

## APPLICATION AND NOTIFICATION FOR COMMUNITY EVENTS AND FARMERS MARKETS

Any individual or group planning to organize and/or operate a Community Event or Farmer's Market (indoors or outdoors) where persons may gather for the consumption of food and/or beverages shall notify the NORTH BAY PARRY SOUND DISTRICT HEALTH UNIT by completing this application a minimum of 15 days prior to the event.

<b>EVENT INFORMATION</b>		
Name of Event:		
Date(s) of Event:		Time(s) of Event:
Location of Event:		
<b>CONCESSION OPERATOR INFORMATION</b>		
Name of Applicant:		
Mailing Address:		Address of Food Preparation:
Telephone:		Fax/ E-mail:
Number of anticipated attendees:		<b>Type of event:</b> <input type="checkbox"/> Market <input type="checkbox"/> Community Event
<b>Ingredients and where they are supplied from:</b>		<b>List of food items offered:</b>
<i>If sufficient space is not available to list items, please attach a separate sheet.</i> <input type="checkbox"/> Additional Sheet Attached		
<b>Foods Offered:</b> <input type="checkbox"/> Catered <input type="checkbox"/> Pre-packaged (incl. Canned) <input type="checkbox"/> Fresh produce (whole, uncut) <input type="checkbox"/> Fully cooked/prepared on-site <input type="checkbox"/> Cooked/prepared at other site Address: _____	<b>Protection against contamination:</b> <input type="checkbox"/> Canopy <input type="checkbox"/> Self-contained Flooring: <input type="checkbox"/> No <input type="checkbox"/> Yes Specify: _____	<b>Running water from approved source:</b> <input type="checkbox"/> Municipal hook-up <input type="checkbox"/> Holding tank <input type="checkbox"/> Other Specify: _____
<b>Hand washing facilities:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Specify: _____	<b>Refrigeration facilities:</b> <input type="checkbox"/> Mechanical <input type="checkbox"/> Ice and cooler <input type="checkbox"/> Other Specify: _____	<b>Serving utensils:</b> <input type="checkbox"/> Single-service disposable <input type="checkbox"/> Multi-use <input type="checkbox"/> N/A
<b>Cooking facilities:</b> <input type="checkbox"/> Barbecue <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> N/A	<b>Hot-holding equipment:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Specify: _____ <input type="checkbox"/> N/A	<b>Canning method:</b> <input type="checkbox"/> Boiling water bath <input type="checkbox"/> Pressure canner <input type="checkbox"/> Labelling requirements <input type="checkbox"/> N/A
<b>Seating area for food services:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Washroom facilities available:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Dates and times of food preparation:</b>  

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Public Health Inspector

Date: \_\_\_\_\_  
(yyyy/mm/dd)

Date: \_\_\_\_\_  
(yyyy/mm/dd)

"This information is being collected pursuant to the Health Protection and Promotion Act, R.S.O.1990, c.H.7 and will be retained, used, disclosed, and disposed of in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56, the Personal Health Information Protection Act, 2004, S.O.c.3 and all applicable federal and provincial legislation and regulations governing the collection, retention, use, disclosure, and disposal of information. Any questions regarding this collection may be directed to the Personal Health Information Manager at the North Bay Parry Sound District Health Unit, 345 Oak Street West, North Bay, Ontario P1B 2T2, 705-474-1400 / 1-800-563-2808 or at [privacy@healthunit.ca](mailto:privacy@healthunit.ca)."

**Multiple Event Participation Form**

If you are attending more than one special event within North Bay Parry Sound District, please list the events below. **Please note:** if you are serving the same foods as detailed above on the application, you do not need to submit an application for these events you have specified below. If the food served/sold at another event is different please submit a new food vendor application detailing the types of foods and source information. Attach additional pages if needed.

Name of the Event	Location of Event	Date of Event	Operating Hours a.m./p.m.	Proposed menu same as indicated below (Yes/No)
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**For Public Health Inspectors' Use Only:**

The following conditions/recommendations are to be completed before the event is allowed to commence:

- Notice to Patrons sign provided for exempted vendors
- Foods Prepared in Uninspected Premises sign provided for exempted vendors
- Vendor Authorization sign provided for exempted and non-exempted vendors
- Donors of Potentially Hazardous Food List provided for exempted vendors
- Other approved resources. Specify:

**For Internal Use Only:**

- Non-exempted Community Event and Market (O.Reg. 493/17)
- Exempted Special Event (HPPA)
- Farmers Market (HPPA)

Specify actions taken:  consultations (telephone, fax, e-mail or in person). Please specify # \_\_\_\_\_  
 inspection(s) completed: # \_\_\_\_\_

**ENVIRONMENTAL HEALTH PROGRESS NOTES**

EST./CLIENT NAME: \_\_\_\_\_

PREMISES: \_\_\_\_\_

DATE (YYYY/MM/DD)	TIME	PUBLIC HEALTH INSPECTOR NOTES	INT

MASTER SIGNATURE/DESIGNATION	INITIALS

Page Number \_\_\_\_\_

Check Here If Page   
Following