

## 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 **21 days prior to the event**. Detailed completion of this form is essential to the efficient processing of your application. Please attach additional pages if necessary. **Ensure you review and understand the document "Algoma Public Health's Operating Guidelines for Farmers' Markets" prior to submitting your application.**

### 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**  
302-31 Nova Scotia Walk  
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 of Applicant: \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Fax) \_\_\_\_\_

Email Address: \_\_\_\_\_

Farmers' Market Attending: \_\_\_\_\_

Proposed Dates: \_\_\_\_\_

**If you wish to be a vendor in multiple farmers' markets within the Algoma District separate applications are required for each market.**

Each market will be assessed **annually** 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? ☐ Yes ☐ No
- Does the food that you are selling or serving come from your own farm? ☐ Yes ☐ No

### SECTION B: FOOD

- Are you planning on selling food? (If "No" please go to page 3) ☐ Yes ☐ No
- Do you intend to prepare food from a home kitchen? (Require approval from a PHI) ☐ Yes ☐ No
- Do you intend to prepare food on site at the Farmer's market? ☐ Yes ☐ No
- Are you providing food samples? ☐ Yes ☐ No
- Are you canning food? (Only jams, jellies, pickles approved) ☐ Yes ☐ No
- Will you be selling eggs? (Eggs must be graded) ☐ Yes ☐ No

Egg grading station and registration number: \_\_\_\_\_

- Will you be selling meat? (Meat must be from an inspected animal) ☐ Yes ☐ No

Where meat is inspected/processed: \_\_\_\_\_

Please list all types of foods that will be offered for sale (*Please attach a separate sheet of paper if more space is required.*)

---

---

---

---

---

---

### **SECTION C: Food Storage/Transportation**

**Review APH's Operating Guidelines for Farmers' Markets and discuss all requirements with your Public Health Inspector.**

Depending on the type of food you are selling the following equipment may be required.

- Hand wash station(s) with supplies
- Probe thermometer and sanitizer (e.g. 70% isopropyl alcohol swabs)
- Coolers with ice packs
- Cooler and/or freezer thermometer(s)
- Extra clean tongs and utensils
- Single-service (disposable) utensils

How will you transport food to the market?

---

---

---

What method(s) will be used to maintain cold foods at 4°C (40°F) or colder at the market?

- ☐ Not required
- ☐ Coolers with ice packs
- ☐ Refrigerated truck
- ☐ Mechanical refrigeration

What method(s) will be used to maintain hot foods at 60°C (140°F) or hotter at the market?

- ☐ Not required
- ☐ Chaffing dish
- ☐ BBQ/grill
- ☐ Crock pot
- ☐ Steam table
- ☐ Oven/stove

Do you have a probe thermometer to check the internal temperature of food during the event? ☐Yes ☐No

Your water source:

- ☐ Well water (may need to provide bacteriological water samples to the Public Health Inspector)
- ☐ Municipal supply
- ☐ Commercially bottled

Hand wash station(s) with supplies: (**Wearing gloves or using hand sanitizer does not substitute hand washing**)

- ☐ Liquid soap & single use paper towels (in dispensers)
- ☐ Supply of potable water
- ☐ Catch basin

**GENERAL LAYOUT OF PREMISES** (food preparation area)

Must include hand wash station(s), garbage disposal(s), ovens/BBQ, tables, etc.

**In the event you change your menu items you must consult with your Public Health Inspector.**

**Applications expire at the end of the year; it is your responsibility to apply for a new permit when your old permit expires.**

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: \_\_\_\_\_

<b>Health Department Use Only:</b>	<b>Inspector's Comments/ Requirements:</b>
<b>Application Approved:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Subject to requirements	
<b>Date:</b>	<b>Inspector's Signature:</b>