

# Food Vendor's Application for Special Events

Email, fax, or mail to Peterborough Public Health at least two weeks prior to the special event.



Business Name/Corporation Information:			
Mailing Address:		City/Town:	
Postal Code:		Business Phone:	
Owner/Operator Name:		Phone:	
Date(s) Participating in Event:		Email:	
Event Name:			
Is your food premises inspected by your local Health Unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Health Unit:	
Menu for Event:			
Does food preparation take place prior to the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If food is prepared on-site, briefly describe the preparation steps:	<input type="checkbox"/> N/A		
Are all food products from an inspected source?	<input type="checkbox"/> Yes <input type="checkbox"/> No    *receipts for food products may be requested by the inspector		
If food is prepared off-site, specify the location:	<input type="checkbox"/> N/A *Must be an inspected facility; a copy of the most recent inspection report must be attached.		
What best describes your on-site setup:	<input type="checkbox"/> Trailer, cart or vehicle-mounted food premise capable of being readily moved (i.e., a " <a href="#">mobile food premise</a> ")	<input type="checkbox"/> Temporary "table and tent" set-up	
Will you cook raw meat on-site?	<input type="checkbox"/> Yes <input type="checkbox"/> No    *Preparation of raw meat products is not permitted at a "table and tent" set-up		
How will you keep cold foods at 4C or colder?	<input type="checkbox"/> N/A		
How will you keep hot foods at 60C or above?	<input type="checkbox"/> N/A		
Will you have thermometers available for monitoring food temperatures?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Will you bring your own potable water supply?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "yes," describe the source:</i>	
Handwashing:	Describe your handwashing set-up:	
Dishwashing:	Describe your dishwashing set-up:	
	Type of sanitizer used and how you will mix (if applicable):	
Waste Disposal:	Will you have appropriate garbage and wastewater storage available:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certified Food Handler:	Name and expiry date of your Certified Food Handler for the event (attach a copy/copies):	
<b>I confirm that I have reviewed the Food Vendor Requirements and the Final Checklist:</b> Name:		

**Notice with Respect to the Collection of Personal Information** (Municipal Freedom of Information & Protection of Privacy Act): Personal information on this form is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990 c.H.7.

**REVISED: April 2024**