

Applicant Information	Name of Organization		
	Mailing Address		
	City / Municipality	Province	Postal Code
	Name of Event Organizer		
	Phone ()	E-mail	Fax ()

Event	Name of Special Event		
	Event Address		
	Date(s) of Event (dd-mon-yy)	Time(s) of Event	Estimated # / Day

Services	# of Permanent Toilets	# Temporary Toilets	# Handwash Sinks
	Liquid Waste		
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> City Sewer	<input type="checkbox"/> Holding Tank
	Water Services		
<input type="checkbox"/> Other: _____	City/Town: _____	<input type="checkbox"/> Holding Tank	

Each temporary food Establishment must complete the Temporary Food Establishment (Vendor) Notification.

Food & Beverage Preparation	Name of Vendor	Contact Name	Telephone #	Foods & Beverages Prepared	Permitted Facility
			()		<input type="checkbox"/> Yes <input type="checkbox"/> No
			()		<input type="checkbox"/> Yes <input type="checkbox"/> No
			()		<input type="checkbox"/> Yes <input type="checkbox"/> No
			()		<input type="checkbox"/> Yes <input type="checkbox"/> No
			()		<input type="checkbox"/> Yes <input type="checkbox"/> No
			()		<input type="checkbox"/> Yes <input type="checkbox"/> No

Food & Beverages Preparation continued on page three: Yes No

Please use this space to draw a site map. Photographs may also be submitted.

I certify that the information is to the best of my knowledge true and correct.

Signature _____

Date: _____

For Office Use Only

Reviewed by: _____

Date: _____

Food & Beverage Preparation	Name of Vendor	Contact Name	Telephone #	Foods & Beverages Prepared	Permitted Facility
			()		<input type="checkbox"/> Yes <input type="checkbox"/> No
			()		<input type="checkbox"/> Yes <input type="checkbox"/> No
			()		<input type="checkbox"/> Yes <input type="checkbox"/> No
			()		<input type="checkbox"/> Yes <input type="checkbox"/> No
			()		<input type="checkbox"/> Yes <input type="checkbox"/> No
			()		<input type="checkbox"/> Yes <input type="checkbox"/> No
			()		<input type="checkbox"/> Yes <input type="checkbox"/> No
			()		<input type="checkbox"/> Yes <input type="checkbox"/> No
			()		<input type="checkbox"/> Yes <input type="checkbox"/> No
			()		<input type="checkbox"/> Yes <input type="checkbox"/> No
		()		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		()		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		()		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		()		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		()		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		()		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Applicant Information	Name of Organization		
	Mailing Address		
	City / Municipality	Province	Postal Code
	Name of Establishment Manager / Vendor		
	Phone ()	E-mail	Fax ()

Event	Name of Special Event		
	Event Address		
	Date(s) of Event (dd-mon-yy)	Time(s) of Event	Estimated # / Day

Food & Beverage Items	Please list all of the food and beverage items for sale.		

Location of Food Preparation	<input type="checkbox"/> Temporary Food Establishment Name of Establishment: _____ If <u>all</u> foods will be prepared in the temporary concession move to page two. If any foods will be prepared off site please continue fill out the information below.		
	<input type="checkbox"/> Permitted Food Establishment		
	Name of Food Establishment		Facility Number
	Address of Food Establishment		
	City / Municipality	Province	Postal Code

Temporary Event Notification

Services	Services Provided By:	<input type="checkbox"/> Vendor	<input type="checkbox"/> Event Organizer	
	Solid Waste Disposal	<input type="checkbox"/> Garbage containers	<input type="checkbox"/> Other _____	
	Liquid Waste Disposal	<input type="checkbox"/> Municipal sewer (Direct connection) (city/town) _____	<input type="checkbox"/> Holding tank Disposal location _____	<input type="checkbox"/> Other _____
	Water Source & Equipment	<i>*All water containers & equipment (including water lines) must be food grade.</i>		
	<input type="checkbox"/> Municipal Water (Direct connection) (city/town) _____	<input type="checkbox"/> Holding tank Fill Location _____	<input type="checkbox"/> Other _____	
Power Supply	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas/Propane	<input type="checkbox"/> Other _____	

Temperature Control	Hot Holding Equipment	<input type="checkbox"/> Steam Tables How many: _____	<input type="checkbox"/> Stoves How many: _____	<input type="checkbox"/> Other _____
	Cold Holding Equipment	<input type="checkbox"/> Refrigeration How many: _____	<input type="checkbox"/> Ice-chests with ice	<input type="checkbox"/> Other _____
	Cooking Equipment	<input type="checkbox"/> Stoves How many: _____	<input type="checkbox"/> BBQ	<input type="checkbox"/> Other _____
	Transportation	<input type="checkbox"/> Ice-chests How many: _____	<input type="checkbox"/> Reefer Truck	<input type="checkbox"/> Other (Hot holding cabinet) _____

Sinks	Handwashing	<i>*All handwashing facilities must have warm running water, liquid soap and paper towels.</i>		
	<input type="checkbox"/> Temporary sink	<input type="checkbox"/> Plumbed sink	<input type="checkbox"/> Other _____	
	Dishwashing	<input type="checkbox"/> 2 sinks	<input type="checkbox"/> 3 sinks	<input type="checkbox"/> N/A _____

Structure	Event will be held:	<input type="checkbox"/> Inside	<input type="checkbox"/> Outside
	<input type="checkbox"/> Enclosed Tent	<input type="checkbox"/> Covered Booth	<input type="checkbox"/> Other
	<input type="checkbox"/> Covered Tent	<input type="checkbox"/> Open-top Booth	_____
	Describe the surface types/materials within the structure used during outdoor events. Floors: _____ Walls: _____ Counters: _____		

Temporary Event Notification

Do any food handlers have training in food sanitation and hygiene?

yes no

Please use this space to draw a diagram of the booth layout including all equipment for the event (cooking, dishwashing, handwashing, storage etc). Photographs may also be submitted.

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Signature _____

Date: _____

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Reviewed by: _____

Date: _____