

Vendor Special Event Application

Return your completed form to: PHI.Intake@wdgpublichealth.ca or by fax to 519-823-4905
at least 30 days prior to the event

Event Information

Event Name:	Duration: 1 day <input type="checkbox"/> 2-3 days <input type="checkbox"/> 4-7 days <input type="checkbox"/>
Date(s) of Event:	Total Attendance: Under 800 <input type="checkbox"/> Over 800 <input type="checkbox"/>
Event Location:	Annual Event: Yes <input type="checkbox"/> No <input type="checkbox"/>

Multiple Events

If you are attending more than one event in the Wellington-Dufferin-Guelph region, write the names of the upcoming events below. Application forms are not required for these events.

Event Name:	Date:	Location:
Event Name:	Date:	Location:

Business Information

Business Name:	Contact Name:
Address:	Phone:
City/Town: Postal Code:	Business Phone:
Email Address:	Website:

Type of Business/Organization: Religious Organization* Fraternal Organization* Service Club*
Food Business Other (specify):

* If you are a religious organization, fraternal organization or service club and are accepting food from an uninspected facility (e.g. home), you must complete the Food Donor List for Exempt Special Events form.

Are you an inspected facility? Yes No

If yes, please attach a copy of your last inspection report.

If no, name the inspected facility where food will be prepared: _____

Food Handler Certified? Yes No *If yes, year certified:

Food Information

Food Menu	Source of Food
List ALL food to be prepared or served (If more space is needed, please attach a separate list.)	Name and address of grocer, caterer, restaurant (If more space is needed, please attach a separate list.) No home preparation permitted.
	Name:
	Address:
	Name:
	Address:
	Name:
	Address:
	Name:
	Address:

Food Handling & Storage

How will food be transported to the event?

Refrigerated truck Thermal unit (e.g., Cambro) Coolers with ice or Insulated container/bag

Other (specify): _____

How will temperature be maintained on site?
Refrigerated truck Thermal unit (e.g., Cambro) Coolers with ice or Insulated container/bag
Chafing dish Other (specify): _____
*A probe thermometer must be available on site to ensure proper internal food temperatures.

Describe your hand washing station:
Portable hand washing station Container with turn spout Other (specify): _____
* Liquid hand soap in a dispenser and paper towels must be available for use.

What sanitizer will be used:
Chlorine bleach QUAT Iodine Other (specify): _____
*Test strips to be available at the event.

Please provide a floor plan which includes (the floor plan can be hand drawn in the space below or attached to this application):

<input type="checkbox"/> Two/three compartment sink	<input type="checkbox"/> Hand washing station with soap in dispenser, paper towel and waste water container
<input type="checkbox"/> Food preparation areas	<input type="checkbox"/> Adequate refrigeration (include method of refrigeration)
<input type="checkbox"/> Food storage	

Vendor Signature: _____ Date: _____

For Office Use Only

Nexus Number:	
Inspector:	Inspection Required: Yes No
Premise Exempted: Yes No	
Comments:	
Date Reviewed:	PHI Signature: