

THE GREAT CANADIAN KAYAK CHALLENGE AND FESTIVAL

2018

FOOD VENDOR APPLICATION FORM



**THE GREAT CANADIAN KAYAK CHALLENGE AND FESTIVAL
2018 FOOD VENDOR APPLICATION FORM**

Name of Organization/Restaurant/Business:		
Contact Name:	Telephone:	
Mailing Address:	City/Prov:	Postal Code:
Email:	Web Site:	
Fax:	Cell#:	

All applications must be accompanied with a deposit payment of \$100. Payments can be made by cheque, money order or credit card. **FULL PAYMENT is due by 12 noon July 22nd, 2018.** The fee does not guarantee the right to participate in the Great Canadian Kayak Challenge & Festival. The Great Canadian Kayak Challenge & Festival Steering Committee has the right to refuse a Food Vendor from participating in the event when vendor does not comply with all guidelines, does not satisfy the variety in menu required by the event lead, or is proposing to sell items that are already deemed in abundance.

Location of Event	Event Dates and Time
The Great Canadian Kayak Challenge & Festival Mountjoy Historical Conservation Park Timmins, Ontario https://maps.google.ca/maps?q=Mattagami+Participark&ie=UTF-8&ei=UI7iUoTMFunR2wXJi4DYAw&ved=0CAkQ_AUoAQ	Friday August 24 th , 2018 Gates Open at 9 a.m. to 2 a.m. Saturday August 25th, 2018 Gates Open at 9 a.m. to 2 a.m. Sunday August 26th, 2018 Gates Open at 9 a.m. to 6 p.m.

All Food Vendors must be open for business from opening of each day to 12 midnight. Those wishing to remain open to close are allowed.

Set Up Times

All food stations must be operational by 9 a.m. on Friday, August 24th
 Cooking equipment must be compliant with the Porcupine Health Unit specifications (attached)
 Failure to comply with all rules and requirements could result in the shutdown of your booth and forfeiture of all fees.

GUIDELINES

- All applications must be accompanied with a deposit payment of \$100. If accepted as a vendor, balance due no later than 12 noon on July 22nd 2018. If vendor cancels after July 22nd, 2018 the \$100 deposit fee will be forfeited. In the event that Vendor Application is not accepted by committee, deposit will be reimbursed in full. Payment does not guarantee the right to participate in the 2018 Great Canadian Kayak Challenge & Festival. **Deadline to apply Aug 10 @ 12 noon**
- **Exclusivity not guaranteed.** Only primary food & beverage service provider will be allowed to sell beer, wine, coolers & spirits.
- The Great Canadian Kayak Challenge & Festival will review all applications at which time you will be notified of your eligibility to participate.
- Once menu is approved, no changes can be made without approval.

NOTE: Because of potential sponsorship agreement with soft drink and or water manufacturers, only those brands will be available for sale from your booth on the festival grounds. This rule will be strictly enforced. We will notify you well in advance of the event should we have exclusivity agreements that may impact your sales strategy.

All Applicable Fees Must Be Paid In Full by noon on July 22nd, 2018
 Methods of Payment: Cheque / Credit Card or Money order



FOOD VENDOR INFORMATION FORM

Included in Your Price

Venue Map Located at:

www.thegreatcanadiankayakchallenge.com/kayak-events/great-canadian-kayak-challenge/course-maps

- Overnight site security provided by event organizer. Event organizer is not responsible for goods left overnight
- ONE 110V electrical service line (**note: if you require service beyond 110V, an additional fee of \$100 will be charged for each additional line required at time of installation.**)
- Potable water is available from main utility room.
- Recycling and garbage bins
- Free Parking: 1 vendor parking pass for VIP parking lot (parking is limited – 1st come 1st served). All others park in grassy overflow parking area north west of park
- Free park admission
- Multi-media advertising

ELECTRICAL REQUIREMENTS

- The electrician selected by the GCKC&F will have complete jurisdiction over the electrical requirements and installations.
- All electrical equipment and wiring used must conform to Electrical Safety Authority Standards and must be CSA approved - You must provide your own power bar.
- The use of power other than that provided by the site project manager or the use of power in excess of that which is contracted is strictly forbidden.
- If vendor has a food truck that requires generator powered electricity, it must be approved by site manager for emissions and noise.
- The booth will be inspected prior to opening and any electrical equipment that has not been pre-approved will be removed - CSA Approved only - no U/I designated equipment allowed.
- Additional information regarding power requirements on Page 8.

