



**Application Form  
FARMER'S MARKET ORGANIZER  
Thunder Bay District Health Unit**

Please complete this form and return it at least **14 days prior** to the beginning of the market season. 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

**Market information:**

Market name: \_\_\_\_\_

Where is it held? \_\_\_\_\_

Days of operation (ie Saturdays, Fridays) \_\_\_\_\_

Hours of Operation (if varies by day please indicate) \_\_\_\_\_

*(If more than one location, please indicate all locations, days, times on back.)*

Market opening (proposed date) \_\_\_\_\_

**Market organizer contact information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_ Fax \_\_\_\_\_

**What about the exemption?**

All markets will be inspected at least once per season. Food must be from approved sources and/or prepared at an approved inspected premises. Each market will be assessed seasonally by the Health Unit to determine if it meets the requirements for exemption as a Farmer's Market under Ontario Regulation 562 / 90, Food Premises. To help determine exemption, please answer:

Does Market operate anytime between **May 1<sup>st</sup> & October 31<sup>st</sup>** inclusive yes/no

Does Market operate anytime between **November 01<sup>st</sup> & April 30<sup>th</sup>** inclusive yes/no

**Please ATTACH a complete vendor list, including all non-food vendors**

**Alternate market locations, days, hours of operation:**

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**Other notes, comments**

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*Office Use only:*

Date received _____	Date Reviewed _____
CISS# _____	Area _____
Exemption May 1 <sup>st</sup> to Oct 31 <sup>st</sup> <i>yes/no/na</i>	
<i># farm product food vendors</i> _____	<i># total vendors</i> _____ <i>percentage</i> _____
Exemption Nov 01 <sup>st</sup> to April 30 <sup>th</sup> <i>yes/no/na</i>	
<i># farm product food vendors</i> _____	<i># total vendors</i> _____ <i>percentage</i> _____