

# **VENDOR APPLICATION 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: <u>health.inspectors@york.ca</u> 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 <u>at least 10 days prior</u> to the start of the event.
- If Vendor Application Event Forms have not been received at least 10 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 will contact you prior to the event to discuss your application.

### **VENDOR INFORMATION**

Vendor/Contact Name:

Name of Booth/Concession:

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?	

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

Yes No

No

Yes

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 uninsp FOOD PREPARATION	bected source in not permitted, including unins	pected home prepared foods.		
Name and address of establishment where food will be prepared PRIOR to the event:				
Brief description of <u>on-site</u> food preparation methods at event:				
FOOD HANDLERS				
Will a certified food handler be on-site, each hour that you are participating at this event?				
If yes, how many certified food hand	lers will be present at the event:			
1. Name of Certified Food Handler:				
Food Handler Certification F	Program Name:	Certificate Number:		
2. Name of Certified Food Handler:				
Food Handler Certification Program Name: Certificate Number:				

FOOD HANDLING AND DISHWASHING EQUIPMENT			
What type of equipment will you have on-site? (check all that apply)	Two compartment dishwashing stat	tion Probe thermometers	
	Thermometers for coolers/refrigera	ators Hairnets/hats	
	Serving utensils – specify total numb	ber: Sanitizing solution	
	Cooking utensils – specify total number:		
HANDWASHING			
What type of handwashing station will be provided in the food handling/food preparation area? Please note: it is to be used for	<ul> <li>Yes – Fixed Sink</li> <li>Yes – Portable sink / temporary hand wash station</li> <li>No, please explain:</li> </ul>		
handwashing only.			
Will you have a supply of liquid soap and paper towels for handwashing sink(s)?	Yes No, please explain:		
FOOD STORAGE AND TRANSF	PORTATION		
In the days prior to the event, wher	'e will food be stored?		
How will food, prepared prior to	Refrigerator (4°C or lower)	Insulated cooler with ice (4°C or lower)	
the start of the event, be	Chest freezer (-18°C or lower)	Cambro unit (60°C or higher)	
transported to the event?	Insulated box (60°C or higher)	Other (specify):	
Cold Holding	Refrigerator (4°C or lower)	Insulated cooler with ice (4°C or lower)	
How do you intend to keep food properly cold?	Chest freezer (-18°C or lower)	Other (specify):	
Cold Holding	Refrigerator (4°C or lower)	Insulated cooler with ice (4°C or lower)	
If participating in an event spanning multiple days, how will	Chest freezer (-18°C or lower)	Other (specify):	
food be kept cold and where?	Location:		
Hot Holding How do you intend to keep food	Steam table (60 °C or higher)	BBQ/Grill (60 °C or higher)	
properly hot?	Chafing dishes (60 °C or higher)	Other (specify):	
<b>Re-heating</b> What method(s) will be used to re-heat food to the proper temperature prior to service?	Stove top	BBQ/Grill	
	Microwave oven	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 C	DF UTENSILS		
What type of sanitizer will be used for sanitizing utensils?	Bleach	Other(specify):	

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.