BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

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

Special Event / Market Information

*Name of Event: Ilderton Farmers Market Start Date: June 10, 2023

*Event Dates & Times: (e.g. Wednesdays 12-3 pm) Saturdays, 9am - 12 noon from June 10 - October 7, 2023

*Location/Address: Heritage Park, 22609 Hyde Park Road, Ilderton

*Organizer: Kara Muller (Name) 519-709-8717 (Phone Number) ildertonfarmersmarket@gmail.com (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: municipal 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

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 *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.

Comments:

_____ _____

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

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