

APPLICATION TO OPERATE A TEMPORARY FOOD SERVICE

Environmental Public Health

Please complete this application and fax, mail or email to the Environmental Health Officer AT LEAST 14 DAYS PRIOR TO EVENT DATE. Incomplete or late applications may not be processed. If you have any questions, please refer to Temporary Foodservices Guideline or contact your local [Environmental Health Officer](#).

Your Food Facility Name _____

Have you operated a temporary food service within the Interior Health area before? Yes No

If yes under what name? _____

Do you have an existing, valid Permit to Operate from a health authority? Yes No

If yes, which health authority? _____

Legal Company's Name: (refers to the legal company or business, not the owner's given name)

Operator _____

Mailing Street Address _____

City _____ Postal Code _____

Day Phone _____ Cell _____ Evening _____

Fax _____ Email _____

Name of Event _____

Event Organizer _____

Phone Number(s) _____

Location Name _____

Street Address _____

City _____ Postal Code _____

Describe what services are to be provided _____

Water supply _____

Wastewater collection / disposal _____

Power supply _____

Other (e.g. garbage pickup) _____

For additional items, list on a separate sheet and attach.

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EVENT (14 days or less / year only):					
Date	Start Time <i>(example: 10:30 am)</i>	End Time <i>(example: 7:30 pm)</i>	Date	Start Time <i>(example: 10:30 am)</i>	End Time <i>(example: 7:30 pm)</i>

MENU: Item	Location of Preparation	Supplier Name and Contact Info or Place of Purchase

OPERATIONAL INFORMATION

How will cold foods be kept below 4°C (40°F)? How will you monitor this temperature?

How will food be protected and kept hot / cold while being transported?

How will cooking and serving utensils be washed and sanitized?

How will hot foods be kept above 60°C (140°F)? How will you monitor this temperature?

What hand washing facilities will you be providing at the booth? How will you generate hot water?

Names of FOODSAFE certified food handlers who will be on site (attach a copy of the certificate or wallet card)

CHECKLIST - Have you provided the following?

- All of the above information Food Safety Plan Copies of FOODSAFE certificates Sanitation Plan
- Layout of booth (A sketch or photograph showing the location of all equipment, tables, counters, sanitary facilities, food storage and other relevant features). Not applicable if food is prepared and served from an approved kitchen.

I certify the information enclosed to be true and accurate to the best of my knowledge. I understand that providing safe food to the public is my responsibility and will follow all requirements to provide safe food to the best of my ability.		
Date (dd/mm/yyyy) / /	Owner / Operator Name	Owner / Operator Signature

For additional items, list on a separate sheet and attach.