



Vendor Application Form for Special Events

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

If you need help completing this form, call York Region *Health Connection* at **1-800-361-5653**

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

| Vendor Information | |
|---|---|
| Vendor's Name: | Business Name (if applicable): |
| Address: | |
| City/town: | Postal Code: |
| Phone: | Fax: |
| 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

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Handwashing station | <input type="checkbox"/> Liquid soap with paper towels | <input type="checkbox"/> Two compartment dishwashing station |
| <input type="checkbox"/> Sanitizing solution | <input type="checkbox"/> Hairnets/hats | <input type="checkbox"/> Probe thermometers |
| <input type="checkbox"/> Thermometers for coolers/refrigerators | | <input type="checkbox"/> Serving utensils – specify total number: |
| <input type="checkbox"/> Other (specify): | | <input type="checkbox"/> Cooking utensils – specify total number: |

Equipment Layout for Booth – This section must be completed

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.

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: | <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Public Health Inspector's Signature | <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Vendor's Signature |
|-------|---|--|

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.