



calgary health region

**Southeast Community Portfolio
Centre 15**

Environmental Health
1509 Centre Street SW
Calgary, Alberta T2G 2E6
Phone: (403) 943-8095
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PERMISSION TO USE AN APPROVED FOOD ESTABLISHMENT

Date:

TO: Calgary Health Region, Southeast Community Portfolio, Environmental Health

FROM: _____
(Owner's Name)

(Food Establishment Name)

(Address)

(Phone Number)

Please be advised that _____
(Owner of Food Vending Vehicle/Caterer)

of _____
(Name of Food Vending Vehicle/Caterer)

has permission to use the above noted food establishment as a base of operation. He/she is permitted to use the facilities at this food establishment for the following:

- food preparation
- storage
- cleaning of equipment/utensils
- other: _____

During the following times:

Hours _____ (eg 8:00 am - 2:30 pm)

Day _____ (eg Monday - Friday)

Effective _____ (eg 4 June 05 - 30 Aug 06)

.....
(Signature of Owner of Base of Operation)

(A hand written form may be used in circumstances when it is inconvenient to use this Appendix. However, any other form received by Calgary Health Region must contain all of the information noted in this Appendix.)