

FARMERS' MARKET APPLICATION FORM

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Please provide the following information and submit it to the Health Protection & Investigation Division.

Name of Market: _____

Name of Business: _____

Operator's Name: _____

Business Address _____

Home Telephone: _____ Business Telephone: _____

Proposed start-up date at the Market: _____ Seasonal Year-Round

Are you a vendor at other Farmers' Markets? Yes No If yes, please provide the location:

Food Menu List ALL food to be prepared or served (attach separate list if needed)	Source of Food Name and address of grocer, supplier, and manufacturer (attach separate list if needed)

Will there be any sampling of your food products at the market? Yes No

Will there be any food preparation on site? Yes No

If YES, where will hand washing occur? _____

** Note that sharing of hand sinks with other vendors is not permitted

Will dishwashing be required? Yes No

If YES, how and where

Location On site at Market Double Sink Triple Sink

Other _____

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How will you maintain proper internal food temperatures ($\leq 4^{\circ}\text{Celsius}$ or $\geq 60^{\circ}\text{Celsius}$) during transport of hazardous food to the market?

Insulated Coolers with ice packs

Refrigerated transport vehicle

Frozen transport vehicle

How will you achieve and maintain proper internal food temperatures ($\leq 4^{\circ}\text{Celsius}$ or $\geq 60^{\circ}\text{Celsius}$) of hazardous food at the market?

Mechanical refrigerators

Grill

Freezers

Stovetop

Hot holding units

Hot holding units

Insulated containers with ice packs

Other

I _____ certify and I accept responsibility for ensuring the above information is correct and will be adhered to.

Signature of applicant _____

Date: _____

Signature of Public Health Inspector _____

Date: _____

(The Health Protection and Promotion Act 1990, Chapter H.7 as amended provides a fine of not more than \$5,000.00 if convicted of contravening provisions of R.R.O. 1990, Regulation 562 amended to O. Reg. 308/06 entitled "Food Premises").