



**COMMUNITY SPECIAL EVENT
APPLICATION FOR
FOOD AND/OR BEVERAGE VENDORS**

EACH FOOD VENDOR MUST SUBMIT A COMPLETED APPLICATION FORM TO LAMBTON PUBLIC HEALTH AT LEAST 2 WEEKS PRIOR TO THE EVENT. ALL APPLICATIONS MUST BE APPROVED PRIOR TO ATTENDANCE AT EVENTS. PLEASE PRINT.

EVENT INFORMATION

NAME OF EVENT:	EVENT LOCATION (ADDRESS):	
EVENT DATE(S):	TIME(S) OF OPERATION (a.m.-p.m.):	EXPECTED ATTENDANCE:

VENDOR INFORMATION

NAME OF TEMPORARY FOOD PREMISE:	OPERATOR NAME(S):	PHONE #:	FAX #:
MAILING ADDRESS:		EMAIL:	

VENDOR SET UP

<input type="checkbox"/> FOOD BOOTH / TENT	<input type="checkbox"/> HOT DOG CART	<input type="checkbox"/> INDOOR FACILITY
<input type="checkbox"/> MOBILE CATERING TRUCK OR TRAILER		<input type="checkbox"/> OTHER

TYPE OF ORGANIZATION

<input type="checkbox"/> RELIGIOUS ORGANIZATION	<input type="checkbox"/> SERVICE CLUB	<input type="checkbox"/> FRATERNAL ORGANIZATION	<input type="checkbox"/> FOOD BUSINESS	<input type="checkbox"/> OTHER
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WILL YOU BE CLAIMING AN EXEMPTION AT THIS EVENT? YES NO

★ NOTE: IF YOU ARE A RELIGIOUS ORGANIZATION, FRATERNAL ORGANIZATION OR SERVICE CLUB AND ARE ACCEPTING FOODS FROM AN UN-INSPECTED FACILITY (e.g. HOME), YOU MUST ALSO COMPLETE THE *DONORS OF POTENTIALLY HAZARDOUS FOOD LIST*

PLEASE PROVIDE THE FOLLOWING INFORMATION:

WHERE WILL THE FOODS BE PREPARED? ON-SITE OFF-SITE

IF FOODS ARE BEING PREPARED OFF-SITE PLEASE PROVIDE THE FOLLOWING:

NAME OF FOOD PREMISE:	
LOCATION:	
PHONE # :	CELL # :

FOOD MENU

PLEASE LIST ALL TYPES OF FOODS THAT WILL BE OFFERED FOR SALE AND HOW THEY WILL BE PREPARED

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

MENU ITEM	TYPE OF FOOD PREPARATION (GRILLING, FRYING, BBQ, ETC.)	IS FOOD PRECOOKED?	FOOD COOKED ON-SITE?	FOOD STORAGE ON-SITE?	HOT HOLDING?	COLD HOLDING?

FOOD STORAGE AND TRANSPORTATION

HOW WILL FOOD BE TRANSPORTED TO THE EVENT?

- REFRIGERATED TRUCK
 COOLERS WITH ICE
 THERMAL UNIT
 OTHER:

HOW WILL TEMPERATURE BE MAINTAINED ON-SITE?

- REFRIGERATED TRUCK
 MECHANICAL REFRIGERATION
 THERMAL UNIT
 COOLERS WITH ICE
 CHAFING DISH
 OTHER

HOW WILL FOODS BE PROTECTED FROM CONTAMINATION ON-SITE?

- FOOD GRADE WRAP
 LIDS
 PRE-PACKAGED FOODS
 ENCLOSED CABINET/CONTAINER
 SNEEZE GUARD/SHIELD
 OTHER

HANDWASHING

* NOTE: LIQUID SOAP IN A DISPENSER AND PAPER TOWELS ARE ALSO REQUIRED

DESCRIBE YOUR HAND WASHING STATION:

- FIXED SINK WITH HOT AND COLD RUNNING WATER
 PORTABLE SINK WITH HOT AND COLD RUNNING WATER
 TEMPORARY CONTAINER WITH A TURN SPOUT AND WARM WATER
 OTHER

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
 OTHER, EXPLAIN:

TEST STIPS FOR SANITIZER? YES NO

PORTABLE WATER SOURCE

- MUNICIPAL
 COMMERCIALY BOTTLED
 HAULED MUNICIPAL WATER (PROVIDE NAME AND PHONE / CELL #)
 OTHER:

WASTE WATER AND GARBAGE DISPOSAL

METHOD OF WASTE WATER / SEWER DISPOSAL:

NUMBER OF GARBAGE RECEPTACLES IN FOOD PREPARATION AREA:

THE SMOKE-FREE ONTARIO ACT (SFOA)

PLEASE CHECK:

- I HAVE THE REQUIRED SFOA SIGNAGE FOR MY BOOTH AND TABLES
- I NEED THE REQUIRED SFOA SIGNAGE FOR MY BOOTH AND TABLES
- I WILL ENSURE STAFF AND VOLUNTEERS ARE TRAINED AND AWARE OF THE SFOA

PLEASE SKETCH A LAYOUT OF THE FOOD PREPARATION AREA

MUST INCLUDE: HAND WASHING STATION, REFRIGERATION UNITS, FOOD STORAGE AREAS, SINKS, FOOD PREPARATION SURFACES, GARBAGE RECEPTACLES, WASTE WATER CONTAINER, etc.

I HAVE RECEIVED AND READ THE COMMUNITY SPECIAL EVENTS INFORMATION PROVIDED. I UNDERSTAND THE REQUIREMENTS FOR FOOD VENDORS AT SPECIAL EVENTS AND HAVE PROVIDED THE INFORMATION TO ALL FOOD HANDLERS.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____