

# THE GREAT CANADIAN KAYAK CHALLENGE AND FESTIVAL

2019

FOOD VENDOR APPLICATION FORM



**THE GREAT CANADIAN KAYAK CHALLENGE AND FESTIVAL  
2019 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 full payment.** Payments can be made by cheque, money order or credit card. 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 <a href="https://maps.google.ca/maps?q=Mattagami+Participark&amp;ie=UTF-8&amp;ei=UI7iUoTMFunR2wXJi4DYAw&amp;ved=0CAkQ_AUoAQ">https://maps.google.ca/maps?q=Mattagami+Participark&amp;ie=UTF-8&amp;ei=UI7iUoTMFunR2wXJi4DYAw&amp;ved=0CAkQ_AUoAQ</a>	Friday August 23rd , 2019 Gates Open at 4pm. to 2am. Saturday August 24th, 2019 Gates Open at 8 a.m. to 2 a.m. Sunday August 25th, 2019 Gates Open at 9 a.m. to 6 p.m.

**All Food Vendors must be open for business from opening of each day to 1 am minimum.**

**Set Up Times**

All food stations must be operational by 4 pm on Friday, August 23<sup>rd</sup>, 2019  
 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 full payment. If vendor cancels after July 21<sup>st</sup>, 2019 a refund less \$100 admin fee will be issued. In the event that Vendor Application is not accepted by committee, moneys paid will be refunded in full. Payment does not guarantee the right to participate in the 2019 Great Canadian Kayak Challenge & Festival. **Deadline to apply August 09 2019 @ 12 noon**
- **Exclusivity not guaranteed.** Only the primary food & beverage service provider approved by the Steering Committee 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.**



# Space is limited. First come, first served!

## FOOD VENDOR INFORMATION FORM

### Included in Your Price

#### **Venue Map Located at:**

[www.thegreatcanadiankayakchallenge.com/kayak-events/great-canadian-kayak-challenge/course-maps](http://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 – 1<sup>st</sup> come 1<sup>st</sup> 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. Please note - YOU MUST INDICATE THE ELECTRICAL INFORMATION OR YOU WILL NOT BE PROVIDED AN OUTLET. THERE IS A MINIMUM NUMBER OF OUTLETS AVAILABLE. FIRST COME, FIRST SERVED.

**NOTE: If you require additional powerlines, you will be charged \$100.00 + HST for each additional power line (Written request required)**

### Vendor Staff

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

### Porcupine Health Unit

All exhibitors must be in compliance with regulations as provided by the Porcupine Health Unit .

# FOOD VENDOR CONTRACT

## Fire Marshall Department / TSSA 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, TSSA 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](http://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](http://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 \$5,000,000 liability insurance. It is also recommended that you



have fire & theft insurance as well.

**Note: \$5,000,000 minimum liability coverage is required**

THE VENDOR APPLICANT AGREES TO THE FOLLOWING:

To indemnify and save harmless the Great Canadian Kayak Challenge & Festival Steering Committee, 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 12 2019 \$500 + HST**

**1b) PARTICIPATION FEE: Applications received after July 12 2019 \$700 + HST**

- One 10ft x 30ft space
- Includes 1 x 110v power line.
- 1 VIP Parking Pass

Additional power @ \$100 +HST / additional lines # of additional power lines \_\_\_\_ x \$100+ HST ea = \$\_\_\_\_\_

TOTAL AMOUNT DUE (Payable to the City of Timmins)	\$ _____
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**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 \_\_\_\_\_

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

**YOU MUST INDICATE THE ELECTRICAL INFORMATION OR YOU WILL NOT BE PROVIDED AN OUTLET. THERE IS A MINIMUM NUMBER OF OUTLETS AVAILABLE. FIRST COME, FIRST SERVED.**

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.



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](mailto: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"/> <b>IF ON SITE</b> 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"/> <b>IF OFF SITE</b> 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.





**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

<p><u>Main Office</u></p> <p><input type="checkbox"/> Timmins 169 Pine St. South P.O. Bag 2012 P4N 8B7  (705)267-1181 or Fax. (705)264-3980</p>	<p><u>Branch Offices</u></p> <p><input type="checkbox"/> Cochrane Minto Centre P.O. Box 550 P0L 1C0 (705)272-3394 Fax. (705)272-4996</p> <p><input type="checkbox"/> Hearst Medical Centre P.O. Box 2470 P0L 1N0 (705)362-7808 Fax. (705)362-7462</p>	<p><input type="checkbox"/> Homepayne 247 Third Avenue P.O. Box 127 P0M 1Z0 (807)868-2091 Fax. (807)868-2225</p> <p><input type="checkbox"/> Iroquois Falls 58A Anson Drive P.O. Box 575 P0K 1G0 (705)258-2247 Fax. (705)258-2249</p>	<p><input type="checkbox"/> Kapuskasing 4 Ash St. P5N 2C8 (705)335-6101 Fax. (705)337-1895</p> <p><input type="checkbox"/> Matheson Bingham Memorial Hospital P.O. Box 490 P0K 1N0 (705)273-2954 Fax. (705)273-2522</p>	<p><input type="checkbox"/> Smooth Rock Falls 141 Fifth St. P.O. Box 388 P0L 2B0 (705)338-2654 Fax. (705)338-2250</p> <p><input type="checkbox"/> Moosonee 38 Revillon Rd P.O. Box 730 P0L 1Y0 (705)336-2294 Fax. (705)336-2919</p>
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**1-800-461-1818**  
**www.porcupinehu.on.ca**

**DISPONIBLE EN FRANÇAIS**

