

Applicant Information	Name of Vendor's Booth		
	Mailing Address		
	City / Municipality	Province	Postal Code
	Name of Establishment Manager / Vendor		
	Phone	E-mail	Fax

Event	Name of Special Event		
	Organizer Name		
	Phone	E-mail	Fax
	Date(s) that booth will operate	Times that booth will operate	

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

Location of Food Preparation	If all foods will be prepared in the temporary concession, move to Page 2. If any foods will be prepared off site, please fill out the information below.		
	Permitted Food Establishment Name of Food Establishment: _____ Address of Food Establishment: _____ City / Municipality Province Postal Code		

Temporary Event Notification

			Provided By
Services	Solid Waste Disposal <input type="checkbox"/> Garbage containers <input type="checkbox"/> Other _____	<input type="checkbox"/> Vendor <input type="checkbox"/> Event Organizer	
	Liquid Waste Disposal <input type="checkbox"/> Municipal sewer (Direct connection) (city/town) _____ <input type="checkbox"/> Holding tank <input type="checkbox"/> Other _____ Disposal location _____	<input type="checkbox"/> Vendor <input type="checkbox"/> Event Organizer	
	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 <input type="checkbox"/> Other _____ Fill Location _____	<input type="checkbox"/> Vendor <input type="checkbox"/> Event Organizer	
	Power Supply <input type="checkbox"/> Electric <input type="checkbox"/> Gas/Propane <input type="checkbox"/> Other _____	<input type="checkbox"/> Vendor <input type="checkbox"/> Event Organizer	
Temperature Control	Hot Holding Equipment <input type="checkbox"/> Steam Tables <input type="checkbox"/> Stoves <input type="checkbox"/> Other _____ How many: _____ How many: _____	<input type="checkbox"/> Vendor <input type="checkbox"/> Event Organizer	
	Cold Holding Equipment <input type="checkbox"/> Refrigeration <input type="checkbox"/> Ice-chests with ice <input type="checkbox"/> Other _____ How many: _____	<input type="checkbox"/> Vendor <input type="checkbox"/> Event Organizer	
	Cooking Equipment <input type="checkbox"/> Stoves <input type="checkbox"/> BBQ <input type="checkbox"/> Other _____ How many: _____	<input type="checkbox"/> Vendor <input type="checkbox"/> Event Organizer	
	Transportation <input type="checkbox"/> Ice-chests <input type="checkbox"/> Reefer Truck Other (Hot holding cabinet) _____ How many: _____	<input type="checkbox"/> Vendor <input type="checkbox"/> Event Organizer	
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 _____	<input type="checkbox"/> Vendor <input type="checkbox"/> Event Organizer	
	Dishwashing <input type="checkbox"/> 2 sinks <input type="checkbox"/> 3 sinks <input type="checkbox"/> N/A	<input type="checkbox"/> Vendor <input type="checkbox"/> Event Organizer	
Structure	Event will be held: Inside 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	<input type="checkbox"/> Vendor <input type="checkbox"/> Event Organizer	
	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.

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

Signature _____

Date: _____

For Office Use Only

Reviewed by: _____

Date: _____