

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

### Special Event / Market Information

\*Name 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 Middlesex-London before? Yes  No   
Contact Person: \_\_\_\_\_  
Name Phone Number E-mail  
Contact Address: \_\_\_\_\_  
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   
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  3  Off-site location: \_\_\_\_\_  
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

- 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.
- The personal information on this form is collected under the authority of *The Health Protection and Promotion Act, R.S.O. 1990, c. H.7*. It will be used for ownership identification and enforcement of the Act and the applicable Regulations under the Act. Contact David Pavletic, Food Safety & Healthy Environments Manager at 519-663-5317 ext. 2303 if you have further questions. Copies of the Act and the Regulations are also available at [www.ontario.ca/laws](http://www.ontario.ca/laws).

Comments:

\_\_\_\_\_  
Name of Vendor / Operator submitting form (Please print name clearly) Date

London Office: 355 Wellington St, Suite 110, London, ON, N6A 3N7  
Strathroy Office: 51 Front St. E., Strathroy, ON N7G 1Y5  
www.healthunit.com

tel: (519) 663-5317  
fax: (519) 663-9276  
inspections@mlhu.on.ca