
| Vendor Business Name: | Legal Name: (e.g. Corporation Name and/or Number) |
| Operator Name(s) and Address: | Phone: |
| Business phone or Cell: |
| Email: |
| Website/Social Media Handle: |

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| Are you a first-time participant of an event/market in Durham Region? □ Yes □ No | Vendor Set Up:   * Food Booth/Tent □ Mobile Trailer * Hot Dog Cart □ Indoor Facility |
| Is the food booth run by one of the following groups? □ Religious Organization □ Service Club □ Fraternal Organization  If your food booth is run by one of the groups above, will you be requesting an exemption from the Food Premises  Regulation for this event? □ Yes □ No | |
| **Food Handlers** | |
| Will a certified food handler be on-site, each hour that you are participating at this event? □ Yes □ No | |
| If yes, how many certified food handlers will be present at the event (in total): | |
| 1. Name of Certified Food Handler: Certificate Number: Food Handler Certification Program Name: Date of Certification: | |
| 2. Name of Certified Food Handler: Certificate Number: Food Handler Certification Program Name: Date of Certification: | |
| 3. Name of Certified Food Handler: Certificate Number: Food Handler Certification Program Name: Date of Certification: | |
| 4. Name of Certified Food Handler: Certificate Number: Food Handler Certification Program Name: Date of Certification: | |
| 5. Name of Certified Food Handler: Certificate Number: Food Handler Certification Program Name: Date of Certification: | |
| **Please attach separate sheet(s) of paper if more space is required for Food Handler information.** | |
| **Food Preparation** | |
| Where will food items be prepared? □ Onsite □ Off-site □ n/a If off-site, please provide the Name and Address of premises: | |
| **Please attach most recent Inspection Report to this application if foods are prepared off-site.** | |
| **Food Supplier(s)** | |
| Food Suppliers (provide Name, Address, and phone numbers):  1.  2.  3.  4.  5. | |

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| **Menu Items/Farm Products** | | | | | | | | | | |
| **Menu Item(s)/Farm Product(s)** | **Type of Food Preparation, if applicable**  **(e.g. grilling, frying, BBQ, etc)** | | **Food Fully Cooked** | | | **Food Cooked/Reheated On-Site** | | | **Food Storage On-Site (X)** | |
| **Hot 60°C (140°F) or**  **hotter** | **Cold 4°C (40°F) or**  **colder** |
|  |  | | □ Yes | □ No | □ n/a | □ Yes | □ No | □ n/a |  |  |
|  |  | | □ Yes | □ No | □ n/a | □ Yes | □ No | □ n/a |  |  |
|  |  | | □ Yes | □ No | □ n/a | □ Yes | □ No | □ n/a |  |  |
|  |  | | □ Yes | □ No | □ n/a | □ Yes | □ No | □ n/a |  |  |
|  |  | | □ Yes | □ No | □ n/a | □ Yes | □ No | □ n/a |  |  |
|  |  | | □ Yes | □ No | □ n/a | □ Yes | □ No | □ n/a |  |  |
| **Please attach separate sheet(s) of paper if more space is required for food suppliers or menu items/farm products.** | | | | | | | | | | |
| **Food Storage/Transportation:** | | | | | | | | | | |
| How will hazardous food be transported to the event? | | * Refrigerated truck □ Insulated containers with ice □ Thermal containers * Other, specify: | | | | | | | | |
| What method(s) will be used to maintain cold foods at 4°C (40°F) or colder? | | * Not required □ Refrigerated truck □ Mechanical Refrigeration * Freezer □ Insulated containers with ice * Other, specify: | | | | | | | | |
| What method(s) will be used to maintain hot foods at 60°C (140°F)? | | * Not required □ Sterno/chaffing dish □ BBQ/grill □ Propane * Crock pot □ Hot plate □ Oven □ Steam table/unit * Other, specify: | | | | | | | | |
| What method(s) will be used to reheat foods? | | * Not required □ Microwave oven □ Stove top □ Oven □ BBQ/grill * Deep fryer □ Other, specify: | | | | | | | | |
| Do you have a probe thermometer to check the internal temperature of food during the event? | | □ Yes □ No □ n/a | | | | | | | | |
| How will foods, including condiments, be protected from contamination during the event? | | * Food grade wrap/container □ Lids □ Pre-packaged condiments * Sneeze guard/shield □ Enclosed cabinet * Other, specify: | | | | | | | | |
| Do you have re-supply method for ice during the event? | | □ Yes □ No □ n/a | | | | | | | | |

