

## APPLICATION AND NOTIFICATION FOR COMMUNITY EVENTS AND FARMERS MARKETS

Any individual or group planning to organize and/or operate a Community Event or Farmer's Market (indoors or outdoors) where persons may gather for the consumption of food and/or beverages shall notify the NORTH BAY PARRY SOUND DISTRICT HEALTH UNIT by completing this application a minimum of 15 days prior to the event.

<b>EVENT INFORMATION</b>		
Name of Event: _____		
Date(s) of Event: _____		Time(s) of Event: _____
Location of Event: _____		
<b>CONCESSION OPERATOR INFORMATION</b>		
Name of Applicant: _____		
Mailing Address: _____		Address of Food Preparation: _____
Telephone: _____		Fax/E-mail: _____
Number of anticipated attendees: _____		<b>Type of event:</b> <input type="checkbox"/> Market <input type="checkbox"/> Community Event
<b>Ingredients and where they are supplied from:</b>		<b>List of food items offered:</b>
<i>If sufficient space is not available to list items, please attach a separate sheet.</i> <input type="checkbox"/> Additional Sheet		
<b>Foods Offered:</b> <input type="checkbox"/> Catered <input type="checkbox"/> Pre-packaged (incl. Canned) <input type="checkbox"/> Fresh produce (whole, uncut) <input type="checkbox"/> Fully cooked/prepared on-site <input type="checkbox"/> Cooked/prepared at other site Address: _____	<b>Protection against contamination:</b> <input type="checkbox"/> Canopy <input type="checkbox"/> Self-contained  Flooring: <input type="checkbox"/> No <input type="checkbox"/> Yes Specify: _____	<b>Running water from approved source:</b> <input type="checkbox"/> Municipal hook-up <input type="checkbox"/> Holding tank <input type="checkbox"/> Other Specify: _____
<b>Hand washing facilities:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Specify: _____	<b>Refrigeration facilities:</b> <input type="checkbox"/> Mechanical <input type="checkbox"/> Ice and cooler <input type="checkbox"/> Other Specify: _____	<b>Serving utensils:</b> <input type="checkbox"/> Single-service disposable <input type="checkbox"/> Multi-use <input type="checkbox"/> N/A
<b>Cooking facilities:</b> <input type="checkbox"/> Barbecue <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> N/A	<b>Hot-holding equipment:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Specify: _____ <input type="checkbox"/> N/A	<b>Canning method:</b> <input type="checkbox"/> Boiling water bath <input type="checkbox"/> Pressure canner <input type="checkbox"/> N/A
<b>Seating area for food services:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Washroom facilities available:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Dates and times of food preparation:</b> _____ _____

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Public Health Inspector

Date: \_\_\_\_\_  
(yyyy/mm/dd)

Date: \_\_\_\_\_  
(yyyy/mm/dd)

*"The personal information being collected on this form is collected under the authority of the Health Protection and Promotion Act, and is collected, used, and disclosed by the Health Unit in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act. This information shall be used to ensure necessary health care measures are attained. Questions covering the collection of this information may be directed to the North Bay Parry Sound District Health Unit, 681 Commercial Street, North Bay, ON, P1B 4E7. Phone 705-474-1400 or 1-800-563-2808"*

