fice Fax Numbers: Georgina	n completing this form, o	contact York Re Ma	start date of this eve gion <i>Health Connecti</i> Irkham (905) 940-987 nnery (905) 836-8315	on at 1-800-361-5653 2	
	VENDO	OR INFORM	ATION		
Vendor's name:					
Business name (if applicable):					
Address:				Telephone:	
City/town:	Postal Code:		Fax number:	Fax number:	
Email address:			Cellphone number:		
	EVEN	IT INFORMA	TION		
Event name:					
Event location/address:					
Participation start date:			Last date of participation:		
Days of operation (circle all days that apply):		Hours of o	Hours of operation:		
M Tu W Th	F Sa Su	DSED FOOD			
Food item(s) offered to the public:	Name & address Name: Address: Name: Address: Name: Address:			Phone: Phone:	
	Address:			Phone:	
	Name:				
	Address:			Phone:	
Management and Employee F Will a certified food handler be If yes, please specify the numb	(Check off the app Food Safety Knowledg on-site each day that yo	e: ou are participat	where applicable) ing in this special eve	nt? □ Yes □ No —	
Cold Holding:					
How do you intend to keep food	l cold?	(4C or lower)	Chest freezer (-18C or le	ower)	
□ An insulate	ed cooler with ice (4C or l	lower) 🗆 Other	(specify):		
Hot Holding:					
How do you intend to keep food	l items hot (60C or higher)			-	
		Other (a)	pecify):		

	REQUIREMENTS				
Handling and Storage of Food: What type of equipment will you have on-site to handle and store food? (check all that apply)					
□ Handwashing station □ Two co	ompartment dishwashing station	□ Liquid soap with paper towels			
□ Hairnets/hats □ Cooking utensils - Specify total number □ Serving utensils - Specify total number					
□ Thermometers for coolers/refrigerators	s	□ Sanitizing solution			
Other (specify):					
Please provide an equipment layout for y	your booth at the special event:				
(Please note this section must be completed. The layout can be hand drawn in the space below or attached to this application.)					
Please take the following into consideration.					
• Temporary handwashing stations shall consist of, at a <i>minimum</i> , an insulated container with a spigot that provides a continuous flow of running water, liquid soap, paper towels and a bucket to collect waste water. The temporary handwashing station must be set up on an elevated surface (i.e., table).					
Hand sanitizers do not replace the requirement for handwashing stations.					
All food served or sold at the special event must be prepared at an approved source.					
Comments:					
	· · · · · · · · · · · · · · · · · · ·				
Date	Public Health Inspector's Signature	Vendor's Signature			

Personal information requested by staff is collected under the authority of the Health Protection and Promotion Act and will be used to provide statistical data to the Ministry of Health.