



# 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 **30 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 this completed application form by fax 905-666-1887, or deliver/mail to 101 Consumers Drive, 2nd floor, Whitby, ON, L1N 1C4 or 181 Perry Street, 2nd floor, Port Perry, ON, L9L 1B8. An online web application form is also available via [durham.ca/vendorapplication](http://durham.ca/vendorapplication).

<b>For Food Vendors</b>	
<b>Event/Market Information</b>	
Event/Market Name:	Location (Address) and Municipality:
Date(s) of Operation: (dd/mm/yy)	Time(s) of Operation: (e.g. A.M. – P.M.)
<b>Note: If you are participating in another event/market held in Durham Region, please fill in the chart on page 6.</b>	
<b>Organizer's Information</b>	
Contact Person:	
Phone:	Email:
<b>Vendor Information</b>	
Vendor Business Name:	Legal Name: (e.g. Corporation Name and/or Number)
Operator Name(s) and Business Address:	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:  Food Booth/Tent  Mobile Trailer  Hot Dog Cart  Indoor Facility

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

Note: You must request an exemption from the Food Premises Regulation for each Special Event you intend on participating in.

## 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):

**Note: Please ensure that your certificates are valid and available on-site for review.**

## Food Preparation

Where will food items be prepared? (Select all that apply)  Onsite  Off-site  n/a

If off-site, please provide the Name and Address of premises:

**If foods are prepared off-site, please attach most recent Inspection Report of the inspected premises and a rental agreement if you are renting a kitchen.**

## Food Supplier(s)

Food Suppliers (e.g., Grocery stores, food distributors):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

# Menu Items/Farm Products

Menu Item(s)/Farm Product(s)	Type of Food Preparation, if applicable (e.g. prepackaged, canned, bottled, grilled, fried, BBQ, etc)	Food Fully Cooked			Food Cooked/ Reheated On-Site			Food Storage On-Site	
		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"/>	<input type="checkbox"/>
		<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"/>	<input type="checkbox"/>
		<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"/>	<input type="checkbox"/>
		<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"/>	<input type="checkbox"/>
		<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"/>	<input type="checkbox"/>

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?

- Yes – Fixed Sink     Yes – Portable Sink    How many sinks provided:  
 No, please explain:

**Note: You must have a supply of liquid soap and paper towels for each hand wash basin.**

## Utensil Washing:

What type of sink is provided for utensil washing?

- Two-compartment     Three-compartment     None, please explain:

What type of sanitizer is used for sanitizing utensils and food contact surfaces?

- Bleach     Other, please explain:

**Note: It is recommended to have sanitizer test strips for sanitizer solutions containing chlorine (bleach), quaternary ammonium, or iodine. Any other sanitizing agents must have a test strip to determine the concentration of sanitizer.**

# Water Source and Waste Disposal

## Potable Water Source:

Select the type of water supply being used:

- Municipal Supply (direct connection)     Commercially bottled     Hauled Municipal Water     Private Well Water  
 Other, please specify:

**Note: All water supply lines must be made of food grade material.**

## Wastewater and Garbage Disposal:

Method of wastewater disposal:     Holding tank     n/a     Other, specify:

Will a garbage receptacle be provided at your booth?     Yes     No     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/oven, etc)  
 Food storage area     Garbage receptacles, waste water container

**Please attach separate sheet(s) of paper, if more space is required for the layout of the temporary food premises.**

**Site drawing:**

# Multiple Event Participation

If you are attending more than one Community Special Event or Farmers' Market within Durham Region in the same calendar year, 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(s), 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 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
				<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.

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.

Information on this form is collected and used under the authority of the Health Protection and Promotion Act, R.S.O. 1990, cH.7., s.5 and its Regulations. The information is collected and used for processing your application for a new community special event or farmers' market; to ensure compliance with legal and/or regulatory requirements; for preventing, eliminating and/or decreasing the effects of a health hazard; and, for planning, providing, and evaluating services provided by Health Department staff for promoting health and protection. Questions about this collection and use 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.

**By submitting this form, you acknowledge and understand:**

- You will be contacted by the Health Department, by email or phone, to process your application.
- You understand how the information provided in this form will be collected, used, and disclosed by the Health Department.
- The Health Department takes steps to protect the privacy and security of emails; however, emails are not always secure, and we cannot guarantee the security of any messages sent or received. Any personal information provided over email will only be used to respond to your message and/or to provide you with the requested information.
- You may withdraw consent to the use of email at any time by contacting the Health Department.
- Do not use email for emergency or urgent health care matters.