

# Calling All Craft & Gift Sale **VENDORS!**

**Deadline Extended!**  
Still accepting applications!

**WHEN:**

**Thursday, November 24**

9 a.m. to 4 p.m.

**York Region Administrative Centre**

17250 Yonge Street, Newmarket

The Regional Municipality of York and The York Regional Police are looking for vendors for its annual craft and gift sale in support of The United Way.

**Cost to participate: \$100 per table**

For more information and to register, call Diane Mei at 905-830-4444 ext. 5765

**THERE'S A HERO** in all of us.  
Helping **MY** Community, **MY** Way





July 11, 2011

Re: 17<sup>th</sup> Annual United Way Craft and Gift Sale

Dear Vendor:

York Region will be hosting the 17<sup>th</sup> Annual United Way Craft and Gift Sale on Thursday, November 24, 2011 from 9:30 a.m. to 3:30 p.m. at the York Region Administrative Centre, 17250 Yonge Street, Newmarket.

The United Way Craft and Gift sale will be advertised in local newspapers and York Region and York Regional Police websites. Flyers will also be posted on community bulletin boards.

- Display tables are **\$100.00** each with 100% of the proceeds going to the 2011 United Way Campaign
- Vendor Applications will be reviewed and selected by the committee. Please provide photos or links to websites that provide an overview of the products you intend to sell. Vendors selling commercial or manufactured items (Avon, Tupperware, etc.) will be considered after all craft vendors have been selected.
- The committee will make every attempt to limit duplication of products offered.
- If you intend to sell food products, please complete and return the enclosed Application for Special Events – Vendor Application Form.

If you wish to participate in this event, you must complete the attached Registration Form and the Release, Waiver and Indemnity Form. Please return all required forms with your payment, by **September 15<sup>th</sup>, 2011**. Posted-dated cheques will not be accepted. Registrants will be notified by email of the committee's decision.

For further information, please call Diane Mei at 905-830-4444, Ext. 5765. We look forward to seeing you at the craft sale on Thursday, November 24, 2011.

Sincerely,

Diane Mei  
2011 York Region United Way Craft Sale Coordinator  
905-830-4444, Ext. 5765  
[diane.mei@york.ca](mailto:diane.mei@york.ca)

Enclosures



**RELEASE, WAIVER and INDEMNITY FORM**  
**FOR INDIVIDUALS**

IN CONSIDERATION of permission being granted to allow me to enter and remain present for purposes of the **17<sup>th</sup> Annual United Way Craft and Gift Sale** on the land and the premises controlled by The Regional Municipality of York or its contractor known as:

**17250 Yonge Street, Newmarket, ON L3Y 6Z1**

(Location of Event)

I, for myself, my heirs, executors, administrators, successors, assigns and invitees, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE The Regional Municipality of York, its Chair, Councillors, officers, employees, contractors, OF AND FROM ALL claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property, HOWEVER CAUSED, arising or to arise by reason of this permission being granted.

I FURTHER HEREBY UNDERTAKE TO HOLD AND SAVE HARMLESS AND AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred arising as a result of, or in any way connected with the permission granted.

I ACKNOWLEDGE AND AGREE that I shall comply with any requirement and instructions issued by the Region's representative with respect to my conduct and attire while at **the United Way Craft and Gift Sale** (Description of Event) and that failure to comply may result in this permission being rescinded.

BY SIGNING THIS STATEMENT, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED to the above WAIVER, RELEASE AND INDEMNITY.

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
SIGNATURE:

\_\_\_\_\_  
NAME

Witnessed by: \_\_\_\_\_



The Regional Municipality of York  
**17<sup>TH</sup> Annual United Way Craft and Gift Sale**  
 Thursday, November 24, 2011  
 9:30 am-3:30pm  
 17250 Yonge Street, Newmarket, ON L3Y 6Z1,  
 York Region Administrative Centre  
**- Registration Form -**

\_\_\_\_\_  
 Name (First) Name (Last)


\_\_\_\_\_  
 Name of Company (if applicable)

\_\_\_\_\_  
 Address and/ (or Department if York Regional Employee) Postal Code

\_\_\_\_\_  
 Telephone (and Extension if applicable) email

\_\_\_\_\_  
 Brief Description of Item(s) Being Sold

\_\_\_\_\_  
 Website Address

Photos enclosed 

\_\_\_\_\_  
 Is an electrical outlet required?

