



**Perth District Health Unit**

653 West Gore Street  
Stratford, Ontario  
N5A 1L4 (519) 271-7600

**Food Vendor Application**

**Note: Return this application form to your Special Event Organizer.  
The Health Unit will not accept individual applications.**

For Food Safety information, visit [www.pdhu.on.ca](http://www.pdhu.on.ca) . Search for "Special Events".

Name of Special Event:	Event Date(s):
Vendor Name:	Vendor Address:
Vendor Contact Person:	Phone: (B) _____ (H) _____ (cell) _____ (email) _____
Is this your first time participating in a Special Event? <input type="checkbox"/> yes <input type="checkbox"/> no	
If you are from outside Perth County attach your most recent local Health Unit Inspection Report. <input type="checkbox"/> attached <input type="checkbox"/> not inspected by any Health Unit	

Food Purchased at: \_\_\_\_\_

List details of food you will serve (e.g. vegetable soup with chicken stock base; chili with beef)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Food Preparation**

1. a. What food will you be preparing prior to the event? \_\_\_\_\_

\_\_\_\_\_

b. Where will this preparation take place? \_\_\_\_\_

\_\_\_\_\_

2. What food will be prepared at the event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. a. How will you keep food at safe temperatures **during transport** to the event?  
(Cold Food ≤ 4°C, Hot Food ≥ 60°C):

- Refrigerated truck       Coolers with ice       Thermal containers

Other (please specify): \_\_\_\_\_

b. **At the event** how will you keep cold food cold (below 4°C/ 40°F):

- Refrigerated truck       Coolers with ice       Not required

Other (please specify): \_\_\_\_\_

c. **At the event** how will you keep hot food hot (above 60°C/ 140°F):

- Sterno/chaffing dish       Barbeque/grill       Crock pot       Hot plate

Not required       Other (please specify): \_\_\_\_\_

d. Will you have a thermometer available at the event to check the internal temperature of perishable food?       Yes       No

4. You must have hand wash facilities available at your booth\* (see picture below). Describe your hand wash set-up: \_\_\_\_\_  
\_\_\_\_\_

(Note: Bowls or containers with soapy or bleach water are unacceptable.)

**Example of Temporary Hand Wash Station**



Vendor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For further information, contact the Perth District Health Unit at 271-7600, ext. 252. Listowel area residents call 1-877-271-7348, ext. 252.

\* If selling only pre-packaged food (eg. pop, potato chips) you are exempt from this requirement. Hand sanitizer is required but a hand wash station is always a good idea.

The personal information on this form is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, Ch. H.7. It will be used for ownership identification, service delivery and enforcement of regulations made under this Act. Questions concerning this collection of information should be addressed to the Director of Health Protection at 519-271-7600, ext. 254.