

Vendor Application Form (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: Midland Farmers Market		
Date of Event: From: 22/05/2022 ^{YY} To: 09/10/2022 ^{YY}		
Event Address: 526 Bay Street Midland, ON	Hours of Operation: 9:00am - 1:00pm	
Event Organizer Information Name: Southern Georgian Bay Farmers Markets		
Phone: 705 928 7530		Email: info@sgbfarmersmarkets.com
VENDOR INFORMATION		
Name:	Business Name:	
Currently holds Simcoe Muskoka District Health Unit Certificate of Inspection (green sign) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address:	Phone:	Mobile:
Email:		
ORGANIZER'S INFORMATION		
Name of Sponsoring Group or Agency: Southern Georgian Bay Farmers Markets		
Contact Person: Jonathan French		
Mailing Address: Box 321 Midland, ON	Phone: 705 928 7530	
Email: info@sgbfarmersmarkets		
TYPE OF FOOD PREMISES AT EVENT		
<input type="checkbox"/> Mobile Premises <input type="checkbox"/> Inspected Restaurant <input type="checkbox"/> Temporary Booth		
Is Food Handler certified? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Certification: DD / MM / YYYY		
<input type="checkbox"/> Request For Exemption From Regulations (<i>Religious, Fraternal Organizations or Service club</i>)		
NOTE: A sign must be posted notifying patrons event not inspected. A donors list must be provided if exempted from regulations and accepting food from an un-inspected source.		
WATER SUPPLY		
Water Source:		
<input type="checkbox"/> Municipality (<i>City/Town</i>) _____ <input type="checkbox"/> Well Address _____		
<input type="checkbox"/> Hauled Municipal Name and Phone _____		
Bottled Water	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Water Lines - Food-grade material	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, length in feet/meters: _____
Backflow devices provided	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ice supplied to vendors	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, source of water used to make ice: _____

HYDRO

Power Supply:
 Municipality (City/Town) _____ Generator
 Premises Name _____ N/A

Electricity available Yes No Refrigerated truck Yes No
 Backup power available Yes No Power cords Yes No

WASTE WATER & GARBAGE DISPOSAL

Method of Waste Water Disposal:
 Holding tank Other, specify: _____
 Waste water containers None available, please explain: _____

FOOD SOURCES AND STORAGE

Food from (choose all that apply)
 Inspected source Restaurant
 Private residence Community Hall
 Other, specify _____

***Attach most recent Inspection Report to this application**

How will food be transported to the event?
 Insulated container Cooler with ice
 Refrigerated vehicle Other: _____

Cold Holding Equipment
 N/A Cooler with ice (4°C or lower) Refrigerator (4°C or lower) Refrigerated Truck
 Chest Freezer (-18°C or lower) Other: _____

Cooking Equipment
 N/A BBQ/grill Deep Fryer Stove Oven
 Microwave Smoker Rotisserie Other:

Hot Holding Equipment
 N/A BBQ/grill Steam table Chafing Dish Oven
 Heat Lamp Crock Pot Other: _____

Indicate (check) what type of equipment you will have on-site during the event:

Hand washing station Liquid soap and paper towel Two compartment utensil washing station
 Garbage container Probe thermometer Three compartment utensil washing station
 Plastic containers Waste water holding water tank Sanitizing solution for dishes/equipment
 Potable water tank Sanitizer test strips Thermometer in cold holding units
 Extra, clean utensils Other: _____

Food Sold/Served etc.	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 higher	Cold 4°C (40°F) or lower
		<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"/>

MULTIPLE EVENT PARTICIPATION FORM

If you are attending more than one special event, not including Farmers Markets, within Simcoe Muskoka District, please list the events below.
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

EQUIPMENT LAYOUT & PHOTOS

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.

FORM COMPLETION

Name(print):		Date: DD / MM / YYYY
Office:		PHI: Date: DD / MM / YYYY

Inspector's Notes:	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
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Revised April 2019