

Food Vendor Application for Special Events

Event Name: _____

Location: _____

Date(s) of Event: _____

Expected Attendance: _____

Vendor Information		
Vendor/booth name:	Contact name:	
Mailing address:		
Phone #:	Fax #:	Email:
Are you a Religious Organization, Service Club or Fraternal Organization? <input type="checkbox"/> Y <input type="checkbox"/> N Name:		
Food Information		
Location of food preparation (no home preparation allowed):		
Proposed menu:		
Food/ingredients purchased at:		
Will any food handling take place at the event? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, describe:		
Method(s) of keeping foods hot while on display:		
Methods of keeping foods cold while on display:		
Method of keeping foods hot during transportation:		
Method of keeping foods cold during transportation:		
Method of providing hot running water:		
Method of providing cold running water:		
Describe handwashing facilities:		
Describe equipment washing set up:		
Method of sanitizing equipment and work surfaces:		
Signature: _____		
		Date: _____



Public Health

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 Fax: 519.846.0323

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 Fax: 519.836.7215

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 Fax: 519.941.1600