

**Thunder Bay District Health Unit
Special Event - Food Vendor Application Form**



This application must be submitted in full a minimum of **14 days prior to the event**.
Completion of this form in detail is essential to the efficient processing of your application.

Send completed form to: Thunder Bay District Health Unit
Environmental Health Department
999 Balmoral Street, Thunder Bay, ON. P7B 6E7
Phone: (807) 625-5930 Fax: (807) 625-4822

SECTION A:

Business Name: _____

Contact/Vendor Name: _____

Mailing Address: _____

Postal Code _____ Email Address _____

Please check if you are a: Religious Organization Fraternal Organization Service Club

Telephone: (H) _____ (B) _____ (Fax) _____ (Cell) _____

Event Name: _____ Event Location: _____

On-site Contact Name: _____ Cell #: _____

Date(s) of Event: _____ Vendor Operating Hours: _____

(Note: If there are multiple dates provide that information on an additional page)

SECTION B:

Describe the set-up of your food booth/stand/premises (i.e. cold and hot holding equipment, handwashing set-up). If you will be preparing food off-site, give the name of the location where the food is to be made.

SECTION C:

Provide a complete list of all foods to be prepared or served. (Attach additional pages if necessary)

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: _____

For office use only:

Comments: _____

_____ File #: _____

Date Reviewed: _____ Approved: Yes No Signature of PHI: _____