

Farmers' Market Application

Fax your completed form to 519-823-4905 or email it to PHI.Intake@wdgpublichealth.ca

Market Information		
Name of Market:	Organizer Name:	
Telephone:	Email Address:	
Seasonal or Year-round		
Business and Operator Information		
Business Name:	Operator Name:	
Address:	Telephone:	
	Fax:	
City:	Postal Code:	
Email Address:	Website:	
Are you a Farmer? Yes No	Home Canning? Yes No	
Are you an inspected facility? Yes No * If Yes, please attach a copy of your last inspection report.		
Food Handler Certified? Yes No		
Food Source Information		
Supplier of product:		
Please list the types of food you will be offering for sale:		
Address of Food Preparation:		
Safe Food Handling		
How will you maintain proper internal food temperature during transport of hazardous food to the market?		
Cold (<4°C)	Hot (>60°C)	
Mechanical refrigeration	Insulated coolers	
Insulated cooler with ice packs	Cambro	
Not applicable	Not applicable	
How will you achieve and maintain proper internal food temperatures of hazardous food at the market?		
Mechanical refrigeration	Freezers	Grill
Insulated coolers with ice packs	Hot holding units	Stovetop
Will food samples be provided? Yes No		
If yes, list food samples:		
Method of protecting food from contamination during display?		
Food-grade wrap	Sneeze guard	Other

Office Use Only

PHI responsible:	Date received:
Facility/CSR number:	RCAT number:
Approval: Yes No Pending	
Notes:	