Porcupine Health Unit • Bureau de santé

Porcupine Health Unit - Public Health Inspection Services

APPLICATION FOR FARMERS' MARKET ORGANIZER

(Application must be made at least 15 days prior to market season.)

MARKET INFORMATION

MARKET NAME:	DATE OF OPENING: |YEAR |MONTH |DAY DAYS OF OPERATION (i.e. Saturdays, Fridays): _____ HOURS OF OPERATION (if varies by day, please indicate): OPENING TIME:_____ AM/PM CLOSING TIME:_____ AM/PM
LOCATION/SITE ADDRESS: ☐ Alternate market locations in additional comments below.	
Does market operate anytime between **May 1st and October 31st**?	☐ yes ☐ no
Does market operate anytime between **November 1st and April 30th**?	☐ yes ☐ no

MARKET ORGANIZER CONTACT INFORMATION

NAME:			
MAILING ADDRESS: CITY/TOWN:		POSTAL CODE:	
TELEPHONE:	HOME:	WORK:	CELL:
EMAIL:		FAX:	

INTERPRETATIONS AS PER FOOD PREMISES REGULATION 562 R.R.O. 1990 (amended to O. Reg. 493/17)

"farmers' market" means a central location at which a group of persons who operate stalls or other food premises meet to sell or offer for sale to consumers products that include, without being restricted to, farm products, baked goods and preserved foods, and at which the majority of the persons operating the stalls or other food premises are producers of farm products who are primarily selling or offering for sale their own products;

"farmers' market food vendor" means the operator of a stall or other food premise that is located at a farmers' market;

"farm products" means products that are grown, raised or produced on a farm and intended for use as food and include, without being restricted to, fruits and vegetables, mushrooms, meat and meat products, dairy products, honey products, maple products, fish, grains and seeds and grain and seed products.

ADDITIONAL COMMENTS (including alternate market locations/days/hours)

VENDOR LIST

Vendor Name	Telephone No.	Selling Farm Products Only	Selling Non Farm Products
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No

Name	**Signature**	**Designation**	**Date**
			|YEAR |MONTH |DAY

OFFICE USE ONLY

Health Unit File Number.: [ ]		Area No.: [ ]	
DATE RECEIVED: |YEAR |MONTH |DAY		DATE REVIEWED: |YEAR |MONTH |DAY	
Exemption **May 1st to October 31st**?		☐ yes ☐ no ☐ n/a	
# Farm product food vendors [ ]	# total vendors [ ]	Percentage [ ]	
Exemption **November 1st to April 30th**?		☐ yes ☐ no ☐ n/a	
# Farm product food vendors [ ]	# total vendors [ ]	Percentage [ ]	