

Form: Farmers' Market Organizer

Organizing a market

Submit completed form
30 days prior to market
opening by fax, email,
mail or drop off

- 1 Purpose**
- At the start of each season, Huron Perth Public Health (HPPH) is required to assess all farmers' markets within our jurisdiction to determine if they are exempt under section 2(2)(c) of Ontario Regulation 493/17: Food Premises. HPPH determines if a market meets the exemption requirement.

Market information

- 2**
- Market name _____ Address (911) _____
- City or town _____ Province _____ Postal code _____
- Operate: Year round Seasonal Open date _____ End date _____
- Days of operation: Mon Tues Wed Thurs Fri Sat Sun
- Opening time _____ a.m. p.m. Closing time _____ a.m. p.m.

Organizer information

- 3**
- First name _____ Last name _____
- Phone _____ Email _____
- Address (911) _____
- City or town _____ Province _____ Postal code _____

Vendor information

Submit a list of all food
and non-food vendors

Direct food vendors to
submit completed form*
14 days prior to market

- 4 Vendor list**
- In separate documents for food and non-food vendors, provide the following:
- Name of vendor
 - Phone
 - Email
 - Product(s) sold
- Name the documents:
- [Farmers' Market name] – Food vendor list
- [Farmers' Market name] – Non-food vendor list
- *Farmers' Market Food Vendor form available at www.hp-ph.ca/FarmersMarkets

Smoke-free Ontario Act, 2018

Request free signs at
tobacco@hp-ph.ca

- 5**
- The *Smoke-Free Ontario Act, 2018* prohibits smoking and vaping in several areas that may affect your market. Smoking/vaping is prohibited on all patios, which are considered to be any areas where food and drinks are served and/or eaten. There are also prohibitions on smoking/vaping within 20 meters of any playgrounds and sporting areas.

Organizer sign off

**All sections of form
required**

- 6 I acknowledge** that I have read and understand the information provided in this form and that the information I have provided in this form is correct.
- Enter name and date here**
- Organizer name _____ Date (mm/dd/yyyy) _____

Personal information

- 7**
- 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 its applicable Regulations.