

Special Event – Vendor

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:	Scarborough Community Multicultural Festival
Location of the Event:	Scarborough Civic Centre - Albert Campbell Square
Event Address:	150 Borough Drive (McCowan Road & Borough Drive) (Municipal Address, Park Name or Street Closure Boundaries)
Event Organizer/Organization:	KINRON COMMUNITY EVENT PLANNING SERVICES INC

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:	

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List of On-Site Equipment and Supplies for Operational Needs

Check items that will be available.

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) |

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 |

Hand Washing Facilities

- | | |
|--|--|
| <input type="checkbox"/> Liquid soap in a dispenser | Hand Washing facility must be one or more of the following: |
| <input type="checkbox"/> Paper towels | |
| <input type="checkbox"/> Potable water supply with continuous flow | |
| <input type="checkbox"/> Waste water container | |
| | <input type="checkbox"/> Portable or free standing hand wash station |
| | <input type="checkbox"/> Gravity fed water container with spigot set up on a table |
| | <input type="checkbox"/> Other _____ |

Note: Hand sanitizers do not replace the requirements for a temporary hand wash station

Sanitizing Solution

Supplies needed to make sanitizer on site

- Water
- Labeled spray bottle
- measuring cup and teaspoon

Sanitizer

- Chlorine (Bleach)
- Quaternary ammonium
- Iodine
- Test strips to check sanitizer strength

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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:	

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Contact Person (if applicable):	Address:
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

Food Item

Name of food Item and ingredients:

How is it prepared?

Will this food be pre-cooked? or Will this food be cooked on-site?

Where is the food prepared (list full address)?

Will the food be transported Yes 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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Booth Set-up

Indicate on drawing or electronic copy (all applicable equipment)

- | | |
|---|---|
| <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 |
| <input type="checkbox"/> Cooking equipment | Location _____ |
| <input type="checkbox"/> Work tables | <input type="checkbox"/> Power source/ backup |
| <input type="checkbox"/> Container(s) for waste water | <input type="checkbox"/> Overhead booth covering – Type _____ |
| <input type="checkbox"/> Garbage container(s) | <input type="checkbox"/> Protective Barrier for cooking equipment |