

**APPENDIX II
 Temporary Food Service Event – Vendor Application Form**

Event Information

Name of Event:	
Event Location (Address):	
Event Date(s):	Time(s) of Operation:
Number of Days in Operation:	Expected Total Attendance:

Vendor Information

Name of Food Booth:	
Operator /Business Name(s):	Contact Person:
Mailing Address:	Business Phone #:
Email:	Cell #
Alternate Contact Person:	Cell #:
Alternate Contact Person:	Cell #:

Type of Facility

<input type="checkbox"/> Food Booth/Tent <input type="checkbox"/> Hot Dog Cart <input type="checkbox"/> Mobile Catering Vehicle <input type="checkbox"/> Indoor Facility <i>For outdoor locations only, is the facility constructed with: Roof? <input type="checkbox"/> Y <input type="checkbox"/> N Floor? <input type="checkbox"/> Y <input type="checkbox"/> N</i>
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Power

Electricity available at booth: <input type="checkbox"/> Y <input type="checkbox"/> N Back-up electricity available? <input type="checkbox"/> Y <input type="checkbox"/> N

Hand Washing

Describe your hand washing station:

Fixed sink with:

Both hot and cold running water Only hot running water Only cold running water

Portable sink with:

Both hot and cold running water Only hot running water Only cold running water

20 litre container with a spigot with:

Both hot and cold water Only hot water Only cold water

Other (specify): _____

NOTE: Liquid soap in a dispenser and paper towels are required.

Potable Water Source

Municipal Public Well Commercially Bottled Other: _____

Hauled Municipal Water (provide hauler name & cell #): _____

Water lines: Food-grade material Y N Backflow devices provided: Y N

Identify ice source: _____

Waste Water and Garbage Disposal

Method of waste water/sewer disposal: Municipal Waste water receptacle

Hauled waste water (provide hauler name & cell #): _____

Other (specify): _____

Number of garbage receptacles in food preparation area: _____

Warewashing/Cleaning/Sanitizing

What type of sink is provided for utensil washing? 2 compartment sink 3 compartment sink None (explain): _____

What type of sanitizer will you be using? Bleach & Water Quaternary Ammonia and Water Other (explain): _____

Are Test Strips Available to Test Sanitizer? Y N

Food Menu

Please list all types of foods that will be offered for sale and how/where they will be prepared.

Note: Please attach a separate sheet of paper if more space is required.

Menu Item	Food Preparation	If cooking/preparing onsite describe the method (grilling, frying, BBQ, blending, etc.)	Temperature holding?
	<input type="checkbox"/> Precooked <input type="checkbox"/> Prepared onsite <input type="checkbox"/> Prepackaged		<input type="checkbox"/> Hot holding on-site <input type="checkbox"/> Cold holding on-site
	<input type="checkbox"/> Precooked <input type="checkbox"/> Prepared onsite <input type="checkbox"/> Prepackaged		<input type="checkbox"/> Hot holding on-site <input type="checkbox"/> Cold holding on-site
	<input type="checkbox"/> Precooked <input type="checkbox"/> Prepared onsite <input type="checkbox"/> Prepackaged		<input type="checkbox"/> Hot holding on-site <input type="checkbox"/> Cold holding on-site
	<input type="checkbox"/> Precooked <input type="checkbox"/> Prepared onsite <input type="checkbox"/> Prepackaged		<input type="checkbox"/> Hot holding on-site <input type="checkbox"/> Cold holding on-site
	<input type="checkbox"/> Precooked <input type="checkbox"/> Prepared onsite <input type="checkbox"/> Prepackaged		<input type="checkbox"/> Hot holding on-site <input type="checkbox"/> Cold holding on-site
	<input type="checkbox"/> Precooked <input type="checkbox"/> Prepared onsite <input type="checkbox"/> Prepackaged		<input type="checkbox"/> Hot holding on-site <input type="checkbox"/> Cold holding on-site
	<input type="checkbox"/> Precooked <input type="checkbox"/> Prepared onsite <input type="checkbox"/> Prepackaged		<input type="checkbox"/> Hot holding on-site <input type="checkbox"/> Cold holding on-site
	<input type="checkbox"/> Precooked <input type="checkbox"/> Prepared onsite <input type="checkbox"/> Prepackaged		<input type="checkbox"/> Hot holding on-site <input type="checkbox"/> Cold holding on-site
	<input type="checkbox"/> Precooked <input type="checkbox"/> Prepared onsite <input type="checkbox"/> Prepackaged		<input type="checkbox"/> Hot holding on-site <input type="checkbox"/> Cold holding on-site
	<input type="checkbox"/> Precooked <input type="checkbox"/> Prepared onsite <input type="checkbox"/> Prepackaged		<input type="checkbox"/> Hot holding on-site <input type="checkbox"/> Cold holding on-site
	<input type="checkbox"/> Precooked <input type="checkbox"/> Prepared onsite <input type="checkbox"/> Prepackaged		<input type="checkbox"/> Hot holding on-site <input type="checkbox"/> Cold holding on-site

Food Preparation off Site

If foods are being prepared off-site, please provide the following:

Name of Food Premise/Approved Kitchen: _____

Location of Food Premise (include physical address, city/town, province):

Contact Person: _____ Phone Number #: _____

Foods

Source of Foods: <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail Grocery Store <input type="checkbox"/> Meat shop/Slaughterhouse Name/Location: _____
Name/Location: _____
Name/Location: _____

Food Storage and Transportation

Where is food stored? _____
How will food be transported to the event? (please check all that apply) <input type="checkbox"/> Refrigerated Truck <input type="checkbox"/> Coolers with Ice Packs <input type="checkbox"/> Insulated Thermal Unit Other (specify): _____
How will food be kept cold at the event? (please check all that apply) <input type="checkbox"/> Refrigerated Truck <input type="checkbox"/> Mechanical Refrigeration <input type="checkbox"/> Coolers with Ice Packs Other (specify): _____
How will food be kept hot at the event? (please check all that apply) <input type="checkbox"/> Steam Table <input type="checkbox"/> Chafing Dish <input type="checkbox"/> Enclosed Warming Unit <input type="checkbox"/> Insulated Thermal Unit Other (specify): _____
Bring an accurate thermometer to the event to monitor hot & cold holding temperatures

Onsite Cooking Equipment

Onsite Cooking Equipment: <input type="checkbox"/> Domestic BBQ <input type="checkbox"/> Commercial BBQ <input type="checkbox"/> Flat top Grill <input type="checkbox"/> Gas or Electric Range <input type="checkbox"/> Oven <input type="checkbox"/> Deep Fryer <input type="checkbox"/> Other (specify): _____
Note: Deep frying inside without proper ventilation is not permitted. Deep frying outside is not permitted unless you are in a licensed food truck with proper ventilation.

Food Handlers

Total Number of Food Handlers: _____	Number of Food Handlers with Training: _____
Names of food handlers with training:	

Layout

In the space below, provide a layout of your food booth depicting the location of all equipment, tables, food storage areas, cooking equipment locations, garbage receptacles, handwashing stations and dishwashing/food preparation sinks.