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| **Hand and Utensil Washing** | | | | |
| **Separate Handwashing Basin:** | | | | |
| Is there a separate handwashing basin with hot and cold or warm running water provided in the food handling/food preparation area? | * Yes – Fixed Sink □ Yes – Portable Sink How many sinks provided: * No, please explain: | | | |
| Do you have a supply of liquid soap and paper  towels provided for the handwashing sink(s)? | □ Yes □ No, please explain: | | | |
| **Utensil Washing:** | | | | |
| What type of sink is provided for utensil washing? | * Two-compartment sink □ Three-compartment sink * None, please explain: | | | |
| What type of sanitizer is used for sanitizing utensils? | □ Bleach □ Other, please specify: | | | |
| Test strips provided for sanitizer? | □ Yes | □ No | □ n/a |  |
| **Water Source and Waste Disposal** | | | | |
| **Potable Water Source:** | | | | |
| Is your water supply line made of food grade material? | | □ Yes | □ No | □ n/a |
| Select the type of water supply being used:   * Municipal Supply □ Commercially bottled □ Hauled Municipal Water □ n/a * Other, please specify: | | | | |
| Name, Address, and Phone number of Water Hauler, if applicable: | | | | |
| **Wastewater and Garbage Disposal:** | | | | |
| Method of wastewater disposal: □ Holding tank □ n/a □ Other, specify: | | | | |
| Will a garbage receptable be provided at your booth? | | □ Yes | □ No | □ n/a |

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| **Layout of the Temporary Food Premises/Farm Vendor Booth:** |
| Provide a drawing of the layout of the booth in the box below (electronic layout/drawing is acceptable). The following items should be included in your drawing:   * Handwashing station with dispensed soap and paper towel □ Two-/three-compartment sink * Adequate refrigeration (method of refrigeration) □ Food Preparation area (e.g. tables, counters, grills/over, etc) * Food storage area □ Garbage receptables, waster water container   **Please attach separate sheet(s) of paper, if more space is required for the layout of the temporary food premise.** |
| **Site drawing:** |

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| **Multiple Event Participation** | | | | |
| If you are attending more than one Community Special Event or Farmers’ Market within Durham Region, please list the event(s) below.  **Please note:** If you are serving the same foods as detailed above, you do not need to submit a new application for the event(s) you have specified below. If the food served/sold at the event(s) below is different than detailed above, please submit a new Community Special Events and Farmers’ Market Vendor application form detailing the types of food and source information. Attach additional page, if needed. | | | | |
| **Name of Event** | **Location of Event (Address)** | **Date(s) and Operating Hours of Event** | **Organizer’s Name and**  **Phone Number** | **Proposed menu same as indicated**  **above** |
|  |  |  |  | □ Yes □ No |
|  |  |  |  | □ Yes □ No |
|  |  |  |  | □ Yes □ No |
|  |  |  |  | □ Yes □ No |
| I have received and read the **Requirements for Community Special Events** information provided. I understand the requirements for food vendors at Special Events/Farmers’ Markets and have provided the information to all food handlers.  Print Name: Signature: Date: | | | | |

This report does not purport to set forth all hazards nor to indicate that other hazards do not exist at the time services are rendered. By issuing this report, neither the Durham Region Health Department nor any of its employees makes any warranty, express or implied, concerning the property described in this report. Furthermore, neither the Durham Region Health Department nor any of its employees shall be liable in any manner for any personal injury or property damage or loss of any kind arising from or connected with this inspection or failure to inspect.

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| **Health Department Use Only** | |
| Application Approved: □ Yes □ No □ Subject to Requirements (as indicated in comments below) | |
| Inspector’s Comments/Requirements: | |
| Date: Inspector’s Name: Signature: | |
| Durham Region Health Department – Health Protection Div. 101 Consumers Drive, Whitby, ON L1N 1C4  Phone: 905-668-2020 Fax: 905-666-1887 [ehl@durham.ca](mailto:ehl@durham.ca) | Durham Region Health Department – Port Perry Office 181 Perry Street, Port Perry, ON L9L 1B8  Phone: 905-985-4889 Fax: 905-982-0840 [ehl@durham.ca](mailto:ehl@durham.ca) |

[Personal] Information is collected under the authority of Health Protection and Promotion Act R.S.O. 1990 c.H.7, X. 5 (as amended). This information is collected and used for the purpose of preventing, eliminating and/or decreasing the effects of a health hazard. Questions about this collection of information should be addressed to Durham Region Health Department, Manager, Health Information, Privacy and Security at 605 Rossland Rd E, P.O. Box 730, Whitby, ON L1N 0B2, (905) 668-7711. Information available in alternate formats.