



APPLICATION FOR FARMERS' MARKET FOOD VENDOR

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

BUSINESS INFORMATION

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

CONTACT INFORMATION

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

VENDOR INFORMATION

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

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			

SETUP (Refer to "Operating Guidelines for Farmers' Markets" and "Self-Inspection Checklist for Food Vendors at Farmers' Markets" found at www.porcupinehu.on.ca)

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?
<input type="checkbox"/> additional comments on reverse side

SIGNATURE OF APPLICANT: _____	DATE SIGNED: ____ ____ ____
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