

**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
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### 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: \_\_\_\_\_

### Utensil Washing

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
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	<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): _____
<b>*Bring an accurate thermometer to the event to monitor hot &amp; cold holding temperatures*</b>

**Onsite Cooking Equipment**

Onsite Cooking Equipment:    Domestic BBQ    Commercial BBQ    Flat top Grill  
 Gas or Electric Range    Oven    Deep Fryer    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.

The information I have provided is complete and accurate to the best of my knowledge. I agree to comply with:

- the provisions of the Food Services in Temporary Settings Technical Guideline;
- *The Food Safety Regulations*; and
- any other instructions I receive from the Public Health Inspector.

I understand that:

- failure to operate in accordance with the above requirements may affect my ability to operate at a temporary food service event;
- I may not receive approval to operate if the application is incomplete or not submitted at least two weeks prior to the event; and
- I cannot operate without approval from the local health authority.

**Comments:**

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Date                                      Applicant Name (please print)                                      Applicant Signature

Return form to event organizer.