



Vendor Application Event Form (Special Event, Farmers' Market & Wild Game Dinner)

Complete and return form to York Region Community and Health Services
at least **10 days** before the start date of this event.

For assistance, please contact York Region *Health Connection* at **1-800-361-5653** or **HC@york.ca**

Office Fax Numbers – Georgina: 905-989-0237 Markham: 905-940-9872 Richmond Hill: 905-762-2091 Tannery: 905-836-8315

Vendor Information		
Contact Name:	Vendor Name:	
Corporation/Numbered Company:		
Address:	Has York Region inspected you this year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City/town:	Postal Code:	Fax:
Business Phone:	Cell Phone:	Email Address:

Event Information	
Event Name:	Event Location/Address:
Participation Start Date:	Last Date of Participation:
Days of operation (check all days that apply): <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	Hours of Operation:

Proposed Food Menu (if you need 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:

Food Safety Inventory	
Management and Employee Food Safety Knowledge	
Will a certified food handler be on-site each day that you are participating in this special event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how many certified food handlers will be present:	
Cold Holding	<input type="checkbox"/> Refrigerator (4C or lower) <input type="checkbox"/> An insulated cooler with ice (4C or lower)
How do you intend to keep food cold?	<input type="checkbox"/> Chest freezer (-18C or lower) <input type="checkbox"/> Other (specify):
Hot Holding	<input type="checkbox"/> Steam table <input type="checkbox"/> BBQ/Grill
How do you intend to keep food hot?	<input type="checkbox"/> Chafing dishes <input type="checkbox"/> Other (specify):
Food Preparation – indicate the type of preparation that will be done at the event:	

Food Handling and Storage

Contact Name: _____

What type of equipment will you have on-site to handle and store food? (check all that apply)

- Temporary Handwashing station Liquid soap with paper towels Two compartment dishwashing station
- Sanitizing solution Hairnets/hats Probe thermometers
- Thermometers for coolers/refrigerators Serving utensils – specify total number:
- Other (specify): Cooking utensils – specify total number:

Equipment Layout for Booth – This section must be completed

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 take the following into consideration:

- At a minimum, temporary handwashing stations must consist of an insulated container with a spigot that provides a continuous flow of running water, liquid soap, paper towels and a bucket to collect waste water. The temporary handwashing station must be set up on an elevated surface (i.e., table).
- Hand sanitizers do not replace the requirement for handwashing stations.

Comments

Date: _____	_____ Public Health Inspector's Signature	_____ Vendor's Signature
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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.