



# FOOD VENDOR APPLICATION EVENT FORM

If you require assistance completing this form, please contact York Region *Health Connection* at **1-800-361-5653, opt. 4**. Completed forms are to be emailed to: [health.inspectors@york.ca](mailto:health.inspectors@york.ca) or faxed to **905-898-8277**.

**Please note: A separate Vendor Application Form must be completed and submitted for each event you participate in, regardless of attendance at multiple special events in one year.**

## SPECIAL EVENT REQUIREMENTS FOR FOOD VENDORS

- All food vendors **MUST** submit a completed Vendor Application Form **at least 20 days prior** to the start of the event.
- If Vendor Application Event Forms have not been received at least 20 days prior to the event, there may not be adequate time to review and approve the vendor prior to the event.
- Vendors must comply with the **Food Safety Guidelines for Special Events** and with applicable sections of the Food Premises Regulation, under the *Health Protection and Promotion Act, R.S.O., 1990*.
- All food served at the event must be obtained from an approved and inspected source.
- A Public Health Inspector may contact you prior to the event to discuss your application.

## VENDOR INFORMATION

Vendor/Contact Name:

Name of Booth/Mobile Truck Licence Plate Number :

Legal Name (Corporation Name/Number):

Address:

Business Phone Number:

Cell Phone Number:

Email Address:

## EVENT INFORMATION

Event Name:

Event Location/Address:

Event Date:

Hours of Operation:

Dates vendor is participating at event:

## PARTICIPATION IN OTHER EVENTS IN YORK REGION

Prior to this event, have you participated in a York Region event this year?

Yes

No

If yes, please provide the name and date of the event(s) you have participated in:

If yes, were you inspected by York Region Public Health?

Yes

No

**PROPOSED FOOD MENU (For additional space to list all food and suppliers, attach a separate page)**

Food Item(s) Offered to the Public	Name and Address of Source(s)/Supplier(s)	
	Name:	
	Address:	Phone:
	Name:	
	Address:	Phone:
	Name:	
	Address:	Phone:
	Name:	
	Address:	Phone:
	Name:	
	Address:	Phone:
	Name:	
	Address:	Phone:

**Please Note: Food from an uninspected source is not permitted, including uninspected home prepared foods.**

**FOOD PREPARATION**

**Name and address of establishment where food will be prepared PRIOR to the event:**

**Brief description of on-site food preparation methods at event:**

**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:**

**1. Name of Certified Food Handler:**

Food Handler Certification Program Name:

Certificate Number:

**2. Name of Certified Food Handler:**

Food Handler Certification Program Name:

Certificate Number:

**NOTICE OF COLLECTION**

Personal information requested by staff is collected under the authority of the *Health Protection and Promotion Act* and will be used to provide statistical data to the Ministry of Health and Long Term Care.

## FOOD HANDLING AND DISHWASHING EQUIPMENT

<b>What type of equipment will you have on-site? (check all that apply)</b>	<input type="checkbox"/> Two compartment dishwashing station	<input type="checkbox"/> Probe thermometers
	<input type="checkbox"/> Thermometers for coolers/refrigerators	<input type="checkbox"/> Hairnets/hats
	<input type="checkbox"/> Serving utensils – specify total number:	<input type="checkbox"/> Sanitizing solution
	<input type="checkbox"/> Cooking utensils – specify total number:	<input type="checkbox"/> Other (specify):

## HANDWASHING

<b>What type of handwashing station will be provided in the food handling/food preparation area?</b> Please note: it is to be used for handwashing only.	<input type="checkbox"/> Yes – Fixed Sink <input type="checkbox"/> Yes – Portable sink / temporary hand wash station <input type="checkbox"/> No, please explain:
<b>Will you have a supply of liquid soap and paper towels for handwashing sink(s)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:

## FOOD STORAGE AND TRANSPORTATION

In the days prior to the event, where will food be stored?

<b>How will food, prepared prior to the start of the event, be transported to the event?</b>	<input type="checkbox"/> Refrigerator (4°C or lower)	<input type="checkbox"/> Insulated cooler with ice (4°C or lower)
	<input type="checkbox"/> Chest freezer (-18°C or lower)	<input type="checkbox"/> Cambro unit (60°C or higher)
	<input type="checkbox"/> Insulated box (60°C or higher)	<input type="checkbox"/> Other (specify):
<b>Cold Holding</b> How do you intend to keep food properly cold?	<input type="checkbox"/> Refrigerator (4°C or lower) <input type="checkbox"/> Chest freezer (-18°C or lower)	<input type="checkbox"/> Insulated cooler with ice (4°C or lower) <input type="checkbox"/> Other (specify):
<b>Cold Holding</b> If participating in an event spanning multiple days, how will food be kept cold and where?	<input type="checkbox"/> Refrigerator (4°C or lower) <input type="checkbox"/> Chest freezer (-18°C or lower)	<input type="checkbox"/> Insulated cooler with ice (4°C or lower) <input type="checkbox"/> Other (specify):
Location:		
<b>Hot Holding</b> How do you intend to keep food properly hot?	<input type="checkbox"/> Steam table (60 °C or higher) <input type="checkbox"/> Chafing dishes (60 °C or higher)	<input type="checkbox"/> BBQ/Grill (60 °C or higher) <input type="checkbox"/> Other (specify):
<b>Re-heating</b> What method(s) will be used to re-heat food to the proper temperature prior to service?	<input type="checkbox"/> Stove top <input type="checkbox"/> Microwave oven	<input type="checkbox"/> BBQ/Grill <input type="checkbox"/> Other (specify):

### Probe Thermometer

Do you have a probe thermometer that will be used to check the internal temperature of cold and hot held hazardous foods for the event?

Yes       No, please explain:

## CLEANING AND SANITIZING OF UTENSILS

<b>What type of sanitizer will be used for sanitizing utensils?</b>	<input type="checkbox"/> Bleach	<input type="checkbox"/> Other(specify):
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## EQUIPMENT LAYOUT FOR BOOTH

Provide an equipment layout for your booth at the event. The layout can be hand drawn in the space below or attached to this application.

**Please note:** At a minimum, temporary handwashing stations must consist of an insulated container with a spigot that provides a continuous flow of running water, along with a supply of liquid soap and paper towels. A bucket to collect the waste water must also be in place. This type of a temporary handwashing station must be set up on an elevated surface (i.e., table).

\*Hand sanitizers do not replace the requirement for provision of a handwashing stations.

## COMMENTS

Date:

\_\_\_\_\_  
Vendor's Signature

Accessible formats or communication supports are available upon request.

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