



## 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:	
<b>Cold Holding</b>	<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):
<b>Hot Holding</b>	<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):

<b>Food Preparation</b> – indicate the type of preparation that will be done at the event:
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**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.