

Food Vendor Application for Special Events

Event Name:

Date(s) of Event:

Vendor Information	
Vendor/booth name:	Contact name:
Mailing address:	
Daytime phone #:	Fax #:
Food Information	
Have you read the Food Safety Standards for Special Events? <input type="checkbox"/> Y <input type="checkbox"/> N Are you able to meet the standards <input type="checkbox"/> Y <input type="checkbox"/> N	
Does an exception apply to you? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, Your Organization	
Proposed Menu:	
Cooking method:	
Will all food be cooked on site? <input type="checkbox"/> Y <input type="checkbox"/> N Explain	
Will all food be prepared on site? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain	
How will you keep foods cold during storage, transportation and display?	
How will you keep foods hot during storage, transportation and display?	
How will you transport food?	
Do you have handwashing? <input type="checkbox"/> Y <input type="checkbox"/> N Describe	
How will you provide hot water?	
How will you provide cold water?	
How will you wash equipment and utensils?	
How will you sanitize equipment and work surfaces?	
Signature:	
Date:	



Public Health

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