



Northeastern
PUBLIC HEALTH
SANTÉ PUBLIQUE
du Nord-Est

Application for Farmers' Market Food Vendor

inspections@nepq.ca

1-877-442-1212

Postal Bag 2012,

Timmins, ON P4N 8B7

Application must be submitted 15 days prior to event

BUSINESS INFORMATION

BUSINESS NAME:	
MARKET(S) ATTENDING:	
1.	4.
2.	5.
3.	6.

CONTACT INFORMATION

NAME:			
MAILING ADDRESS:			
CITY/TOWN:		POSTAL CODE:	
TELEPHONE:	HOME:	WORK:	CELL:
EMAIL:		FAX:	

VENDOR INFORMATION

Do you live on a farm/hobby farm/rural property/acreage?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Does the food that you are selling or serving come from a farm/hobby farm/rural property/acreage?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are you attending anytime between May 1st and October 31st ? Are you attending anytime between November 1st and April 30th ?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	<input type="checkbox"/> yes	<input type="checkbox"/> no

FOOD

Are you selling, preparing, and serving any type of food on site?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Are you providing samples of food at the market?	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Always
Are you canning food? (only jams, jellies and pickles approved)	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Cold holding facilities on site? <input type="checkbox"/> yes (Type: _____)	<input type="checkbox"/> no	<input type="checkbox"/> n/a	
Hot holding facilities on site? <input type="checkbox"/> yes (Type: _____)	<input type="checkbox"/> no	<input type="checkbox"/> n/a	
Handwash basins provided? <input type="checkbox"/> yes (Type: <input type="checkbox"/> permanent <input type="checkbox"/> temporary <input type="checkbox"/> at the vendor booth) <input type="checkbox"/> no	Location: <input type="checkbox"/> within the market		

Please list ALL food items you intend to sell:

SETUP (Refer to "Operating Guidelines for Farmers' Markets" (found at www.neph.ca)

Please give a detailed description of the set-up of your food booth/stand/premises. How will you keep hazardous food cold during transportation and sale? How will you keep hazardous food hot during transportation and sale? If needed, what sort of hand wash set-up will you have?

I _____ certify and accept responsibility for ensuring the above-mentioned information is correct and will be adhered to. I have also read and understood the guidelines provided.

SIGNATURE OF APPLICANT:	DATE SIGNED:
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OFFICE USE ONLY

Hedgehog No.: [_____]	Area No.: [_____]
DATE RECEIVED: _____	DATE REVIEWED: _____
FOOD VENDOR/OTHER:	
<input type="checkbox"/> FARM/ <input type="checkbox"/> HOBBY FARM / <input type="checkbox"/> RURAL PROPERTY / <input type="checkbox"/> ACREAGE / <input type="checkbox"/> CITY / <input type="checkbox"/> TOWN	
Attending May 1st to October 31st ?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Attending November 1st to April 30th ?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a

Personal information on this form is collected under the authority of the Health Protection and Promotion Act., R.S.O.1990, as amended and in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990. This information will be used to determine approval to operate. Questions regarding the collection of this information should be directed to the Environmental Health Department, Northeastern Public Health, 169 Pine Street South, Postal Bag 2012, Timmins, ON P4N 8B7. Telephone 1-877-442-1212.