

APPENDIX II

Temporary Food Service Event – Vendor Application Form

Event Information:

Name of Event:	
Event Location (Address):	
Event Date(s):	Time(s) of Operation:
Number of Days in Operation:	Expected Total Attendance:

Vendor Information:

Name of Food Booth:	
Operator /Business Name(s):	Contact Person:
Mailing Address:	Phone #: Fax #:
Email:	Cell #
Alternate Contact Person:	Cell #:
Alternate Contact Person:	Cell #:

Type of Facility:

<input type="checkbox"/> Food Booth/Tent <input type="checkbox"/> Hot Dog Cart <input type="checkbox"/> Mobile Catering Vehicle
Is the facility constructed with a roof? <input type="checkbox"/> Y <input type="checkbox"/> N flooring? <input type="checkbox"/> Y <input type="checkbox"/> N

Hand washing:

Describe your hand washing station: <input type="checkbox"/> Fixed sink with <input type="checkbox"/> hot running water <input type="checkbox"/> cold running water
<input type="checkbox"/> Portable sink with <input type="checkbox"/> hot running water <input type="checkbox"/> cold running water

20 litre container with a spigot with hot water cold water

Other (specify): _____

NOTE: Liquid soap in a dispenser and paper towels are also required.

Potable Water Source:

Municipal Well Commercially Bottled Other: _____

Hauled Municipal Water (provide hauler name & cell #) _____

Water lines: Food-grade material Y N Backflow devices provided: Y N

Identify ice source: _____

Waste Water and Garbage Disposal:

Method of waste water/sewer disposal: Municipal Waste water receptacle

Other (specify):

Number of garbage receptacles in food preparation area: _____

Food Menu:

Please list all types of foods that will be offered for sale and how/where they will be prepared.

Note: Please attach a separate sheet of paper if more space is required.

Menu Item	Describe Food Preparation (e.g. grilling, frying, BBQ, etc.)	Is Food Pre-cooked?	Is Food Cooked Onsite?	Is Food Storage On-Site?	Hot Holding On-site?	Cold Holding On-site?
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
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		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
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		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Food Preparation off Site:

If foods are being prepared off-site, please provide the following:

Name of Food Premises

#1: _____

Location of Food Premises:

Contact Person: _____ Phone Number #: _____

Name of Food Premises

#2: _____

Location of Food Premises:

Contact Person: _____ Phone Number #: _____

Name of Food Premises

#3: _____

Location of Food Premises:

Contact Person: _____ Phone Number #: _____

Foods:

Source of Foods: Wholesale Retail Grocery Store Meat shop/Slaughterhouse
Name/Location: _____
Name/Location: _____
Name/Location: _____

Food Storage and Transportation:

Where is food stored? _____

How will food be transported to the event? (please check all that apply)
 Refrigerated Truck Coolers with Ice Packs Insulated Thermal Unit
Other (specify): _____

How will food be kept cold at the event? (please check all that apply)
 Refrigerated Truck Mechanical Refrigeration Coolers with Ice Packs
Other (specify): _____

How will food be kept hot at the event? (please check all that apply)
 Steam Table Chafing Dish Enclosed Warming Unit Insulated Thermal Unit
Other (specify): _____

Utensil Washing:

Is there a three compartment sink for utensil washing? Y N
If no, explain: _____

What type of sanitizer will be used? Bleach & Water Quaternary Ammonia and Water
Other (explain): _____ **Are test strips available to test sanitizer?** Y N

Food Handlers:

Number of Food Handlers:	Number of Food Handlers with Training:
Names of Food handlers with Training:	

Power

Electricity available at booth: <input type="checkbox"/> Y <input type="checkbox"/> N	Back-up electricity available? <input type="checkbox"/> Y <input type="checkbox"/> N
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The information I have provided is complete and accurate to the best of my knowledge. I agree to comply with:

- the provisions of the Food Services in Temporary Settings Technical Guideline;
- *The Food Safety Regulations*; and
- any other instructions I receive from the Public Health Inspector.

I understand that:

- failure to operate in accordance with the above requirements may affect my ability to operate at a temporary food service event;
- I may not receive approval to operate if the application is incomplete or not submitted at least two weeks prior to the event; and
- I cannot operate without approval from the local health authority.

Date Applicant Name (please print) Applicant Signature

For health region use only:
