Lakelands Public Health
Environmental Health Department
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Peterborough, ON
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SPECIAL EVENTS NOTIFICATION FORM

FOOD VENDOR APPLICATION

O. Reg. 493/17: FOOD PREMISES under Health Protection and Promotion Act, R.S.O. 1990, c. H7. A person who gives notice of an intention to commence to operate a food premise to the medical officer of health under subsection 16 (2) of the Act shall include his or her name, contact information and the location of the food premise in the notice.

APPLICATION TO BE PROVIDED TO THE HEALTH UNIT A MINIMUM OF *14 DAYS* PRIOR TO THE PROPOSED EVENT

THIS NOTIFICATION FORM IS TO NOTIFY LAKELANDS PUBLIC HEALTH OF:
☐ Special Event
☐ Other (*please specify*):

SPECIAL EVENT INFORMATION:	
Event Name:	
Event Date(s):	
Hours of Operation:	
Event Location: (Full address, including street number and name, town/city and postal code.)	Location:_____ Street # & Name:_____ City/ Town:_____ Postal Code:_____

APPLICANT INFORMATION:			
Name:			
Business Name:			
Address:			
Phone Number:		Email:	
Business Location:	☐ Lakelands Public Health Region ☐ Outside Region - Specify Health Unit:		
Do you fall under one of the following facility types?	☐Yes --- ☐ Religious Organization ☐ Service Club ☐ Fraternal Organization ☐Not Applicable		

ORGANIZER CONTACT INFORMATION:			
Name:			
Phone Number:		Email:	

FOOD PREPARATION	
Are you an Inspected Facility?	☐ Yes ☐ No Note: food originating from uninspected facilities/sources are not permitted at public events ***Most recent inspection report to be attached***

Vendor Set Up:	☐ Food Booth/ Tent ☐ Hot Dog Cart ☐ Mobile Food Premise ☐ Indoor Facility ☐ Outdoor
Do you require a source of power?	☐ Yes Source: ☐ Generator ☐ Direct Connection ☐ N/A
Will Food/Beverage be Sampled?	☐ Yes ☐ No If yes, please list single use items required: _____
Will you have a certified food handler present at all times?	☐ Yes ☐ No ☐ N/A - No food handling taking place during event ***Valid Food Handlers Certificate to be attached***

FOOD ITEMS SERVED:	
Type of Food:	*Supplied/ Purchased From:*

FOOD STORAGE AND TRANSPORTATION:	
Where will food items be prepared?	☐ Onsite ☐ Inspected Kitchen: (*please specify location)* _____
How will hazardous foods be transported to the event?	☐ Mechanical Refrigeration ☐ Coolers with Ice/ Ice Packs ☐ Thermal Containers ☐ N/A ☐ Other: (*please specify)* _____
What method(s) will be used to maintain cold food 4°C (40°F) or colder during the event?	☐ Mechanical Refrigeration ☐Coolers with Ice /Ice Packs ☐ N/A ☐ Other: (*please specify)* _____
What method(s) will be used to maintain hot foods at 60°C (140°F) ?	☐ Chafing Dish with Sternos ☐ Electric Hot Holding Unit ☐ Steamtable ☐ Oven ☐ N/A ☐ Other: (*please specify)*_____
What method(s) will be used to re-heat food prior to hot holding?	☐ Microwave Oven ☐ Stove Top ☐ Oven ☐ BBQ/Grill ☐ Deep Fryer ☐ N/A ☐ Other: (*please specify)*_____
Ensure probe thermometer is available to check internal temperatures of all hazardous foods	☐ Yes ☐ N/A
Ensure indicating thermometers will be in all cold storage units to verify temperatures	☐ Yes ☐ N/A
How will food products, including condiments, be protected from contamination while on display during event?	☐ Food Grade Wrap/ Container ☐ Lids ☐ Prepackaged Condiments ☐ Sneeze Guard/ Shield ☐ Enclosed Cabinet ☐ Other: (*please specify)* _____

HANDWASHING, CLEANING & SANITZING:	
Will you provide a temporary or permanent handwashing station in the food handling/ preparation area with flowing potable water, liquid soap in a dispenser, paper towels, a garbage can, and grey water collection container?	☐ Yes ☐ No ☐ N/A If no, please specify reason: _____
Will you have hot and cold running water?	☐ Yes ☐ No ☐ N/A If no, please specify reason: _____
Will you have a minimum of two compartments available for dishwashing?	☐ Yes ☐ No ☐ N/A If no, please specify reason: _____
What sanitizer will be used for	☐ Chlorine Bleach ☐ QUAT ☐ Iodine

sanitizing utensils and food contact surfaces?	☐Other: (*please specify)* _____
Ensure you have test strips to verify sanitizer concentration	☐ Yes ☐ N/A ☐Other: (*please specify)* _____

WATER SOURCE & WASTE DISPOSAL	
Indicate the type of water supply being used	☐ Municipal Supply (direct connection) ☐ Hauled Municipal ☐ Commercially Bottled ☐ Private Well ☐ Other: (*please specify)*_____
Method of wastewater disposal	☐ Grey Water Tank ☐ N/A ☐ Other: (*please specify)* _____
Ensure garbage containers are provided/ available at your booth	☐ Yes ☐ N/A ☐Other: (*please specify)* _____

Any Additional Information:

Please contact the health unit to discuss the legal requirements, review plans and/or conduct a pre-operational assessment prior to the proposed event.

☐ I UNDERSTAND THE REQUIREMENTS FOR FOOD VENDORS AT SPECIAL EVENTS AND HAVE PROVIDED THE INFORMATION TO ALL FOOD HANDLERS.

SIGNATURE: _____ DATE: _____

Any personal and personal health information that you may provide on this form is collected under the authority of relevant legislation including: the Health Protection and Promotion Act, as amended, the Regulated Health Professions Act, the Immunization of School Pupils Act, and the Personal Health Information Protection Act. This information will be used for assessment, management, treatment, and reporting purposes. Your information may be shared within the Health Unit as required by legislation. For information about the collection, use and disclosure of your information, please refer to the Health Unit website at www.lakelandsph.ca or contact the Medical Officer of Health, 185 King St., Peterborough, Ontario K9J 2R8 or 1-844-575-4567.

Legislation that may apply to your premises may include:

Health Protection and Promotion Act, R.S.O. 1990, c. H.7 (ontario.ca)

O. Reg. 493/17: FOOD PREMISES (ontario.ca)

O. Reg. 319/08: SMALL DRINKING WATER SYSTEMS (ontario.ca)

Smoke-Free Ontario Act, 2017, S.O. 2017, c. 26, Sched. 3

Alcohol and Gaming Commission of Ontario | (agco.ca)

Local Municipality for Building/structural items and by-laws (garbage areas, zoning, business license, etc)

Useful Resources:

Food Premises Reference Document, 2019 (gov.on.ca)

Operational Approaches for Food Safety Guideline, 2019 (gov.on.ca)

Special Events Permit | Lakelands Public Health