



**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"/> 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 |
|---|---------------------------------------|---|--|--------------------------------|

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 # : |

## 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, 2017 (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. COVID-19 precautions include: Entrance/exit locations, directional markings, 6 feet between patron and vendor tables, passive screening signs, face mask signage poster, workplace safety plan location, entrance lineup markings (2m), contact tracing book location, hand sanitizer stations, cleaning schedule, capacity limit posting at entrance, cleaning schedule.

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: \_\_\_\_\_