



MARKET FOOD VENDOR APPLICATION FORM

This form is for market food vendors only. **This application must be submitted 14 days prior to the event.**
Please send completed form to the Windsor-Essex County Health Unit, 1005 Ouellette Avenue, N9A 4J8
or Fax to (519) 258-8672.

Event Name: _____

Event Location: _____

Event Date: _____ Time of Event: _____
yy/mm/dd

Have you been inspected by the Windsor-Essex County Health Unit this Year? Yes No

If yes, specify which event(s): _____

Food Vendor Information

Food Booth Name: _____

Name of Owner: _____ Owner's Phone Number: _____

Name of Operator: _____ Phone Number During Event: _____

Email Address of Owner: _____

Food Service Information

Certified Food Handlers On-Site? Yes No N/A (selling pre-packaged food)

Note: As of July 1, 2018 there must be at least one food handler or supervisor on the premises who has completed Food Handling Training during the event.

Food products offered for sale: _____

Where will the food be prepared?: (check all that apply)

- Inspected Kitchen (e.g. licensed business, rented kitchen* such as a church, community kitchen) Uninspected Kitchen (e.g. private residence)
*Proof will be required (e.g. letter, inspection report, rental agreement)

(Name and Address)

Note: Markets that are not exempt from the Food Premises Regulation will **NOT** be permitted to sell food prepared at an uninspected premise.

Type of food premises at event: (check all that apply)

- Temporary Booth Mobile Catering Truck/Cart
 Drinking Water Hauler _____ Other _____

How will food be transported to event:

- Refrigerated Truck Coolers with ice Thermal Unit (ie: cambro units)
 Insulated Container/Bag Other _____

How will temperature be maintained on site:

- Refrigerated Truck Insulated Container/Bag Thermal Unit (ie: cambro units)
 Coolers Chafing Dishes Other _____

Note: A probe thermometer must be available to verify proper internal food temperatures. Thermometers for cold storage units are also required.

Describe your handwashing station where food handling or preparation occurs on-site:

- Portable Handwashing Station Container with Turn Spout
 Existing Handwashing Sink Other _____

Note: Handwashing stations with hot and cold, or tepid water, liquid hand soap in a dispenser, and paper towels are required.

What sanitizer will be used during event:

- Chlorine (100ppm) Quat (200ppm) Iodine (25ppm)

Note: Sanitizer test strips must be available on site.

Means of Water Supply: _____

Means of Dishwashing: _____

Means of Waste Water Disposal: _____

Floor Covering Material: _____

For Office Use Only

Comments:

Date Reviewed _____
yy/mm/dd

Approved Yes No

Signature of Public Health Inspector _____