

Special Event Vendor Application

Please complete this form and fax 519-836-7215 at least 30 days prior to event.

Multiple Events: If attending more than one event within Wellington-Dufferin-Guelph region one application may be submitted – a list of events attending is required (attach).

Event Information	
Event Name:	Duration: 1 day <input type="checkbox"/> 2-3 days <input type="checkbox"/> 4-7 days <input type="checkbox"/>
Date(s) of Event:	Total Attendance: Under 800 <input type="checkbox"/> Over 800 <input type="checkbox"/>
Event Location:	Annual Event: Yes <input type="checkbox"/> No <input type="checkbox"/>
Vendor Information	
Contact Name:	Business Name:
Address:	Phone:
City/Town: Postal Code:	Business Phone:
Email Address:	Web Page:
Are you an inspected facility? Yes <input type="checkbox"/> No <input type="checkbox"/> * If yes, please attach a copy of your last inspection report.	
Food Handler Certified: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, year certified: _____ By what organization: _____	
Personal Service Setting Booth: (piercing, tattoo, manicure, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Petting Zoo or Animal Exhibit: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type of Vendor/Organization: Religious Organization* <input type="checkbox"/> Fraternal Organization* <input type="checkbox"/> Service Club* <input type="checkbox"/> Food Business <input type="checkbox"/> Other <input type="checkbox"/> (specify): _____	
*If you are a religious organization, fraternal organization or service club and are accepting food from an un-inspected facility (e.g. home), you must also complete the "Donors of Potentially Hazardous Food" list.	
Food Information	
Food Menu	Source of Food
List ALL food to be prepared or served (If more space is needed, please attach a separate list)	Name and address of grocer, caterer, restaurant (If more space is needed, please attach a separate list) No home preparation permitted
	Name: _____
	Address: _____
	Name: _____
	Address: _____
	Name: _____
	Address: _____
	Name: _____
	Address: _____
Food Handling & Storage	
How will food be transported to the event: Refrigerated truck <input type="checkbox"/> Thermal unit (e.g., Cambro) <input type="checkbox"/> Coolers with ice <input type="checkbox"/> Insulated container/bag <input type="checkbox"/> Other <input type="checkbox"/> (specify): _____	
How will temperature be maintained on site: Refrigerated truck <input type="checkbox"/> Thermal unit (e.g., Cambro) <input type="checkbox"/> Coolers with ice <input type="checkbox"/> Insulated container/bag <input type="checkbox"/> Chafing dish <input type="checkbox"/> Other <input type="checkbox"/> (specify): _____ *A probe thermometer must be available on site to ensure proper internal food temperatures.	
Describe your hand washing station: Portable hand washing station <input type="checkbox"/> Container with turn spout <input type="checkbox"/> Other <input type="checkbox"/> (specify): _____ *Liquid hand soap in a dispenser and paper towels must be available for use.	
What sanitizer will be used: Chlorine bleach <input type="checkbox"/> QUAT <input type="checkbox"/> Iodine <input type="checkbox"/> Other <input type="checkbox"/> (specify): _____	

Please provide a floor plan which includes (the floor plan can be hand drawn in the space below or attached to this application):

- Two/three compartment sink
- Food storage
- Hand washing station with soap in dispenser, disposal paper towel and waste water container
- Food preparation areas
- Adequate refrigeration (include method refrigeration)
- Garbage

Vendor Signature: _____ Date: _____

For Office Use Only

CSR Number:	CID Notified: Yes No <input type="checkbox"/> Date:
Inspector:	Inspection Required: Yes No <input type="checkbox"/>
Premise Exempted: Yes No <input type="checkbox"/>	
Comments:	
Date Reviewed:	PHI Signature:

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Special Events

Did you forget anything?

A. Hand washing

- Warm running water in food-grade container with turn valve
- Liquid soap in dispenser and paper towels
- Catch basin for wastewater

B. Safe Food Handling

- Adequate refrigeration/thermal container with ice freezer packs at a temperature of 4°C (40°F)
- Adequate hot holding at a temperature of 60°C (140°F)
- Probe thermometers (with means to sanitize probe in between uses) & refrigerator
- Materials (e.g., plastic wrap, foil) for properly covering foods
- Provisions to store food 15 cm (6 inches) off the ground
- Separate cutting boards and utensils for raw and cooked foods
- Single-use utensils for customers
- Adequate sets of clean utensils (4 sets recommended per event day)
- Ice container with a dedicated ice scoop (stored separately)

C. Sanitation

- Bleach sanitizing solution (1 tsp. bleach/4 cups of water), quaternary compound or iodine available in buckets or labelled spray bottles
- Supply of clean wiping cloths
- Supply of clean utensils and equipment
- An appropriate-sized garbage container with lid

D. Personal Hygiene

- Hair covering/restraint (e.g., hairnet, cap, tied back)
- Clean outer clothing

Any questions?

Call Wellington-Dufferin-Guelph Public Health at 1-800-265-7293 ext. 2673.
Fax completed forms to 519-836-7215.

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