



**Thunder Bay District Health Unit
Food Vendor Application Form
FARMER MARKET**

This application must be submitted to the Thunder Bay District Health Unit a minimum of **14 days prior to the event**. Completion of this form in detail is essential to the efficient processing of your application. Please attach additional pages if necessary.

Send completed form to: Thunder Bay District Health Unit
Environmental Health Department
999 Balmoral Street, Thunder Bay, ON. P7B 6E7
Phone: (807) 625-5930 Fax: (807) 625-4822

SECTION A:

Business Name _____
Name of Applicant _____
Address _____
Telephone (H) _____ (B) _____ (Fax) _____
Market attending: _____
Proposed dates _____
2nd market attending (if applicable) _____
Proposed dates at that market _____

Each market will be assessed seasonally by the Health Unit 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**
Do you live within city limits /within town limits?**yes/no**
Are you attending anytime between **May 1st & October 31st** inclusive**yes/no**
Are you attending anytime between **Nov 01st & April 30th** inclusive.....**yes/no**

Are you selling, preparing, serving any type of food on site?.....**yes/no**
(if yes, please continue to section B)

comments _____

SECTION B: Food:

Are you sampling or preparing food on-site? (**never / occasionally / always**)

Are you canning food? **Yes/no**

Please list ALL food items intend to sell _____

SECTION C: SETUP

Please give a detailed description of the set-up of your food booth / stand / premises. How will you keep food cold during transportation & sale? How will you keep food hot during transportation and sale? If needed, what sort of handwash set up will you have? *Attach additional page if needed*

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 and will distribute the guidelines to the Food Vendors.

Signature of

Applicant: _____ Date: _____

Office Use only:

Date received _____ Date Reviewed _____

CISS# _____ Area _____ Date last inspected _____

Food vendor / Other

Farm / Hobby Farm / Rural property / Acreage / City / Town

Attending May 1st-October 31st *yes/no*

Attending Nov 01st to April 30th *yes/no*