

Temporary Food Establishment Application

Every **Food Vendor** must complete all five pages of this application and forward it to the Event Organizer.

Event Information	
Name of the Event:	
Location of the Event:	
Event Address:	
(Municipal Address, Park Name or Street Closure Boundaries)	
Event Organizer/Organization:	

Vendor Information	
On-site Contact Person:	
On-site Cell #:	
Booth Name and Booth Number, if applicable:	
Date(s) at the Event:	
Number of Certified Food Handlers that will be On-site:	
Proof of certification available at the booth	
Business/Organization Name:	
Address:	
Phone #:	E-mail:
Municipal License Number:	

TORONTO Public Health **Special Event – Vendor**

List of On-Site Equipment and Supplies for Operational Needs

Vendors must check off items that will be available at the booth during the event.

Temporary Food Booth	
<input type="checkbox"/> Supply of potable water for cooking and cleaning	<input type="checkbox"/> Platform (15 cm /6") to elevate food, food containers and paper goods above the ground
<input type="checkbox"/> Leak-proof container(s) for waste water	<input type="checkbox"/> Cleaning supplies (e.g. detergent, wiping cloths)
<input type="checkbox"/> Garbage container with supply of plastic garbage bags	<input type="checkbox"/> Clean, smooth, washable tables and storage areas
<input type="checkbox"/> Power source/backup (e.g. generator, propane burner)	<input type="checkbox"/> Overhead booth covering (e.g. canopy, umbrella)
*Check all that apply	

Food Safety Equipment	
<input type="checkbox"/> Hot holding unit to maintain hot foods at 60°C (140°F) or higher (e.g. chafing dishes, hot plates)	<input type="checkbox"/> Scoops to dispense ice for consumption
<input type="checkbox"/> Probe thermometer(s)	<input type="checkbox"/> Plastic wrap/aluminum foil for protecting food
<input type="checkbox"/> Cold holding units to maintain cold foods at 4°C (39°F) or lower (e.g. coolers, refrigerators, freezers)	<input type="checkbox"/> Backup supply of clean utensils (4 sets of each)
<input type="checkbox"/> Thermometer(s) for each storage unit containing hazardous foods	<input type="checkbox"/> Food grade storage containers
<input type="checkbox"/> Ice for food storage separate from ice for consumption (from an approved source)	<input type="checkbox"/> Hair restraint (e.g. hairnets, caps, hats)
	<input type="checkbox"/> Clean aprons for food handlers
*Check all that apply	

Hand Washing Station	
<input type="checkbox"/> Liquid soap in a dispenser	Hand Washing Station must be one or more of the following:
<input type="checkbox"/> Paper towels	<input type="checkbox"/> Portable or free standing hand wash station
<input type="checkbox"/> Potable water supply with continuous flow	<input type="checkbox"/> Gravity fed water container with spigot set up on a table
<input type="checkbox"/> Waste water container	<input type="checkbox"/> Other _____
*Check all that apply	
Note: Hand sanitizers do not replace the requirements for a temporary hand wash station	

Sanitizing Solution	
Supplies needed to make a chlorine sanitizer on site:	Sanitizer available:
<input type="checkbox"/> Water <input type="checkbox"/> measuring cup and teaspoon	<input type="checkbox"/> Chlorine (Bleach) <input type="checkbox"/> Quaternary ammonium
<input type="checkbox"/> Labeled spray bottle	<input type="checkbox"/> Iodine <input type="checkbox"/> Test strips to check sanitizer strength
	*Check all that apply



TORONTO Public Health Special Event – Vendor

List of Food Suppliers

Name of Supplier:	
Contact Person (if applicable):	Address:
Phone # :	E-mail:
List Food(s) Obtained from this Supplier:	

Name of Supplier:	
Contact Person (if applicable):	Address:
Phone # :	E-mail:
List Food(s) Obtained from this Supplier:	

Name of Supplier:	
Contact Person (if applicable):	Address:
Phone # :	E-mail:
List Food(s) Obtained from this Supplier:	

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Phone # :	E-mail:
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Contact Person (if applicable):	Address:
Phone # :	E-mail:
List Food(s) Obtained from this Supplier:	

Please attach additional pages as needed



TORONTO Public Health Special Event – Vendor

Food Item
Name of food item and ingredients:
How is it prepared?
Will this food be pre-cooked? <input type="checkbox"/> or Will this food be cooked on-site? <input type="checkbox"/>
Where is the food prepared (list full address)?
Will the food be transported <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of container used to transport food(s) to maintain temperatures?
How will proper temperatures for hazardous foods be maintained at the event (e.g. coolers, warming ovens)?

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Name of food item and ingredients:
How is it prepared?
Will this food be pre-cooked? <input type="checkbox"/> or Will this food be cooked on-site? <input type="checkbox"/>
Where is the food prepared (note full address of inspected kitchen)?
Will the food be transported <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of container used to transport food(s) to maintain temperatures?
How will proper temperatures for hazardous foods be maintained at the event (e.g. coolers, warming ovens)?

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Type of container used to transport food(s) to maintain temperatures?
How will proper temperatures for hazardous foods be maintained at the event (e.g. coolers, warming ovens)?

Please attach additional pages as needed

Booth Set-up

Please draw your layout in detail noting the applicable equipment checked off below or note on electronic copy

- | | |
|---|--|
| <input type="checkbox"/> Hand wash station(s) | <input type="checkbox"/> Food and supplies storage areas |
| <input type="checkbox"/> Additional sink(s) | <input type="checkbox"/> Refrigerated trucks & other off-site storage Location |
| <input type="checkbox"/> Cooking equipment | <input type="checkbox"/> Power source/ backup |
| <input type="checkbox"/> Work tables | <input type="checkbox"/> Overhead booth covering Type |
| <input type="checkbox"/> Container(s) for waste water | <input type="checkbox"/> Protective Barrier for cooking equipment |
| <input type="checkbox"/> Garbage container(s) | |

Booth Set-up: