BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

NOTICE OF INTENT TO OPERATE AS A MARKET VENDOR

Market Information

*Name of Market: _____ Start Date: _____

*Market Dates & Times: (e.g. Wednesdays 12-3 pm) _____

*Market Location: _____

*Market Organizer: _____
Name Phone Number E-mail

Vendor Information Name of Booth: _____

Are you a farmer? Yes ☐ No ☐ Have you attended a market in Middlesex-London before? Yes ☐ No ☐

Certified Food Handler: Yes ☐ No ☐

Contact Person: _____
Name Phone Number E-mail

Contact Address: _____
Unit # Street City/Province Postal Code

Food Information Food products provided: _____

Will food samples be provided?: Yes ☐ No ☐

Food Suppliers: _____

Food Preparation Location: On-site ☐ Inspected Facility ☐ Other ☐ N/A – Whole Fruits & Vegetables ☐

Location Address: _____

Method of Transporting Food: Coolers with Ice ☐ Insulated Container ☐ Refrigerated Unit ☐ Other: _____

Booth Site Information Tent ☐ Truck ☐ Trailer ☐ Plate #: _____ Other: _____

Water Source: _____ Hot Water: Yes ☐ No ☐ Cold Water: Yes ☐ No ☐

Handwashing: Coffee Urn ☐ Camp Jug ☐ Container with Spigot ☐ Portable Hand Sink ☐ On Truck/Trailer ☐

Dishwashing: On-site: Sinks/Compartments: 2 ☐ 3 ☐ Off-site location: _____

Cold Holding: Yes ☐ No ☐ Method: _____

Hot Holding: Yes ☐ No ☐ Method: _____

Waste Water Disposal Site: On-site ☐ Off-site ☐ Garbage Disposal: On-site ☐ Off-site ☐

Grease Disposal: On-site ☐ Off-site ☐ N/A ☐

PLEASE NOTE THE FOLLOWING

1. *Section 16(2) of Ontario Health Protection and Promotion Act, R.S.O. 1990, c. H.7* requires that every person who intends to commence to operate a food premise shall give notice of his/her intention to the Medical Officer of Health of the health unit in which the food premise will be located.
2. The personal information on this form is collected under the authority of *The Health Protection and Promotion Act, R.S.O. 1990, c. H.7*. It will be used for ownership identification and enforcement of the Act and the applicable Regulations under the Act. Contact David Pavletic, Food Safety & Healthy Environments Manager at 519-663-5317 ext. 2303 if you have further questions. Copies of the Act and the Regulations are also available at www.ontario.ca/laws.

_____ _____
Name of Vendor / Operator submitting form (Please print name clearly) ***Date***

Comments:

London Office: 355 Wellington St, Suite 110, London, ON, N6A 3N7
Strathroy Office: 51 Front St. E., Strathroy, ON N7G 1Y5
www.healthunit.com
tel: (519) 663-5317
fax: (519) 663-9276
inspections@mlhu.on.ca