



**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
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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 # :

# 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.

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: \_\_\_\_\_