

## Farmer's Market Organizer Application Form

Complete and return to Algoma Public Health  
at least **4 weeks** before the start date of the event.

If you need help completing this form, call Algoma Public Health *Environmental Health* at **1-866-892-0172**.

Event Information			
Market Name:			
Market Address:			
Start Date:		End Date:	
Time(s) of Operation:		Expected Number of Attendees:	
Diagram of Market Layout Provided:    Yes    No			
Organizer Information			
Organizer's Name:			
Address:		Business Phone:	
City/Town:	Postal Code:	Cell Phone:	
Email Address:		Fax:	
Responsibilities of Organizer			
Sanitary Facilities			
Portable Toilets	Yes # _____	No	
Portable Hand washing Sinks	Yes # _____	No	
Permanent Toilets	Yes # _____	No	
Permanent Hand washing Sinks	Yes # _____	No	
Water			
Water Source:	Bottled Water	Municipal	Well    Other _____
Water lines: Food-grade material	Yes	No	Backflow devices provided:    Yes    No
Ice supplied to vendors:	Yes (if yes, source of water used to make ice) Source: _____		No
Hydro			
Electricity available:	Yes	No	Back-up power available    Yes    No
Refrigerated truck available:	Yes	No	
Garbage			
Garbage cans/bins available:	Yes (specify number) # _____		No
Garbage will be disposed of daily:	Yes	No	
Vendors			
Total number of Food Vendors participating in the event: _____		Will there be any vendors that perform personal services such as tattooing, body piercing, hair cutting?    Yes    No	

## Farmers' Market Exemption Status

To qualify for an exemption from Ontario Regulation 493/17, Food Premises, greater than 50% of vendors must be farmers selling or offering for sale their own farm produced products. Each market will be assessed seasonally by Algoma Public Health to determine if it meets the requirements for exemption.

Does the market operate seasonally?      Yes (Start Date:\_\_\_\_\_, End Date\_\_\_\_\_)      No

## Vendor Registration List (if additional space is required, attach a separate page)

Vendor Information (provide vendor name and food booth name)	Vendor Mailing Address	Vendor's Phone Number(s) (business and/or cell)

**ATTACH a complete vendor list if additional space is needed, including all non-food vendors**

### Please take the following into consideration:

- Make sure vendors receive a copy of the farmers' market package.
- All food vendors must have at least one certified food handler during hours of operation.
- At a minimum, temporary hand washing stations must consist of a container with a spigot that provides a continuous flow of running water, liquid soap, paper towels and waste water collection. Hand sanitizers do not replace hand washing stations.
- All food served or sold at the special event must be prepared from an approved source.

Approved      Yes      No	_____	_____
Date:	Public Health Inspectors Signature	Organizer's Signature
		Date:

### NOTICE OF COLLECTION

Personal information requested by staff is collected under the authority of the *Health Protection and Promotion Act* and will be used to provide statistical data to the Ministry of Health and Long Term Care.