



# APPLICATION FOR FARMERS' MARKET FOOD VENDOR

(Application must be made 15 days prior to event.)

## BUSINESS INFORMATION

BUSINESS NAME:	
MARKET(S) ATTENDING	
1.	4.
2.	5.
3.	6.

## CONTACT INFORMATION

NAME:			
MAILING ADDRESS:			
CITY/TOWN:		POSTAL CODE:	
TELEPHONE:	HOME:	WORK:	CELL:
EMAIL:		FAX:	

## VENDOR INFORMATION

Do you live on a farm/hobby farm/rural property/acreage?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Does the food that you are selling or serving come from a farm/hobby farm/rural property/acreage?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are you attending anytime between <b>May 1<sup>st</sup> and October 31<sup>st</sup></b> ?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are you attending anytime between <b>November 1<sup>st</sup> and April 30<sup>th</sup></b> ?	<input type="checkbox"/> yes	<input type="checkbox"/> no

## FOOD

Are you selling, preparing, and serving any type of food on site?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Are you providing samples of food at the market?	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Always
Are you canning food?(only jams, jellies and pickles approved)	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Cold holding facilities on site? <input type="checkbox"/> yes (Type: _____ )	<input type="checkbox"/> no	<input type="checkbox"/> n/a	
Hot holding facilities on site? <input type="checkbox"/> yes (Type: _____ )	<input type="checkbox"/> no	<input type="checkbox"/> n/a	
Handwash basins provided? <input type="checkbox"/> yes (Type: <input type="checkbox"/> permanent <input type="checkbox"/> temporary Location: <input type="checkbox"/> within the market <input type="checkbox"/> at the vendor booth) <input type="checkbox"/> no			

Please list ALL food items you intend to sell:

**SETUP** (Refer to "Operating Guidelines for Farmers' Markets" (found at [www.porcupinehu.on.ca](http://www.porcupinehu.on.ca)))

Please give a detailed description of the set-up of your food booth/stand/premises. How will you keep hazardous food cold during transportation and sale? How will you keep hazardous food hot during transportation and sale? If needed, what sort of hand wash set-up will you have?

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 SIGNED: _____
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**OFFICE USE ONLY**

Hedgehog No.: [ _____ ]	Area No.: [ _____ ]
DATE RECEIVED: _____	DATE REVIEWED: _____
FOOD VENDOR/OTHER:	
FARM / HOBBY FARM / RURAL PROPERTY / ACREAGE / CITY / TOWN	
Attending <b>May 1<sup>st</sup> to October 31<sup>st</sup></b> ?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Attending <b>November 1<sup>st</sup> to April 30<sup>th</sup></b> ?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a