

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? (Require approval from a PHI) ☐ 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: _____

SECTION C: Food Storage/Transportation

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

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

- 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: _____

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