

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



**Thunder Bay District  
Health Unit**

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 Programs  
999 Balmoral Street, Thunder Bay, ON. P7B 6E7  
(807) 625-5930 or 1-888-294-6630, ext. 5930 Fax: (807) 625-4822

**SECTION A:**

Business Name: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (B) \_\_\_\_\_ (Fax) \_\_\_\_\_

Market attending: \_\_\_\_\_

Proposed dates: \_\_\_\_\_

2<sup>nd</sup> 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 1<sup>st</sup> & October 31<sup>st</sup> inclusive?.....  Yes  No

Are you attending anytime between November 1<sup>st</sup> & April 30<sup>th</sup> inclusive?.....  Yes  No

Are you selling, preparing, serving any type of food on site?.....  Yes  No

(if yes, please continue to section B)

**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.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use only:**

Date received \_\_\_\_\_ Date Reviewed \_\_\_\_\_

Hedgehog# \_\_\_\_\_ Area \_\_\_\_\_ Date last Inspected \_\_\_\_\_

Food vendor / Other

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

Attending May 1<sup>st</sup> to October 31<sup>st</sup>  Yes  No Attending Nov 1<sup>st</sup> to April 30<sup>th</sup>  Yes  No

Personal information on this form is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, as amended and in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990. This information will be used to determine approval to operate. Questions regarding the collection of this information should be directed to the Environmental Health Programs, Thunder Bay District Health Unit, 999 Balmoral Street, Thunder Bay, ON P7B 6E7. Telephone (807) 625-5930 or 1-888-294-6630, ext. 5930.