

**Thunder Bay District Health Unit
Food Vendor Application Form
FARMER'S MARKET**



**Thunder Bay District
Health Unit**

This application must be submitted to the Thunder Bay District Health Unit a minimum of **14 days prior** to the event. Completion of this form in detail is essential to the efficient processing of your application.

Please attach additional pages if necessary.

Send completed form to: Thunder Bay District Health Unit
Environmental Health Programs
999 Balmoral Street, Thunder Bay, ON. P7B 6E7
(807) 625-5930 or 1-888-294-6630, ext. 5930 Fax: (807) 625-4822

SECTION A:

Business Name: _____

Name of Applicant: _____

Address: _____

Telephone: (H) _____ (B) _____ (Fax) _____

Market attending: _____

Proposed dates: _____

2nd market attending (if applicable): _____

Proposed dates at that market: _____

Each market will be assessed seasonally by the Health Unit to determine if it meets the requirements for exemption as a Farmer Market under Ontario Food Premises Regulation 562/90.

To help determine market exemption, please answer the following:

Do you live on farm/ hobby farm/ rural property / acreage?..... Yes No

Do you live within city limits/within town limits?..... Yes No

Are you attending anytime between May 1st & October 31st inclusive?..... Yes No

Are you attending anytime between November 1st & April 30th inclusive?..... Yes No

Are you selling, preparing, serving any type of food on site?..... Yes No

(if yes, please continue to section B)

SECTION B: Food:

Are you sampling or preparing food on-site?..... never occasionally always

Are you canning food?..... Yes No

Please list ALL food items intend to sell:

SECTION C: SETUP

Please give a detailed description of the set-up of your food booth / stand / premises. How will you keep food **cold** during transportation & sale? How will you keep food **hot** during transportation and sale? If needed, what sort of handwash set up will you have? Attach additional page if needed.

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:_____

Office Use only:

Date received _____ Date Reviewed _____

Hedgehog# _____ Area _____ Date last Inspected _____

Food vendor / Other

Farm / Hobby Farm / Rural property / Acreage / City / Town

Attending May 1st to October 31st Yes No Attending Nov 1st to April 30th Yes No

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 Programs, Thunder Bay District Health Unit, 999 Balmoral Street, Thunder Bay, ON P7B 6E7. Telephone (807) 625-5930 or 1-888-294-6630, ext. 5930.