NOTE: All participants will be provided ONE POWER LINE. You will be charged \$100.00 for each additional power line (Written request required)

Porcupine Health Unit

- All exhibitors must be in compliance with all health regulations as provided by the Porcupine Health Unit (Package attached).

Vendor Staff

N.B. – This is a non-gated/no admission event. Therefore the vendor may have as many staff as required.

FOOD VENDOR CONTRACT

Fire Marshall/Department Requirements

No flammable compressed gas source (i.e. propane) is permitted under a tent to cook at any time.

- If a vendor wants to cook inside their tent they can use electric fryers, electric plates/warmers, etc. Exception: Little candle flames (sternos) one would see as a food warmer at a banquet hall. (Fire inspector discretion).
 - All cooking with a flammable compressed gas must occur a minimum of 10 feet away from any tent.
 - There must be a minimum of one 2 x 10 pound ABC fire extinguishers at each vendor location. Where BBQs are used, a minimum of one 2 x 10 pound ABC fire extinguishers will be available at the BBQ cooking area, and 1 in the vendor area).
 - The extinguishers must also have a current year inspection tag on them. Fire extinguishers that have not been inspected in the calendar current year are not acceptable.
 - All spare propane cylinders must be secured in an upright position at all times and must be kept in a secured area away from all public access.
 - Cooking area must be secured from all public access.
- Please note that the Fire Department and the Electrical Safety Authority may inspect the set-up prior to operation or during operation.

Other Requirements

- Participants must supply their own cooking equipment. Please list all equipment on the Equipment form.
- Participants must supply own cooler or fridge, with lid to maintain cold foods at proper temperature.
- Grey water disposal is the responsibility of the vendor and must comply with the Porcupine Health Unit regulations.
- Participants must supply their own workers and or volunteers.
- Participants are responsible for the cleanup of their booth and its perimeter at all times. This includes supplying the required garbage bags, broom, etc.
- Mobile Food Service Equipment owners/operators must comply with the Technical Standards and Safety Act 2000 (TSSA). For further compliance standards and requirements please visit www.tssa.org.
- The GCKC&F believes in accessibility for all people under the Accessibility for Ontarians with Disabilities Act, 2005 (the AODA). Under this Act it is mandatory for complete compliance in meeting all requirements and providing Accessible Customer Service.
- To find out specific requirements under the standard and how to meet them, we invite you to visit www.ontario.ca/accession.

Insurance

We require proof of insurance for all Food Vendors. A certificate of insurance adding The Great Canadian Kayak Challenge & Festival Steering Committee AND the Corporation of the City of Timmins AND the Mattagami Region Conservation Authority as additional insured on your policy must be submitted to the event host prior to set up.

A COPY OF THE CERTIFICATE OF INSURANCE IS REQUIRED PRIOR TO SET-UP.

All Food Vendors must have a minimum of \$2,000,000 liability insurance. It is also recommended that you have fire & theft insurance as well.

Note: \$2,000,000 minimum liability coverage is required

THE VENDOR APPLICANT AGREES TO THE FOLLOWING:

To indemnify and save harmless the GCKC&F, the Corporation of the City of Timmins and the Mattagami Region Conservation Authority, their servants and agents, from and against all loss, costs, actions, charges



or damages which it may suffer or be put to and from and against all claims or actions which may be made or brought against them, arising from the GCKC&F event or from any non-compliance with or violation of the terms of this agreement and all schedules to it.

This will confirm that I have read, understand and accept the terms and conditions as outlined, pages 1 through 8 inclusively of the "FOOD VENDOR APPLICATION FORM"

Exhibitor or Organization	Date
GCKC&F Representative	Date

FOOD VENDOR FEE SCHEDULE

1a) PARTICIPATION FEE: Applications received before July 13 2018 \$500

1b) PARTICIPATION FEE: Applications received after July 13 2018 \$700

- One 10ft x 20ft space
- Includes 1 x 110v power line.
- 1 VIP Parking Pass

Additional power @ \$100 / additional lines # of additional power lines ____ x \$100 ea = \$ ____

TOTAL AMOUNT DUE
(Payable to the City of Timmins)

\$

Account # 01-1-101031-0884

Visa Mastercard Cheque Money Order Balance Due \$ _____

Credit Card # _____ 3 digit security code _____ Expiry Date _____

Signature _____ Date: _____

If applicable, send refund to:

Name _____

Address _____ City _____ Postal Code _____

Note: If Vendor cancels after July 31, 2018 deposit fee paid to the GCKC&F will be forfeited

Office Use Only

Payment Received By: _____

Amount Received: _____ Balance Due: _____

Receipt Issued? Yes No

FOOD CONTRACT:

Participating organization/ group/business name: _____

List items you wish to sell in order of preference

All prices must be in dollar increments.

