



## Special Event Food Vendor Application Form 2024

Food vendors must complete and return this form to the EVENT ORGANIZER.

**EVENT ORGANIZERS** are responsible for submitting all completed forms to Public Health Services 14 days before the start date of event. Additional fees will be issued to vendors for late submissions.

**Separate Vendor Application Forms must be completed and submitted for each event you participate in**, regardless of attendance at multiple special events in one year.

### SPECIAL EVENT REQUIREMENTS

- All food vendors **MUST** submit a completed Vendor Application Form to the **event organizer**. Event organizers must submit all vendor application forms as one full package **at least 14 days before** the start date of event.
- Vendors must comply with the **Requirements for Food Vendors at Special Events** and with applicable sections of the Food Premises Regulation, under the *Health Protection and Promotion Act, R.S.O., 1990*.
- All food served at the event must be obtained from an approved and inspected source and prepared in an approved and inspected kitchen.
- Food vendors and food trucks **MUST** attach a copy of the kitchen's most recent public health inspection report.
- If the food vendor/truck uses or rents a kitchen space to prepare food, the vendor **MUST** attach a letter from the owner of the kitchen space confirming that the food is prepared at that location. A copy of the kitchen's most recent public health inspection report must be included.
- A Public Health Inspector may contact you prior to the event to discuss your application.
- Out of town **food trucks/trailers** must contact the Hamilton Licensing Department 905-546-2782 (option #5) and **MUST** attach a copy of the food truck's **most recent** public health inspection report.

### VENDOR INFORMATION

Vendor/Contact Name:

Name of Booth/Concession:

Type of Facility:  Truck/ Trailer  Booth

Legal Name (Corporation Name/Number):

City of Hamilton Plate # (if applicable):

MTO Ontario Plate # (if applicable):

Address:

Business Phone #:

Cell Phone #:

Email Address:

### EVENT INFORMATION

Event Name:

Event Location/Address:

Event Date:

Hours of Operation:

Date(s) vendor is participating at event:

### PARTICIPATION IN OTHER EVENTS IN THE CITY OF HAMILTON

Prior to this event, have you participated in an event held in the City of Hamilton this year?  Yes  No  
 If yes, please provide the name and date of the event(s) you have participated in:

If yes, were you inspected by Hamilton Public Health?  Yes  No

**PROPOSED FOOD MENU (For additional space to list all food and suppliers, attach a separate page)**

Food Item(s) Offered to the Public	Name and Address of Source(s)/Supplier(s)	
	Name:	
	Address:	Phone:
	Name:	
	Address:	Phone:
	Name:	
	Address:	Phone:
	Name:	
	Address:	Phone:
	Name:	
	Address:	Phone:

**Please Note: Food from an uninspected source is not permitted, including uninspected home prepared foods.**

**FOOD PREPARATION**

Name and address of establishment where food will be prepared PRIOR to the event:

Brief description of on-site food preparation methods at event:

**FOOD HANDLING AND DISHWASHING EQUIPMENT**

What type of equipment will you have on-site? (check all that apply)	<input type="checkbox"/> Two (2) compartment dishwashing station	<input type="checkbox"/> Single service eating utensils
	<input type="checkbox"/> Three (3) compartment dishwashing station	<input type="checkbox"/> Hairnets/hats
	<input type="checkbox"/> Thermometer: coolers/refrigerators, cooking	<input type="checkbox"/> Sanitizing solution
	<input type="checkbox"/> Cooking utensils – specify total number:	<input type="checkbox"/> Other (specify):

**CLEANING AND SANITIZING**

What type of sanitizer will be used for sanitizing utensils and food contact surfaces?  
 Chlorine (Bleach)       Quaternary Ammonium Compound (QUAT)  
 Other (specify):

## HANDWASHING

What type of handwashing station will be provided in the food handling/food preparation area?

**Please note:** Handwashing station must be:

- equipped with liquid soap and paper towel in dispensers
- used for handwashing only.

- Fixed Sink  
 Portable sink / Temporary Handwash Station  
 No Handwashing Station (please explain):

## FOOD STORAGE AND TRANSPORTATION

In the days prior to the event, where will food be stored?

<b>How will food, prepared prior to the start of the event, be transported to the event?</b>	<input type="checkbox"/> Refrigerator (4°C or lower)	<input type="checkbox"/> Insulated cooler with ice (4°C or lower)
	<input type="checkbox"/> Chest freezer (frozen state)	<input type="checkbox"/> Insulated unit (60°C or higher)
	<input type="checkbox"/> Other (specify):	
<b>Cold Holding</b> How will food be properly kept cold and where?	<input type="checkbox"/> Refrigerator (4°C or lower)	<input type="checkbox"/> Insulated cooler with ice (4°C or lower)
	<input type="checkbox"/> Chest freezer (frozen state)	<input type="checkbox"/> Other (specify):
	Location:	
<b>Hot Holding</b> How do you intend to keep food properly hot?	<input type="checkbox"/> Steam table (60°C or higher)	<input type="checkbox"/> BBQ/Grill (60°C or higher)
	<input type="checkbox"/> Chafing dishes (60°C or higher)	<input type="checkbox"/> Other (specify):
<b>Re-heating</b> What method(s) will be used to re-heat food to the proper temperature prior to service?	<input type="checkbox"/> Stove top	<input type="checkbox"/> BBQ/Grill
	<input type="checkbox"/> Microwave oven	<input type="checkbox"/> Other (specify):

## EQUIPMENT LAYOUT FOR BOOTH

Provide an equipment layout for your booth at the event. The layout can be hand drawn in the space below or attached to this application.

**Please note:** At a minimum, temporary handwashing stations must consist of an insulated container with a spigot that provides continuous free-flowing warm water, along with a supply of liquid soap and paper towel in a dispenser. Hot water can be provided using a coffee urn, kettle or pot of boiling water. A bucket to collect the waste water must also be in place. This type of a temporary handwashing station must be set up on an elevated surface (i.e., table).

## COMMENTS

Date:	I have read the <i>Requirements for Food Vendors at Specials Events</i> . I understand the requirements for food vendors at Special Events in the City of Hamilton. Name of Vendors: _____  _____ Vendor's Signature

**Requirements are subject to change at the discretion of Public Health.**

**Adapted with permission of York Region Community and Health Services**