

COMMUNITY HEALTH PROTECTION DEPARTMENT
SPECIAL EVENTS - FOOD VENDOR APPLICATION

Under Section 16(2) of the Health Protection and Promotion Act, every person who intends to commence to operate a food premises shall give notice of the person's intention to the medical officer of health of the health unit in which the food Premises will be located.

Please submit a completed form to the Health Unit within 10 working days prior to the event to allow adequate time for processing. Failure to be in compliance with the Food Premises Regulation may result in closure of your premises.

Name of Concession:	_____				
Name of Event:	_____ Event Dates:	_____			
Location:	_____				
Contact Person:	_____	Phone No.:	_____		
Contact Address:	_____	City:	_____		
Postal Code:	_____	Email:	_____	Fax No.:	_____

MENU ITEMS:	_____
Food Suppliers:	_____
Location of Food Preparation:	_____

Type of Food Facility: Approved/Inspected Kitchen <input type="checkbox"/> Approved/Inspected Mobile Unit <input type="checkbox"/> Barbecue Adjacent to Approved/Inspected Kitchen <input type="checkbox"/> Food Sales only (prepackaged) <input type="checkbox"/> Other: _____			
Potable Water Source:	Municipal <input type="checkbox"/>	Well Water <input type="checkbox"/>	Holding Tanks <input type="checkbox"/>
Sinks Provided:	3 compartment <input type="checkbox"/>	2 compartment <input type="checkbox"/>	Handwash basin <input type="checkbox"/>
Waste Water Disposal:	Septic System <input type="checkbox"/>	Holding tank <input type="checkbox"/>	Disposal site: _____
Cold Storage:	Mechanical <input type="checkbox"/>	Insulated containers with Ice <input type="checkbox"/>	Other _____
Garbage:	Receptacles Provided: Yes <input type="checkbox"/>	Disposal Method:	_____

I have received and read the Special Events information provided and accept responsibility for ensuring that the information provided on this form is correct and will be adhered to.

_____ PRINT NAME _____ SIGNATURE _____ DATE

<u>HEALTH UNIT INTERNAL USE ONLY</u>	
EXEMPT UNDER REG. 562: Yes <input type="checkbox"/> No <input type="checkbox"/>	APPROVED FOR EVENT: Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature of Inspector: _____	Date: _____
Inspector Comments: _____	

The information contained on this form is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, Chapter H.7., for the purpose of enforcing the Act and its Regulations.