

# SPECIAL EVENTS FOOD VENDOR FORM

**MUST BE COMPLETED BY INDIVIDUAL VENDOR AND RETURNED 14 DAYS BEFORE THE EVENT**

## Vendor Information

Name of Event: \_\_\_\_\_ (If attending multiple events please attach list)

Event Dates: \_\_\_\_\_ Set Up Date & Time: \_\_\_\_\_

Event Location: \_\_\_\_\_

Name of Booth: \_\_\_\_\_ Certified Food Handler: Yes  No  (**Attach copy**)

Contact Person: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Unit #

Street

City/Province

Postal Code

## Food Information

Menu Items: \_\_\_\_\_

Food Suppliers: \_\_\_\_\_

Food Preparation Location: On-site  Restaurant  Inspected Facility  Other: \_\_\_\_\_

Method of Transporting Food: Coolers with Ice  Insulated Container  Refrigerated Unit  Other: \_\_\_\_\_

## Booth Site (please draw and attach a site plan)

Tent  Trailer  Other: \_\_\_\_\_

Water Source: \_\_\_\_\_ Hot Water: Yes  No  Cold Water: Yes  No

Hand Washing: Coffee Urn  Camp Jug  Container with Spigot  Portable Hand Sink

Dishwashing: On-site: If yes, how many sinks?: \_\_\_\_\_ If no, location: \_\_\_\_\_

Cold Holding: Yes  No  Method: \_\_\_\_\_

Hot Holding: Yes  No  Method: \_\_\_\_\_

Waste Water Disposal Site: On-site  Off-site  Garbage Disposal: On-site  Off-site

Grease Disposal: On-site  Off-site

Submitting Vendor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

### Reminder, please make sure you have or have done the following items:

Probe Thermometer	<input type="checkbox"/>	Pump Liquid Soap	<input type="checkbox"/>
Storage Thermometers	<input type="checkbox"/>	Paper Towels	<input type="checkbox"/>
Approved Sanitizer (e.g. bleach/quat)	<input type="checkbox"/>	Food Handler Certificate	<input type="checkbox"/>
Sanitizer Strips	<input type="checkbox"/>	Reviewed the Information Package	<input type="checkbox"/>

### PLEASE NOTE THE FOLLOWING

- Section 16(2) of Ontario Health Protection and Promotion Act, R.S.O. 1990, c. H.7 requires that every person who intends to commence to operate a food premise shall give notice of his/her intention to the Medical Officer of Health of the health unit in which the food premise will be located.
- The personal information on this form is collected under the authority of The Health Protection and Promotion Act, R.S.O. 1990, c. H.7. It will be used for ownership identification and enforcement of the Act and the applicable Regulations under the Act. Contact David Pavletic, Food Safety & Healthy Environments Manager at 519-663-5317 ext. 2303 if you have further questions. Copies of the Act and the Regulations are also available at www.ontario.ca/laws.