

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



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

Market information:

Market name: _____

Location: _____

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

Days of operation (i.e. Fridays, Saturdays): _____

Hours of Operation (if varies by day please indicate): _____

Market opening (proposed date): _____

Market organizer contact information:

Name: _____

Address: _____

Telephone: (H) _____ (B) _____ (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 Food Premises Regulation 562/90. **To help determine exemption, please answer:**

Does Market operate anytime between May 1st & October 31st inclusive?..... Yes No

Does Market operate anytime between November 1st & April 30th inclusive?..... Yes No

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

Alternate market locations, days, hours of operation:

Other notes, comments

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 _____

Hedgehog# _____ Area _____

Exemption May 1st to Oct 31st Yes No NA

farm product food vendors _____ # total vendors _____ percentage _____

Exemption Nov 1st to April 30th Yes No NA

#farm product food vendors _____ # total vendors _____ percentage _____

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.