

FOOD VENDOR APPLICATION FORM

This form is for food vendors only. **This application must be submitted 30 days prior to event.**
Please send completed form to the Windsor-Essex County Health Unit, 1005 Ouellette Avenue, N9A 4J8
or Fax to (519) 258-8672.

Name of Event: Belle River - On the Lake BIA Sunsplash Festival

Event Location: Lakeview Park

Date of Event: 17/7/13 - 17/7/16 yy/mm/dd Time of Event: THURS - 5pm - 11pm
FRI & SAT - 10am - 11pm
SUNDAY 10am - 6pm

Have you been inspected by the Windsor-Essex County Health Unit this Year? Yes No

If yes, specify which event(s): _____

Food Vendor Information

Food Booth Name: _____

Name of Operator: _____ Phone Number During Event: _____

Name of Owner: _____ Owner's Phone Number: _____

Mailing Address of Owner: _____

Food Service Information

Proposed Menu: _____

Type of food premises at event: (check all that apply)

- Existing Kitchen Mobile Catering Truck/Cart Temporary Booth
- Other

How will food be transported to event:

- Refrigerated Truck Coolers with ice Thermal Unit (ie: cambro units)
- Insulated Container/Bag Other _____

Name of Event: SUNSPASH Booth Name: _____

How will temperature be maintained on site:

- Refrigerated Truck
- Insulated Container/Bag
- Thermal Unit (ie: cambro units)
- Coolers
- Chafing Dishes
- Other

Note: A probe thermometer must be available on site to ensure proper internal food temperatures are maintained.

Describe your handwashing station:

- Portable Handwashing Station
- Container with Turn Spout
- Existing Handwashing Sink
- Other

Note: Handwashing stations are required at each individual food vendor. Liquid hand soap in dispenser and paper towels must be available for use.

What sanitizer will be used during event:

- Chlorine (100ppm)
- Quat (200ppm)
- Iodine (25ppm)

Note: Sanitizer test strips must be available on site.

Means of Water Supply: _____

Means of Dishwashing: _____

Means of Waste Water Disposal: _____

Note: If flooring is required to be installed it must be raised.

Floor Covering Material: _____

For Office Use Only

Comments:

Date Reviewed _____
yy/mm/dd

Approved Yes No

Signature of Public Health Inspector