

**FOOD VENDOR INFORMATION SHEET**  
(one required for each vendor)

(To be provided to the local health authority)

Name of Vendor: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

POC Phone: \_\_\_\_\_ POC Mobile: \_\_\_\_\_

POC Pager: \_\_\_\_\_

Main purpose of business: \_\_\_\_\_

Is a menu attached, indicating the full range of food to be provided? YES / NO

Indicate which of the following foods you sell directly or will be using as ingredients:

- |                      |          |
|----------------------|----------|
| ▪ Milk/milk products | YES / NO |
| ▪ Poultry            | YES / NO |
| ▪ Salads/rice dishes | YES / NO |
| ▪ Egg products       | YES / NO |
| ▪ Fish/fish products | YES / NO |
| ▪ Raw meat           | YES / NO |
| ▪ Ice cream          | YES / NO |
| ▪ Shellfish          | YES / NO |
| ▪ Cooked meat        | YES / NO |

Other (specify): \_\_\_\_\_

**FOOD VENDOR INFORMATION SHEET (CONTINUED)**

Type of operation:

- Stall YES / NO
- Mobile unit YES / NO
- Stand YES / NO
- Tent YES / NO

Other (specify): \_\_\_\_\_

Indicate the type of equipment to be provided/used on site:

- Refrigeration YES / NO
- Freezer YES / NO
- Oven YES / NO
- Deep fryer YES / NO
- Microwave oven YES / NO
- Sink YES / NO
- Wash hand basin YES / NO
- Grill YES / NO

Other (specify): \_\_\_\_\_

Are fire extinguishers provided at each site? YES/ NO

What kind/type?: \_\_\_\_\_

Indicate power sources:

- LPG (propane) YES / NO
- Electrical generator YES / NO

Other (specify): \_\_\_\_\_

**FOOD VENDOR INFORMATION SHEET (CONTINUED)**

Is the food to be prepared or stored in premises other than the temporary food premises or vehicle? YES / NO

If YES, please state the address: \_\_\_\_\_  
\_\_\_\_\_

Will food be delivered to the site by a separate supplier? YES / NO

If YES, what arrangements will be made for receipt of those goods? \_\_\_\_\_  
\_\_\_\_\_

Have you or any of your staff completed a food handler hygiene course? YES / NO

If YES, when and where: \_\_\_\_\_  
\_\_\_\_\_

Vendor Point of Contact signature: \_\_\_\_\_

Date: \_\_\_\_\_

Location of vendor in event footprint \_\_\_\_\_