

EVENT VENDOR PERMIT APPLICATION

Each food vendor **MUST** submit a completed application to Algoma Public Health at **least 14 days** prior to the event.. Organizer of event may require permits \geq 4 weeks in advance of the event.
See Event Guidelines for further details.

Event Information	
Name of Event:	Organizer Name:
Location:	Organizer Phone #:
Start Date: End Date:	Time(s) of Operation:
Vendor Information	
Name of Vendor:	
Operator Name(s):	
Mailing Address:	
Phone #:	Email:
Are you an inspected food premise? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Certified Food Handler(s)	
<div style="display: flex; align-items: center;"> <p>NOTE: At least ONE certified food handler is required on-site at the time of the event. Proof of certification for food handler on site must be attached.</p> </div>	
Operational Plan - check all that apply (✓)	
1. What type of handwash station will be provided for use?	
<input type="checkbox"/> Container with spigot <input type="checkbox"/> Portable hand sink <input type="checkbox"/> Affixed hand wash station <input type="checkbox"/> Not Applicable	
2. What type of food preparation will take place at event?	
<input type="checkbox"/> Cooking <input type="checkbox"/> Reheating <input type="checkbox"/> Hot Holding <input type="checkbox"/> Cold <input type="checkbox"/> Not Applicable	
3. Prepare/serve foods using:	
<input type="checkbox"/> Single-use disposable <input type="checkbox"/> Utensils not needed <input type="checkbox"/> Re-useable dishware/utensils <input type="checkbox"/> Other	
4. How will you wash and sanitize utensils?	
<input type="checkbox"/> On-site <input type="checkbox"/> Off-site (address) _____ <input type="checkbox"/> Not applicable	
Applicable Items for Operation - check all that apply (✓)	
<input type="checkbox"/> Food Handler Certificate <input type="checkbox"/> Probe Thermometer <input type="checkbox"/> Test Strips <input type="checkbox"/> Extra Utensils	
<input type="checkbox"/> Designated Money Handler <input type="checkbox"/> Storage Container <input type="checkbox"/> Hair Confined <input type="checkbox"/> Tent/Umbrella	
<input type="checkbox"/> Approved Sanitizer <input type="checkbox"/> Storage Thermometer <input type="checkbox"/> Sneeze Guard <input type="checkbox"/> Waste Removal	
<input type="checkbox"/> Food Grade Packaging <input type="checkbox"/> Other: _____	

Food Menu

List all types of foods that will be offered for sale and how/where they will be prepared.

Note: *Please attach a separate sheet of paper if more space is required.*

Menu Item	Pre-packaged	Prepared onsite	Prepared offsite at another location
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

For foods prepared offsite, provide the location name and address: _____

Multiple Events

If you are attending more than one event in the Algoma region, input the name, date, and location of the upcoming events below. Application forms are not required for these additional events.

Additional Event Names	Date	Location	Are the menu items the same?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

I understand the requirements for food vendors at the event I am planning to participate in and understand a Public Health Inspector will be in contact with me to discuss this application before it is approved.

Print Name

Signature

Date

Office Use Only

Approved Yes No

Conditions Apply: _____

PHI Signature:

Date: