

## Food Vendor's Application

Vendor's Information		
Contact		
Concession Name		
Phone		Cell Phone
Fax		Email Address:
E-mail		
Street Address		
City/Town		Postal Code

Event Information		
Name of Event		
Location Address		
Date	from ___ D ___ M ___ Y to ___ D ___ M ___ Y	
Operating Hours	AM/PM	To AM/PM
Indicate operating hours if event takes place more than once day		
If you are participating in another event held in Halton Region please Specify event name (if yes, see pg. 16)		

Hand-Wash Station	
Correct Set-Up	<input type="checkbox"/> Y <input type="checkbox"/> Not Required

Food Safety Management	
Food Source	<input type="checkbox"/> Inspected <input type="checkbox"/> Un-inspected (Specify)
Water Source	<input type="checkbox"/> Municipal <input type="checkbox"/> Bottled <input type="checkbox"/> Truck <input type="checkbox"/> Private (Specify)
Food Transportation	<input type="checkbox"/> Refrigerated Truck <input type="checkbox"/> Cooler <input type="checkbox"/> Thermal Container <input type="checkbox"/> Vehicle
Dry Storage	<input type="checkbox"/> Plastic Containers <input type="checkbox"/> Paper Boxes <input type="checkbox"/> Plastic Bags <input type="checkbox"/> Car/Truck
Cold Holding	<input type="checkbox"/> Not Required <input type="checkbox"/> Refrigerated Truck/Unit <input type="checkbox"/> Coolers
Hot Holding	<input type="checkbox"/> Not Required <input type="checkbox"/> Chaffing Dish <input type="checkbox"/> Barbecue/Grill <input type="checkbox"/> Oven
Cooking/Re-heating	<input type="checkbox"/> Not Required <input type="checkbox"/> Barbeque/Grill <input type="checkbox"/> Fryer <input type="checkbox"/> Oven

<b>Utensil Washing</b>	
Three Step Method	<input type="checkbox"/> Y <input type="checkbox"/> Not Required
Disposable Utensils	<input type="checkbox"/> Y <input type="checkbox"/> Not Required

<b>Waste Disposal</b>	
Can/Bin for Garbage	<input type="checkbox"/> Y <input type="checkbox"/> Not Required
Container for Waste Water	<input type="checkbox"/> Y <input type="checkbox"/> Not Required
Container for Grease	<input type="checkbox"/> Y <input type="checkbox"/> Not Required

<b>FOR OFFICE USE ONLY:</b> Application reviewed by:
Date of Approval:
Comments:

**Notice with Respect to the Collection of Personal Information (Municipal Freedom of Information & Protection of Privacy Act)**

Personal information on this form is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990 c.H.7, s.5. To administer Halton Region's Food Safety Inspection program and facilitate inspection of food premises. Questions about this collection may be addressed to the Halton Region Health Department, Environmental Health, 1151 Bronte Rd., Oakville, Ontario L6M 3L1 Tel: 905-825-6000 Toll Free: 1-866-442-5866

# Proposed Food Menu

Please provide food source information for all ingredients of all food menu items to be served.

FOOD	FOOD SOURCE
	Name: _____ Address: _____ Telephone Number: (____)____-_____ For Office Use Only: Inspected Source: Y____ N____ Inspecting Health Unit (other than Halton) _____
	Name: _____ Address: _____ Telephone Number: (____)____-_____ For Office Use Only: Inspected Source: Y____ N____ Inspecting Health Unit (other than Halton) _____
	Name: _____ Address: _____ Telephone Number: (____)____-_____ For Office Use Only: Inspected Source: Y____ N____ Inspecting Health Unit (other than Halton) _____
	Name: _____ Address: _____ Telephone Number: (____)____-_____ For Office Use Only: Inspected Source: Y____ N____ Inspecting Health Unit (other than Halton) _____
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	Name: _____ Address: _____ Telephone Number: (____)____-_____ For Office Use Only: Inspected Source: Y____ N____ Inspecting Health Unit (other than Halton) _____
	Name: _____ Address: _____ Telephone Number: (____)____-_____ For Office Use Only: Inspected Source: Y____ N____ Inspecting Health Unit (other than Halton) _____
	Name: _____ Address: _____ Telephone Number: (____)____-_____ For Office Use Only: Inspected Source: Y____ N____ Inspecting Health Unit (other than Halton) _____



# Food Vendor Checklist

## Food Handlers

- hair restraints
- aprons

## Hand Wash Station

- safe water supply
- water container with dispensing valve
- liquid soap
- paper towel
- waste water container

## Food Safety Management

- probe thermometer
- ice/ice packs
- cooler units
- food storage containers and coverings

## Utensils & Equipment

- secure booth (in good repair)
- tables/shelves/ racks
- eating utensils
- cooking utensils/equipment

## Utensil & Equipment Washing

- safe water supply
- three wash tubs/sinks
- cloths
- soap
- sanitizer

## Waste Disposal

- garbage bags/container
- waste water container
- grease container

Submit these forms to the Halton Region Health Department at least four weeks before your event:



**Halton Region**  
Dial 311 or 905-825-6000  
1-866-4HALTON (1-866-442-5866)  
TTY 905-827-9833  
[www.halton.ca](http://www.halton.ca)