FOOD & BEVERAGE ITEMS

1

2

3

4

ALL FOOD CONTRACTS MUST BE SUBMITTED AT TIME OF REGISTRATION DEADLINE

The GCKC&F aims to ensure a variety of food items are offered but doesn't guarantee exclusivity of any particular items.

Will food be prepared at site?

If no, where will food be prepared:

Signature:

Date:

Print Name:

Contact #:

**THIS FORM WILL BE SUBMITTED TO THE PORCUPINE HEALTH UNIT
ALONG WITH THE PHU FORM ATTACHED WHICH YOU ARE TO COMPLETE.**

EQUIPMENT FORM

All exhibitors are required to complete the following form, and submit it with their completed application form.

COOKING EQUIPMENT

Equipment allowed on premises:

- Vendor food trailer for purpose of cooking and sales.
- Propane barbeques. (All tanks must be chained down. All vendors must barbeque outside of their tent in designated area)
- Steam tables
- Crock pots, slow cookers, electric frying pans
- Hot Plates
- Plastic ware,(e.g. tupperware)Metal utensils allowed
- Microwave, blenders
- Small bar fridge only
- Small appliances only

Equipment not allowed:

- No glassware on site. (Plastic or metal ONLY!)
- Stoves
- NO passenger vehicles.

EQUIPMENT LIST

Type of	QTY	Propane	Electrical
			Voltage: Watts: Type of Plug:
			Voltage: Watts: Type of Plug:
			Voltage: Watts: Type of Plug:
			Voltage: Watts: Type of Plug:

CSA Approved equipment only - no U.L. equipment ALLOWED

This list will determine how many power lines you will need

YOU WILL NOT BE ALLOWED TO BRING ANY COOKING EQUIPMENT NOT LISTED ON THIS FORM - PLEASE READ "DETERMINING PROPER POWER REQUIREMENTS" INFORMATION

The Number of power lines that I require to operate my booth safely is ___

Signature

Date

Print Name

Exhibitor Name

Please provide diagram of set-up and location of equipment. Attach photo if available.

FOOD VENDOR APPLICATION CHECKLIST		
Use this checklist to verify that you have included information that is needed by the GCKC&F as well as your own organization to better plan for the Great Canadian Kayak Challenge & Festival.		
ALL GUIDELINES AND REGULATIONS FROM THE BOARD OF HEALTH, ELECTIRCAL SAFETY AUTHORITY AND THE FIRE DEPARTMENT MUST BE OBSERVED!	Yes	No
Page 2 Have you included complete and accurate information: name of vendor? Please include cell phone numbers and email addresses where applicable.		
Page 5 Please sign, print and date the "Food vendor Contract"		
Page 5 Have you included complete and accurate information on the "Fee Schedule" form? Is payment enclosed, dated and signed by authorizing individual(s)?		
Page 6 Have you included complete and accurate information on the "Food Contract" page? Please sign, print and date.		
Page 7 Have you included complete and accurate information on the "Equipment Form" page? Please sign, print and date.		
Page 8 Did you include a diagram of booth and equipment location?		
Page 8 I have determined the power requirements for my booth and have included all electrical information with this application.		
<input type="checkbox"/> The food selected should be representative as submitted by the booth. <input type="checkbox"/> Food vendors are required to adhere to the foods listed on the application form. <input type="checkbox"/> Overnight camping is available at the festival site. You must contact the Great Canadian Kayak Challenge & Festival to arrange. Space is limited. First come, first served. <input type="checkbox"/> All vendors are to tie and place their garbage bags at the back of their tent for pick up <input type="checkbox"/> Courteous at all times. <input type="checkbox"/> Participants are not allowed to sell or bring any alcoholic beverages on site.		
<p style="text-align: center;">Thank you for your co-operation.</p> <p>Please return this form no later than Aug 10 12 noon to The Great Canadian Kayak Challenge & Festival c/o Guy Lamarche, 220 Algonquin Blvd. East, Timmins, ON, P4N 3B7 (705) 360-2404 , guy.lamarche@timmins.ca</p>		



