

NOTICE OF INTENT TO OPERATE AS A SPECIAL EVENT / MARKET VENDOR

Special Event / Market Information			
*Name of Event:	ne of Event: Start Date:		
*Event Dates & Times: (e.g. Wednesdays 12-3 pm)			
*Location/Address:			
*Organizer:			
Name	Phone Number	E-mail	
Vendor Information Name of Booth:			
Outdoor Vendor Indoor Vendor	Are you a farmer? Yes □ No □		
Certified Food Handler: Yes ☐ No ☐	Have you attended an event in	n Middlesex-London before?	Yes□ No□
Contact Person:			
Name Contact Address:	Phone Number	E-mail	
Unit#	Street	City/Province	Postal Code
Food Information Food products provided:			
Food Suppliers:			
Food Preparation Location: On-site Inspected Facility N/A: Whole Fruits & Vegetables, Commercially Packaged I			
Location Address:			
Method of Transporting Food: Coolers with Ice ☐ Insulated Container ☐ Refrigerated Unit ☐ Other:			
Are all food products pre-packaged? Yes ☐ No ☐ Will food samples be provided? Yes ☐ No ☐			
Booth Site Information Tent Table Truck Trailer Plate #:Other:			
Water Source: Hot Water ☐ Cold Water ☐ Warm Water (hot/cold mix) ☐			
Handwashing: Coffee Urn ☐ Camp Jug/Container with Spigot ☐ Portable Hand Sink ☐ On Truck/Trailer/In Premises ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			
Dishwashing: On-site: Sinks/Compartments: 2			
Approved Sanitizer/ Test Strips: Chlorine ☐ Quaternary Ammonium ☐ Other ☐			
Cold Holding: Yes □ No □ Method:			
Hot Holding: Yes ☐ No ☐ Method:			
Waste Water Disposal Site: On-site ☐ Off-site ☐ Garbage Disposal: On-site ☐ Off-site ☐			
PLEASE NOTE THE FOLLOWING			
1. Section 16(2) of Ontario Health Protection and Promotion Act, R.S.O. 1990, c. H.7 requires that every person who intends to commence to operate a food premise shall give notice of his/her intention to the Medical Officer of Health of the health unit in which the food premise will be located.			
2. The personal information on this form is collected under the authority of <i>The Health Protection and Promotion Act, R.S.O. 1990, c. H.7</i> . It will be used for ownership identification and enforcement of the Act and the applicable Regulations under the Act. Contact David Pavletic, Fo od Safety & Healthy Environments			
Managerat 519-663-5317 ext. 2303 if you have further			
Comments:			
Name of Vendor / Operator submitting for	m (Please print name clearly)	 Date	
		tal. (510) 662-5217	
London Office: 355 Wellington St, S Strathroy Office: 51 Front St. E., Stra		tel: (519) 663-5317 fax: (519) 663-9276	
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