**\*Special requests? Please note that every attempt will be made to accommodate, but cannot be guaranteed.**

Fee: \$100.00 per table. **Please make cheque payable to: The Regional Municipality of York**

All submissions **must be received** by September 15<sup>th</sup>. 2011. Applicants will be reviewed and selected by the committee. Payment must be received in full. Post-dated cheques will not be accepted.

Please return your application, with cheque to:

Diane Mei  
 The Regional Municipality of York,  
 Environmental Services Department  
 17250 Yonge Street, Newmarket, ON L3Y 6Z1



# Vendor Application Form for Special Events

Complete and return form to York Region Community and Health Services  
at least **10 days** before the start date of this event.

If you need help completing this form, call York Region Health Connection at **1-800-361-5653**

Office Fax Numbers – Georgina: 905-989-0237, Markham: 905-940-9872, Richmond Hill: 905-762-2091, Tannery: 905-836-8315

## Vendor Information

Vendor's Name:	Business Name (if applicable):
Address:	
City/town:	Postal Code:
Phone:	Fax:
Cell Phone:	Email Address:

## Event Information

Event Name: United Way Craft Sale	Event Location/Address: 17250 Yonge St, Newmarket, ON
Participation Start Date: November 24, 2011	Last Date of Participation: November 24, 2011
Days of operation (check all days that apply): <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input checked="" type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	Hours of Operation: 9:30 am - 3:30 pm

## Proposed Food Menu (if you need additional space to list all food and suppliers, attach a separate page)

Food Item(s) Offered to the Public	Name and Address of Source(s)/Supplier(s)	
	Name:	
	Address:	Phone:
	Name:	
	Address:	Phone:
	Name:	
	Address:	Phone:
	Name:	
	Address:	Phone:

## Food Safety Inventory

### Management and Employee Food Safety Knowledge

Will a certified food handler be on-site each day that you are participating in this special event?  Yes  No

If yes, how many certified food handlers will be present:

<b>Cold Holding</b>	<input type="checkbox"/> Refrigerator (4C or lower)	<input type="checkbox"/> An insulated cooler with ice (4C or lower)
How do you intend to keep food cold?	<input type="checkbox"/> Chest freezer (-18C or lower)	<input type="checkbox"/> Other (specify):
<b>Hot Holding</b>	<input type="checkbox"/> Steam table	<input type="checkbox"/> BBQ/Grill
How do you intend to keep food hot?	<input type="checkbox"/> Chafing dishes	<input type="checkbox"/> Other (specify):

**Food Preparation** – indicate the type of preparation that will be done at the event:

## Food Handling and Storage

What type of equipment will you have on-site to handle and store food? (check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Handwashing station                    | <input type="checkbox"/> Liquid soap with paper towels | <input type="checkbox"/> Two compartment dishwashing station      |
| <input type="checkbox"/> Sanitizing solution                    | <input type="checkbox"/> Hairnets/hats                 | <input type="checkbox"/> Probe thermometers                       |
| <input type="checkbox"/> Thermometers for coolers/refrigerators |  | <input type="checkbox"/> Serving utensils – specify total number: |
| <input type="checkbox"/> Other (specify):                       |  | <input type="checkbox"/> Cooking utensils – specify total number: |

## Equipment Layout for Booth – This section must be completed

Provide an equipment layout for your booth at the special event. The layout can be hand drawn in the space below or attached to this application.

Please take the following into consideration:

- At a minimum, temporary handwashing stations must consist of an insulated container with a spigot that provides a continuous flow of running water, liquid soap, paper towels and a bucket to collect waste water. The temporary handwashing station must be set up on an elevated surface (i.e., table).
- Hand sanitizers do not replace the requirement for handwashing stations.

## Comments

Site:	Public Health Inspector's Signature	Vendor's Signature

### NOTICE OF COLLECTION

Personal information requested by staff is collected under the authority of the *Health Protection and Promotion Act* and will be used to provide statistical data to the Ministry of Health and Long Term Care.