Porcupine Health Unit - Public Health Inspection Services
SPECIAL EVENT PERMIT APPLICATION FORM

This application must be submitted no later than 15 days prior to any event. Completed and signed forms can be dropped off or faxed to any Porcupine Health Unit office or emailed to inspections@porcupinehu.on.ca. If you require assistance, please call the Inspection Department at (705)267-1181 (1-800-461-1818).

EVENT INFORMATION

NAME OF EVENT:	
DATE(S) OF EVENT:	HOURS OF OPERATION:
LOCATION OF EVENT:	

CONCESSION OPERATOR INFORMATION

NAME OF APPLICANT:			
STREET AND MAILING ADDRESS: CITY/TOWN:		POSTAL CODE:	
TELEPHONE:	HOME:	WORK:	CELL:
EMAIL:		FAX:	
PERSON IN CHARGE OF FOOD HANDLING: <input type="checkbox"/> Same as above			
STREET AND MAILING ADDRESS: CITY/TOWN:		POSTAL CODE:	
TELEPHONE:	HOME:	WORK:	CELL:
EMAIL:		FAX:	
IS THE FOOD BOOTH RUN BY ONE OF THE FOLLOWING GROUPS? <input type="checkbox"/> Religious organization <input type="checkbox"/> Fraternal organization <input type="checkbox"/> Service club			
WILL YOU BE CLAIMING AN EXEMPTION FROM THE FOOD PREMISES REGULATION AT THIS EVENT? <input type="checkbox"/> Yes <input type="checkbox"/> No			

FOOD SERVICE

VENDOR SET-UP: <input type="checkbox"/> Temporary Food Booth <input type="checkbox"/> Street Food Vending Cart <input type="checkbox"/> Mobile Premise <input type="checkbox"/> Indoor Facility	
LOCATION OF FOOD PREPARATION: <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	
<input type="checkbox"/> IF ON SITE NUMBER OF FOODHANDLERS EXPECTED TO WORK AT YOUR BOOTH: NUMBER OF CERTIFIED FOOD HANDLERS: DESIGNATED SUPPORT PERSON: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A DESIGNATED MONEY HANDLER: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> IF OFF SITE NAME OF PREMISE: TYPE OF PREMISE (i.e., restaurant, church kitchen, community centre, etc.): ADDRESS: PHONE NUMBER:
WHERE WILL THE FOOD BE PURCHASED OR SUPPLIED* FROM?	
NAME:	ADDRESS:

*Attach separate sheet of paper if more space is required for food suppliers.

1998.06 Revised 2017.04.12 C:\MyDocuments\FORMS\Special Event Application Notification.doc-mbz



MENU

MENU ITEM*	TYPE OF FOOD PREPARATION (E.G., GRILLING, FRYING, BBQ, ETC.)	FOOD PRECOOKED		FOOD COOKED ONSITE			FOOD STORAGE ONSITE	
		YES	NO	YES	NO	REHEATING	HOT 60°C (140°F) OR HOTTER	COLD 4°C (40°F) OR COLDER
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Attach separate sheet of paper if more space is required for menu items.

FOOD STORAGE/TRANSPORTATION

HOW WILL HAZARDOUS FOOD BE TRANSPORTED TO THE EVENT? Refrigerated truck
 Insulated containers with ice Thermal containers Other (Please specify: _____)

WHAT METHOD(S) WILL BE USED TO MAINTAIN COLD FOODS AT 4°C (40°F) OR COLDER DURING THE EVENT? Not required Refrigerated truck Mechanical refrigeration Insulated containers with ice
 Other (Please specify: _____)

WHAT METHOD(S) WILL BE USED TO MAINTAIN HOT FOODS AT 60°C (140°F) OR HOTTER DURING THE EVENT? Not required Sterno/chaffing dish BBQ/grill Propane stove Crock pot Hot plate
 Oven Steam table/unit Other (Please specify: _____)

WHAT METHOD(S) WILL BE USED TO REHEAT FOOD PRIOR TO SERVICE?
 Not required Microwave oven Stove top Oven Grill/BBQ Deep fryer
 Other (Please specify: _____)

