



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.

★ NOTE: IF ATTENDING MULTIPLE EVENTS, COMPLETE THE "MULTIPLE EVENTS" SECTION AT THE END OF THE FORM AND SUBMIT THIS PACKAGE BEFORE THE FIRST EVENT. FIRST EVENT INFORMATION CAN BE PLACED IN "EVENT INFORMATION" SPACE BELOW

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"/> MOBLIE 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 AND 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 # :

CERTIFIED FOOD HANDLER ON-SITE AT THE EVENT YES NO

★ NOTE: ENSURE TO ENCLOSE A COPY OF THE FOOD HANDLER CERTIFICATE WITH THIS PACKAGE OR HAVE ON-SITE

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 STRIPS FOR SANITIZER? YES NO

PORTABLE WATER SOURCE

- MUNICIPAL
 COMMERCIAL 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.



★ MULTIPLE EVENTS ★

PLEASE INCLUDE ALL SPECIAL EVENTS YOU PLAN TO ATTEND THIS SEASON IN LAMBTON COUNTY.

YOU DO NOT NEED TO SUBMIT A NEW APPLICATION FOR EACH EVENT.

IF YOU MISS AN EVENT OR AN EVENT IS ADDED, PLEASE CALL LAMBTON PUBLIC HEALTH AT 519-383-8331 TO SPEAK TO A PUBLIC HEALTH INSPECTOR AND WE WILL UPDATE YOUR FILE.

NAME OF EVENT	LOCATION OF EVENT (EVENT ADDRESS)	DATE OF EVENT	EVENT HOURS (START/END TIME)

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: _