

## 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
		<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"/>

## TYPE OF EQUIPMENT AT EVENT

### Water Supply Source

Potable water supplied to vendors: ☐ Yes (if yes, complete next question on water source) ☐ No

**Water Source**

☐ Bottled Water ☐ Municipal ☐ Well

☐ Water Truck – ☐ Other (specify): \_\_\_\_\_

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

**Power supply:**

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: \_\_\_\_\_

**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

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](#)

<b>Name(print):</b>	<b>Signature:</b>	<b>Date:</b> DD / MM / YYYY
---------------------	-------------------	--------------------------------

<b>Office:</b>	<b>Date:</b> DD / MM / YYYY	<b>PHI:</b>	<b>Approved:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------	-----------------------------	-------------	---

[illegible]