



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, 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.

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:

Are you a first-time participant of an event/market in Durham Region? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vendor Set Up: <input type="checkbox"/> Food Booth/Tent <input type="checkbox"/> Mobile Trailer <input type="checkbox"/> Hot Dog Cart <input type="checkbox"/> Indoor Facility
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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. _____

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
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n/a	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Refrigerated truck <input type="checkbox"/> Insulated containers with ice <input type="checkbox"/> Thermal containers <input type="checkbox"/> Other, specify: _____
What method(s) will be used to maintain cold foods at 4°C (40°F) or colder?	<input type="checkbox"/> Not required <input type="checkbox"/> Refrigerated truck <input type="checkbox"/> Mechanical Refrigeration <input type="checkbox"/> Freezer <input type="checkbox"/> Insulated containers with ice <input type="checkbox"/> Other, specify: _____
What method(s) will be used to maintain hot foods at 60°C (140°F)?	<input type="checkbox"/> Not required <input type="checkbox"/> Sterno/chaffing dish <input type="checkbox"/> BBQ/grill <input type="checkbox"/> Propane <input type="checkbox"/> Crock pot <input type="checkbox"/> Hot plate <input type="checkbox"/> Oven <input type="checkbox"/> Steam table/unit <input type="checkbox"/> Other, specify: _____
What method(s) will be used to reheat foods?	<input type="checkbox"/> Not required <input type="checkbox"/> Microwave oven <input type="checkbox"/> Stove top <input type="checkbox"/> Oven <input type="checkbox"/> BBQ/grill <input type="checkbox"/> Deep fryer <input type="checkbox"/> Other, specify: _____
Do you have a probe thermometer to check the internal temperature of food during the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
How will foods, including condiments, be protected from contamination during the event?	<input type="checkbox"/> Food grade wrap/container <input type="checkbox"/> Lids <input type="checkbox"/> Pre-packaged condiments <input type="checkbox"/> Sneeze guard/shield <input type="checkbox"/> Enclosed cabinet <input type="checkbox"/> Other, specify: _____
Do you have re-supply method for ice during the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a

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?	<input type="checkbox"/> Yes – Fixed Sink <input type="checkbox"/> Yes – Portable Sink How many sinks provided: _____ <input type="checkbox"/> No, please explain: _____
Do you have a supply of liquid soap and paper towels provided for the handwashing sink(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: _____

Utensil Washing:

What type of sink is provided for utensil washing?	<input type="checkbox"/> Two-compartment sink <input type="checkbox"/> Three-compartment sink <input type="checkbox"/> None, please explain: _____
What type of sanitizer is used for sanitizing utensils?	<input type="checkbox"/> Bleach <input type="checkbox"/> Other, please specify: _____
Test strips provided for sanitizer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a

Water Source and Waste Disposal

Potable Water Source:

Is your water supply line made of food grade material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Select the type of water supply being used:	<input type="checkbox"/> Municipal Supply <input type="checkbox"/> Commercially bottled <input type="checkbox"/> Hauled Municipal Water <input type="checkbox"/> n/a <input type="checkbox"/> Other, please specify: _____
Name, Address, and Phone number of Water Hauler, if applicable:	

Wastewater and Garbage Disposal:

Method of wastewater disposal:	<input type="checkbox"/> Holding tank <input type="checkbox"/> n/a <input type="checkbox"/> Other, specify: _____
Will a garbage receptacle be provided at your booth?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a

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:

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
				<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

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.

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	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
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[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.