DO YOU HAVE A PROBE THERMOMETER TO CHECK THE INTERNAL TEMPERATURES OF FOOD DURING THE EVENT? Yes No N/A

DO YOU HAVE ACCURATE INDICATING THERMOMETER(S) TO CHECK TEMPERATURE CONTROL UNITS? Yes No N/A

HOW WILL FOODS INCLUDING CONDIMENTS BE PROTECTED FROM CONTAMINATION DURING THE EVENT?
 Food grade wrap Lids Pre-packaged condiments Sneeze guard/shield
 Enclosed cabinet/container Other (Please specify: _____)

DO YOU HAVE RE-SUPPLY METHOD FOR ICE DURING THE EVENT? Yes No N/A

SEPARATE HANDWASHING BASIN

IS THERE A SEPARATE HANDWASHING BASIN WITH HOT AND COLD OR WARM RUNNING WATER PROVIDED IN THE FOOD HANDLING/FOOD PREPARATION AREA? HOW MANY HANDWASHING SINKS ARE PROVIDED?
 Yes – Fixed sink Yes – Portable sink Yes – Temporary sink How many sinks provided? (_____)
 No (Please explain: _____)

DO YOU HAVE A SUPPLY OF LIQUID SOAP AND PAPER TOWELS PROVIDED FOR THE HANDWASHING SINK(S)? Yes No (Please explain: _____)

UTENSIL WASHING

WHAT TYPE OF SINK IS PROVIDED FOR UTENSIL WASHING? Two-compartment sink
 Three-compartment sink None (Please explain: _____)

WHAT TYPE OF SANITIZER IS USED FOR SANITIZING UTENSILS?
 Bleach Other (Please explain: _____)

TEST STRIPS PROVIDED FOR SANITIZER? Yes No N/A

POTABLE WATER SOURCE

Municipal supply Commercially bottled Hauled municipal water (Name/phone number of water hauler: _____)

WASTE WATER AND GARBAGE DISPOSAL

METHOD OF WASTE WATER/SEWAGE DISPOSAL:
 Holding tank Other (Please specify: _____)

NUMBER OF GARBAGE RECEPTACLES IN FOOD PREPARATION AREA: _____

I have reviewed the *Special Events Operating Guidelines*. I understand the requirements for food vendors at special events and have provided the information to all food handlers.

PRINT: _____

SIGN: _____

DATE: _____

THE FOLLOWING CONDITIONS/RECOMMENDATIONS ARE TO BE COMPLETED BEFORE THE EVENT IS ALLOWED TO COMMENCE:

INSPECTOR: _____

DATE SIGNED: _____

FOR OFFICE USE ONLY

O. Reg 562
 Created/entered in Hedgehog as Special Event Vendor.
 If exempted, provided appropriate signage.
 Provided special event permit.

This application is: APPROVED NOT APPROVED

Main Office

Timmins
 169 Pine St. South
 P.O. Bag 2012
 P4N 8B7

 (705)267-1181 or
 Fax. (705)264-3980

1-800-461-1818

www.porcupinehu.on.ca

Branch Offices

Cochrane
 Minto Centre
 P.O. Box 550
 POL 1G0
 (705)272-3394
 Fax. (705)272-4996

Hearst
 Medical Centre
 P.O. Box 2470
 POL 1N0
 (705)362-7808
 Fax. (705)362-7462

Homepayne
 247 Third Avenue
 P.O. Box 127
 POM 1Z0
 (807)868-2091
 Fax. (807)868-2225

Iroquois Falls
 58A Anson Drive
 P.O. Box 575
 POK 1G0
 (705)258-2247
 Fax. (705)258-2249

Kapuskasing
 4 Ash St.
 PSN 2C8
 (705)335-6101
 Fax. (705)337-1895

Matheson
 Bingham Memorial
 Hospital
 P.O. Box 490
 POK 1N0
 (705)273-2954
 Fax. (705)273-2522

Smooth Rock Falls
 141 Fifth St.
 P.O. Box 388
 POL 2B0
 (705)338-2654
 Fax. (705)338-2250

Moosonee
 38 Revillon Rd
 P.O. Box 730
 POL 1Y0
 (705)336-2294
 Fax. (705)336-2919

DISPONIBLE EN FRANÇAIS

