

Farmers Market Food Vendor Application Form

This application must be submitted to the appropriate location of the Environmental Health Program of Algoma Public Health a minimum of **14 days prior to the event**. Completion of this form in detail is essential to the efficient processing of your application. Please attach additional pages if necessary.

Send completed form to your local Algoma Public Health office:

Sault Ste. Marie

294 Willow Avenue
Sault Ste. Marie, ON P6B 0A9
1(866) 892-0172

Blind River

9B Lawton Street
Blind River, ON P0R 1B0
1(888) 356-2551

Elliot Lake

50 Roman Avenue
Elliot Lake, ON P5A 1R9
1 (888) 211-6749

Wawa

18 Ganley Street
Wawa, ON P0S 1K0
1(888) 211-8074

SECTION A:

Business Name: _____

Name of Applicant: _____

Address: _____

Telephone: (Home:) _____ (Business:) _____ (Fax:) _____

Market Attending: _____

Proposed Dates: _____

Other Market Attending (if applicable): _____

Proposed Dates at Other Market: _____

Each market will be assessed seasonally by Algoma Public Health to determine if it meets the requirements for exemption as a Farmer Market under Ontario Food Premises Regulation 562 /90. To help determine market exemption, please answer the following:

- | | | |
|---|------------------------------|-----------------------------|
| Do you live on farm/ hobby farm/rural property/acreage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the food that you're selling or serving come from your own farm? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you attending anytime between May 1st & October 31st ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you attending anytime between Nov 01st & 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 |

Comments: _____

SECTION B: FOOD

- Are you sampling or preparing food at market? Never Occasionally Always
- Are you canning food? Yes No

Please list **all** food items you intend to sell:

SECTION C: SETUP

Please give a detailed description of the set-up of your food booth/stand/premises. How will you keep hazardous food cold during transportation & sale? How will you keep hazardous food hot during transportation and sale? If needed, what sort of hand wash set up will you have? Attach additional page if needed.

I _____ certify and accept responsibility for ensuring the above-mentioned information is correct and will be adhered to. I have also read and understood the guidelines provided.

Signature of Applicant: _____ Date: _____

For Office Use Only:					
Date received _____		Date Reviewed _____			
CISS# _____	Area _____	Date last inspected _____			
Food Vendor/Other: _____					
<input type="checkbox"/> Farm	<input type="checkbox"/> Hobby Farm	<input type="checkbox"/> Rural property	<input type="checkbox"/> Acreage	<input type="checkbox"/> City	<input type="checkbox"/> Town
Attending May 1 st - October 31 st			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Attending November 1 st - April 30 th			<input type="checkbox"/> Yes	<input type="checkbox"/> No	