



University of Waterloo

Special Event Food Vendor Application

Please complete and submit this form at least **30 days prior to the event** to Region of Waterloo Public Health, EHLR, 99 Regina Street South, Waterloo, ON N2J 4V3. Phone: (519) 883 2008 Fax: (519) 883 2226

Event Name: _____
 Event Location: _____
 Building/Facility: _____ Room #: _____
 Event Date(s): _____ Expected Attendance: _____
 Annual Event : Yes No

Type of Food Premise at Event:

Preparation/Serving Kitchen Temporary Booth
 Mobile Catering Truck or Cart Other _____

Organization involved in Event: _____
 Booth Name: _____
 Contact Person/Food Coordinator: _____
 Mailing Address: _____
 Phone Number: (Cell) _____ E-mail: _____
 Return Fax Number: _____ (where information will be sent back to you)

Food Preparation – Provide information on establishment where food is being prepared:

Name: _____ Phone: _____
 Address: _____
 Date of Preparation: _____ Time of Preparation: _____

*** All food is to be prepared in a kitchen approved by Region of Waterloo Public Health. No home food preparation is allowed.**

Food Menu List ALL food to be prepared or served (if more space is needed, please attach separate list)	Source of Food Name and location of grocer, caterer, restaurant
1.	1.
2.	2.
3.	3.
4.	4.

*** All food must be protected from contamination from customers, dust and insects (eg. covered, off ground).**

How will food be transported to event:

Refrigerated truck Thermal unit (eg. Cambro units)
 Coolers with ice Insulated container/bag
 Other _____

How will temperature be maintained on site:

- Refrigerated truck
- Chafing dish
- Insulated container/bag
- Thermal unit (eg. Cambro units)
- Coolers with ice
- Other _____

*** A Probe Thermometer must be available on site to ensure proper internal food temperatures.**

Describe your hand washing Station:

- Portable hand wash station
- Container with turn spout/push button
- Other _____

*** Liquid hand soap in a dispenser and paper towels must be available for use at each station.**

What sanitizer will be used (eg. chlorine bleach)?: _____

I have read and understood the ROWPH "Requirements for Food Vendors at Special Events". Failure to meet minimum requirements may result in denial of application or closure of booth.

I _____ certify and accept responsibility for ensuring the above information is correct and will be adhered to.

Signature of Applicant

(The Health Protection and Promotion Act 1990, Chapter H.7 as amended provides a fine of not more than \$5,000.00 if convicted of contravening provisions of Revised Regulations of Ontario, 1990 Regulation 562 amended to Ontario Regulation 173/05 entitled "Food Premises").

Office Use Only:

Date Received: _____ PHIMA: _____

Comments: _____

Date of Approval: _____ Signature of PHI: _____