

APPLICATION AND NOTIFICATION FOR COMMUNITY EVENTS AND FARMERS MARKETS

Any individual or group planning to organize and/or operate a Community Event or Farmer's Market (indoors or outdoors) where persons may gather for the consumption of food and/or beverages shall notify the NORTH BAY PARRY SOUND DISTRICT HEALTH UNIT by completing this application a minimum of 15 days prior to the event.

EVENT INFORMATION						
Name of Event:						
Date(s) of Event:		Time(s) of Event:				
Location of Event:						
CONCESSION OPERATOR INFORMAT	ION					
Name of Applicant:		T				
Mailing Address:		Address of Food Preparation:				
Telephone:		Fax/E-mail:				
Number of anticipated attendees:		Type of event: ☐ Market ☐ Community Event				
Ingredients and where they are supp	lied from:	List of food items offered:				
If sufficient space is not available to li	st items, please atta	ich a separate :	sheet.			
Foods Offered:	Protection against					
☐ Catered	☐ Canopy	Contamination	source:			
☐ Pre-packaged (incl. Canned)	☐ Self-contained		☐ Municipal hook-up			
☐ Fresh produce (whole, uncut)			☐ Holding tank			
☐ Fully cooked/prepared on-site	Flooring: 🗖 No	T Yes	Other			
☐ Cooked/prepared at other site	Specify:		Specify:			
•	Speemy.					
Address:						
Hand washing facilities:	Refrigeration facilit	ties:	Serving utensils:			
□ No	☐ Mechanical		☐ Single-service disposable			
☐ Yes	☐ Ice and cooler		☐ Multi-use			
Specify:	☐ Other		□ N/A			
	Specify:		,,			
Cooking facilities:	Hot-holding equipr	nent:	Canning method:			
☐ Barbecue	□ No		☐ Boiling water bath			
☐ Other	☐ Yes		☐ Pressure canner			
Specify:	Specify:		□ N/A			
□ N/A	□ N/A					
Seating area for food services:	Washroom facilitie	s available:	Dates and times of food preparation:			
□ No	□ No					
☐ Yes	☐ Yes ☐ Mal	e G Female				
	1		•			
Applicant Signature		Public Health Inspector				
Date:		Date:				
(yyyy/mm/dd)		(yyyy/mm/dd)				

"The personal information being collected on this form is collected under the authority of the Health Protection and Promotion Act, and is collected, used, and disclosed by the Health Unit in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act. This information shall be used to ensure necessary health care measures are attained. Questions covering the collection of this information may be directed to the North Bay Parry Sound District Health Unit, 681 Commercial Street, North Bay, ON, P1B 4E7. Phone 705-474-1400 or 1-800-563-2808"

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Multiple Frant	Dartici	ation Farm								
Multiple Event			dalassa t tit	in Ni ··	Day Daw C 121	Amina minara in 1999				
If you are attending more than one special event within North Bay Parry Sound District, please list the events below. Please note: if you are serving the same foods as detailed above on the application, you do not need to submit an application for these events										
-					-					
					-	se submit a new <u>food</u>	vendor applic	ation_		
detailing the type	s of food	ls and source i	information. A	ttach add	ditional pages if need	ded.				
Name of the E	vent	Locat	ion of Event		Date of Event	Operating Hours	Proposed n	nenu same		
						a.m./p.m.				
						u, p	as indicated below (Yes/No)			
								-		
							Yes	☐ No		
							☐ Yes	☐ No		
							☐ Yes	□ No		
							☐ Yes	☐ No		
							Yes	■ No		
For Public Healt	h Inspe	ctors' Use Or	nlv:			"				
The following conditions/recommendations are to be completed before the event is allowed to commence: Notice to Patrons sign provided for exempted vendors Foods Prepared in Uninspected Premises sign provided for exempted vendors Vendor Authorization sign provided for exempted and non-exempted vendors Donors of Potentially Hazardous Food List provided for exempted vendors Other approved resources. Specify: For Internal Use Only: Non-exempted Community Event and Market (O.Reg. 562/90) Exempted Special Event (HPPA) Farmers Market (HPPA) Specify actions taken: Consultations (telephone, fax, e-mail or in person). Please specify # Inspection(s) completed: # ENVIRONMENTAL HEALTH PROGRESS NOTES EST./CLIENT NAME:										
PREMISES:	-									
DATE (YYYY/MM/DD)	TIME	PUBLIC H	IEALTH INSF	PECTOR	NOTES			INT		
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