

FARMERS' MARKET APPLICATION FORM

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Please provide the following information and submit it to the Health Protection & Investigation Division.

Name of Market: _____

Name of Business: _____

Operator's Name: _____

Business Address _____

Home Telephone: _____ Business Telephone: _____

Proposed start-up date at the Market: _____ Seasonal Year-Round

Are you a vendor at other Farmers' Markets? Yes No If yes, please provide the location: _____

Food Menu List ALL food to be prepared or served (attach separate list if needed)	Source of Food Name and address of grocer, supplier, and manufacturer (attach separate list if needed)

Will there be any sampling of your food products at the market?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will there be any food preparation on site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, where will hand washing occur? _____	
** Note that sharing of hand sinks with other vendors is not permitted	

Will dishwashing be required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES, how and where	Double Sink <input type="checkbox"/>	Triple Sink <input type="checkbox"/>
Location	On site at Market <input type="checkbox"/>	Other <input type="checkbox"/> _____

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How will you maintain proper internal food temperatures ($\leq 4^{\circ}\text{Celsius}$ or $\geq 60^{\circ}\text{Celsius}$) during transport of hazardous food to the market?

- | | |
|-----------------------------------------------------------|---------------------------------------------------------|
| Insulated Coolers with ice packs <input type="checkbox"/> | Refrigerated transport vehicle <input type="checkbox"/> |
| Frozen transport vehicle <input type="checkbox"/> | |

How will you achieve and maintain proper internal food temperatures ($\leq 4^{\circ}\text{Celsius}$ or $\geq 60^{\circ}\text{Celsius}$) of hazardous food at the market?

- | | |
|--------------------------------------------------------------|--------------------------------------------|
| Mechanical refrigerators <input type="checkbox"/> | Grill <input type="checkbox"/> |
| Freezers <input type="checkbox"/> | Stovetop <input type="checkbox"/> |
| Hot holding units <input type="checkbox"/> | Hot holding units <input type="checkbox"/> |
| Insulated containers with ice packs <input type="checkbox"/> | Other <input type="checkbox"/> |

I _____ certify and I accept responsibility for ensuring the above information is correct and will be adhered to.

Signature of applicant _____	Date: _____
Signature of Public Health Inspector _____	Date: _____

(The Health Protection and Promotion Act 1990, Chapter H.7 as amended provides a fine of not more than \$5,000.00 if convicted of contravening provisions of R.R.O. 1990, Regulation 562 amended to O. Reg. 308/06 entitled "Food Premises").