



APPLICATION FOR FARMERS' MARKET FOOD VENDOR

(Application must be made 15 days prior to event.)

BUSINESS INFORMATION

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| BUSINESS NAME: |
| MARKET ATTENDING (Please note proposed dates): <input type="checkbox"/> alternate market locations on reverse side |

CONTACT INFORMATION

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

VENDOR INFORMATION

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|---|------------------------------|-----------------------------|
| Do you live on a farm/hobby farm/rural property/acreage? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Does the food that you are selling or serving come from a farm/hobby farm/rural property/acreage? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Are you attending anytime between May 1st and October 31st ? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Are you attending anytime between November 1st and April 30th ? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Are you selling, preparing, and serving any type of food on site? | <input type="checkbox"/> yes | <input type="checkbox"/> no |

FOOD

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|--|--------------------------------|---------------------------------------|---------------------------------|
| Are you providing samples of food at the market? | <input type="checkbox"/> Never | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Always |
| Are you canning food? | <input type="checkbox"/> yes | <input type="checkbox"/> no | |
| Cold holding facilities on site? <input type="checkbox"/> yes (Type: _____) | <input type="checkbox"/> no | <input type="checkbox"/> n/a | |
| Hot holding facilities on site? <input type="checkbox"/> yes (Type: _____) | <input type="checkbox"/> no | <input type="checkbox"/> n/a | |
| Handwash basins provided? <input type="checkbox"/> yes (Type: <input type="checkbox"/> permanent <input type="checkbox"/> temporary Location: <input type="checkbox"/> within the market <input type="checkbox"/> at the vendor booth) | <input type="checkbox"/> no | | |
| Please list ALL food items you intend to sell: <input type="checkbox"/> additional food items listed on reverse side | | | |
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SETUP (Refer to "Operating Guidelines for Farmers' Markets" and "Self-Inspection Checklist for Food Vendors at Farmers' Markets" found at www.porcupinehu.on.ca)

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| Please give a detailed description of the set-up of your food booth/stand/premises. How will you keep hazardous food cold during transportation and sale? How will you keep hazardous food hot during transportation and sale? If needed, what sort of hand wash set-up will you have? |
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| <input type="checkbox"/> additional comments on reverse side |

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|-------------------------|--------------------|
| SIGNATURE OF APPLICANT: | DATE SIGNED: _____ |
|-------------------------|--------------------|

