



Please complete this application and fax, mail or email to the Environmental Health Officer
AT LEAST 14 DAYS PRIOR TO VENUE 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	Name of Event
Have you operated a temporary food service within the Interior Health area before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes under what name?	Event Organizer
	Phone Number(s)
Do you have an existing, valid Permit to Operate from a health authority? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which health authority?	Location and Address of Event
Legal Company's Name: <i>(refers to the legal company or business, not the owner's given name)</i>	Dates & Times of Event From _____ To _____
Operator	Describe what services are to be provided Water supply Water collection/disposal Power supply Other (eg garbage pickup)
Mailing Address	
Contact Numbers	
Daytime	
Cell Evening _____ Fax _____ Email	

Menu Items	Location of Preparation	Supplier Name & Contact Info or Place of Purchase

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

Trans Fats Information

documentation about trans fats must be kept onsite and provided upon request

List all oils and spreadable margarines	From the Nutrition Facts Table for the Product	
	Trans Fat Content (grams)	Total Fat Content (grams)
List all other foods whose ingredient list includes the word “hydrogenated”, “partially hydrogenated”, “margarine” or “shortening”.		
	Trans Fat Content (grams)	Total Fat Content (grams)

Operational Information - *for additional items or more detailed information, list on a separate sheet and attach*

How will cold foods be kept below 4°C (40°F)? How will you monitor this temperature?	How will hot foods be kept above 60°C (140°F)? How will you monitor this temperature?
How will food be protected and kept hot/cold while being transported?	What hand washing facilities will you be providing at the booth? How will you generate hot water?
How will cooking and serving utensils be washed and sanitized?	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
- 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.*
- Copies of FOODSAFE certificates
- Sanitation Plan

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.

Signature of Owner/Operator	Date
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Environmental Health Officer Section

Type of temporary food service: Type 1 (low risk) Type 2 (higher risk) *(see HPE9020 Temporary Food Services Guidelines)*

Issue Permit: Yes No Not applicable EHO Signature:

Conditions: