MAIN OFFICE:
458 Laurier Blvd.
Brockville, ON K6V 7A3
Tel: 613-345-5685
Fax: 613-345-7148
Email: protection@healthunit.org

Leeds, Grenville & Lanark District
HEALTH UNIT
Your Partner in Public Health
www.healthunit.org

25 Johnston Street
Smiths Falls, ON K7A 0A4
Tel: 613-283-2740
Fax: 613-283-1679

SPECIAL EVENTS - FOOD VENDOR APPLICATION

Under Section 16(2) of the Health Protection and Promotion Act, every person who intends to commence to operate a food premises shall give notice of the person's intention to the Medical Officer of Health of the Health Unit in which the food Premises will be located.

Please submit a completed form to the Health Unit within 10 working days prior to the event to allow adequate time for processing. Failure to be in compliance with the Food Premises Regulation may result in closure of your premises.

Name of Concession:

Name of Event: Event Dates:

Location:

Contact Person: Phone No.:

Contact Address: City:

Postal Code: Email: Fax No.:

MENU ITEMS:

Food Suppliers:

Location of Food Preparation:

Number of Certified Food Handlers:

Type of Food Facility:

Fixed Premises Mobile Preparation Premises

Other: (Explain)

Potable Water Source: Municipal Well Water Holding Tanks

Sinks Provided with hot and cold running water under pressure:

3 compartment 2 compartment Handwash basin

Waste Water Disposal: Septic System Holding tank Disposal site

Cold Storage: Mechanical Insulated containers with Ice Other

Garbage: Receptacles Provided: Yes Disposal Method:

Owners and operators have a responsibility to ensure compliance with the Smoke-Free Ontario Act 2017. (See sections 14 and 15).

I understand that the information contained in this form may be provided to the Smoke-Free Ontario program to assist in compliance.

I have received and read the Food Vendor Checklist provided and I accept responsibility for ensuring that the information that I have provided on this form is correct.

Print Name _____ Signature _____ Date _____

HEALTH UNIT INTERNAL USE ONLY

EXEMPT UNDER REG. 493: Yes ☐ No ☐ **APPROVED FOR EVENT:** Yes ☐ No ☐

Signature of Inspector: _____ Date: _____

Inspector Comments: _____

Personal information on this form is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, c. H.7 as amended under Section 16 (2) and will be used for the administration and enforcement of the Food Premises Regulation. Questions concerning collection of this information should be directed to the Privacy Officer of the Leeds, Grenville & Lanark District Health Unit at 458 Laurier Blvd, Brockville, ON, K6V 7A3 Privacyofficer@healthunit.org or 1-800-660-5853.

3185_28 May 2022