

## NOTICE OF INTENT TO OPERATE AS A MARKET VENDOR

### Market Information

\*Name of Market: \_\_\_\_\_ Start Date: \_\_\_\_\_  
\*Market Dates & Times: (e.g. Wednesdays 12-3 pm) \_\_\_\_\_  
\*Market Location: \_\_\_\_\_  
\*Market Organizer: \_\_\_\_\_  
Name Phone Number E-mail

### Vendor Information

Name of Booth: \_\_\_\_\_  
Are you a farmer? Yes  No  Have you attended a market in Middlesex-London before? Yes  No   
Certified Food Handler: Yes  No   
Contact Person: \_\_\_\_\_  
Name Phone Number E-mail  
Contact Address: \_\_\_\_\_  
Unit # Street City/Province Postal Code

### Food Information

Food products provided: \_\_\_\_\_  
Will food samples be provided?: Yes  No   
Food Suppliers: \_\_\_\_\_  
Food Preparation Location: On-site  Inspected Facility  Other  N/A – Whole Fruits & Vegetables   
Location Address: \_\_\_\_\_  
Method of Transporting Food: Coolers with Ice  Insulated Container  Refrigerated Unit  Other: \_\_\_\_\_

### Booth Site Information

Tent  Truck  Trailer  Plate #: \_\_\_\_\_ Other: \_\_\_\_\_  
Water Source: \_\_\_\_\_ Hot Water: Yes  No  Cold Water: Yes  No   
Handwashing: Coffee Urn  Camp Jug  Container with Spigot  Portable Hand Sink  On Truck/Trailer   
Dishwashing: On-site: Sinks/Compartments: 2  3  Off-site location: \_\_\_\_\_  
Cold Holding: Yes  No  Method: \_\_\_\_\_  
Hot Holding: Yes  No  Method: \_\_\_\_\_  
Waste Water Disposal Site: On-site  Off-site  Garbage Disposal: On-site  Off-site   
Grease Disposal: On-site  Off-site  N/A

#### 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).

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

**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