

SPECIAL EVENT, FARMERS MARKET AND MARKET
PERMIT APPLICATION

Any individual or group planning to organize and/or operate a Market or Special Event (indoors or outdoors) where persons may gather for the consumption of food and/or beverages shall notify the NORTH BAY PARRY SOUND DISTRICT HEALTH UNIT by completing this application a minimum of 15 days prior to the event.

EVENT INFORMATION		
Name of Event:		
Date(s) of Event:	Time(s) of Event:	
Location of Event:		
CONCESSION OPERATOR INFORMATION		
Name of Applicant:		
Address:		
Telephone:	Fax:	
Number of anticipated attendees:	Type of event: <input type="checkbox"/> Market <input type="checkbox"/> Special Event	
Foods and ingredients purchased/supplied from:	List of food items for sale:	
If sufficient space is not available to list items, please attach a separate sheet. <input type="checkbox"/> Additional Sheet Attached		
Foods Offered: <input type="checkbox"/> Catered <input type="checkbox"/> Pre-packaged (incl. Canned) <input type="checkbox"/> Fresh produce (whole, uncut) <input type="checkbox"/> Fully cooked/prepared on-site <input type="checkbox"/> Cooked/prepared at other site Address: _____	Protection against contamination: <input type="checkbox"/> Canopy <input type="checkbox"/> Self-contained Flooring: <input type="checkbox"/> No <input type="checkbox"/> Yes Specify: _____	Running water from approved source: <input type="checkbox"/> Municipal hook-up <input type="checkbox"/> Holding tank <input type="checkbox"/> Other Specify: _____
Hand washing facilities: <input type="checkbox"/> No <input type="checkbox"/> Yes Specify: _____	Refrigeration facilities: <input type="checkbox"/> Mechanical <input type="checkbox"/> Ice and cooler <input type="checkbox"/> Other Specify: _____	Serving utensils: <input type="checkbox"/> Single-service disposable <input type="checkbox"/> Multi-use <input type="checkbox"/> N/A
Cooking facilities: <input type="checkbox"/> Barbecue <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> N/A	Hot-holding equipment: <input type="checkbox"/> No <input type="checkbox"/> Yes Specify: _____ <input type="checkbox"/> N/A	Canning method: <input type="checkbox"/> Boiling water bath <input type="checkbox"/> Pressure canner <input type="checkbox"/> N/A
Seating area for food services: <input type="checkbox"/> No <input type="checkbox"/> Yes	Washroom facilities available: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Male <input type="checkbox"/> Female	

Applicant Signature

Public Health Inspector

Date: _____
(yyyy/mm/dd)

Date: _____
(yyyy/mm/dd)

This application is: APPROVED NOT APPROVED

"The personal information being collected on this form is collected under the authority of the Health Protection and Promotion Act, and is collected, used, and disclosed by the Health Unit in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act. This information shall be used to ensure necessary health care measures are attained. Questions covering the collection of this information may be directed to the North Bay Parry Sound District Health Unit, 681 Commercial Street, North Bay, ON, P1B 4E7. Phone 705-474-1400 or 1-800-563-2808"

For Public Health Inspectors' Use Only:

Food items tested at an accredited laboratory every 3 years:

Food item	Aw	pH	Date tested	Date Recipes Received

The following conditions/recommendations are to be completed before the event is allowed to commence:

- Requirements for Temporary Food Premises Operating at Special Events** form provided to vendors
- Notice to Patrons** sign provided for exempted vendors
- Special Event Donors of Potentially Hazardous Food List** provided for exempted vendors
- Other approved resources. **Specify:**

For Internal Use Only:

- Non-exempted Special Event and Market (O.Reg. 562/90)
- Exempted Special Event (HPPA)
- Farmer's Market (HPPA)
- Completed, "Visits to Exempted Food Premises Ministry form".
Fax attention: Public Health Information & Information Technology Client Services 416-212-2313

Specify actions taken: consultations (telephone or in person). Please specify # _____
 inspection(s) completed: # _____

ENVIRONMENTAL HEALTH PROGRESS NOTES

EST./CLIENT NAME: _____

PREMISES: _____

DATE (YYYY/MM/DD)	TIME	PUBLIC HEALTH INSPECTOR NOTES	INT

MASTER SIGNATURE/DESIGNATION	INITIALS

PAGE NUMBER _____

CHECK HERE IF PAGE FOLLOWING