



Return completed form to your local Community Health Centre (CHC). If you have any questions, please contact a Public Health Inspector at a Community Health Centre near you.

Applicant Information	Name of Organization/Food Booth		
	Mailing Address (Street/Box Number)		
	City	Province	Postal Code
	Name of Concession Manager/Organizer		
Event	Phone (include area code)	Other Phone (include area code)	Fax (include area code)
	Name of Community Organization Function/Special Event		
	Event Address		
Food & Beverage Preparation	Date(s) of Event (dd-Mon-yyyy)	Time(s) of Event	Estimated # Attending per Day
	Location of Food Preparation <i>(if prepared off site)</i>	Name of Food Establishment	Facility Number
		Address of Food Establishment	
	Food/Beverage items being prepared/served		

The following information relates directly to on-site cooking and serving of food products:

Services	Water Services <i>(all water containers and equipment - including water lines - must be food grade)</i>	<input type="checkbox"/> Holding Tank <input type="checkbox"/> Bottled <input type="checkbox"/> City water (City/Town) _____ <input type="checkbox"/> Other _____
	Liquid Waste Disposal	<input type="checkbox"/> City Sewer <input type="checkbox"/> Holding Tank <input type="checkbox"/> Other _____
	Solid Waste Disposal	<input type="checkbox"/> Garbage Containers <input type="checkbox"/> Other _____
	Power Supply	<input type="checkbox"/> Electrical <input type="checkbox"/> Gas/Propane <input type="checkbox"/> Other _____

Appropriate thermometers must be on-site and used.

Food Protection/ Temperature Control	Hot Holding Equipment <i>(steam tables, stoves, etc)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description	Number
	Cold Holding Equipment <i>(refrigeration, ice chests with ice, etc)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description	
	Equipment Used for Cooking <i>(stoves, barbecues, microwave, etc)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description	
	Food Transportation Method <i>(ice chests, reefer trucks, etc)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description	

All handwashing facilities must be equipped with warm running water, liquid soap and paper towel.

Handwashing Facilities	Please check below the type of sinks that will be available for use on-site		
	<input type="checkbox"/> Hand wash station located at booth <input type="checkbox"/> Temporary hand wash station <input type="checkbox"/> Two (2) compartment sink or three basins <input type="checkbox"/> Other _____		
Dishwashing Facilities	Describe the method of washing equipment and utensils		
Structure <i>(outdoor events only)</i>	Check the type of structure used during outdoor event.	<input type="checkbox"/> Enclosed tent <input type="checkbox"/> Open tent <input type="checkbox"/> Open-top booth <input type="checkbox"/> Covered booth <input type="checkbox"/> Other _____	
	Describe the surface types within the structure used during outdoor event.	Floor surface	
		Wall surface	
Food Safety	Do any of the foodhandlers have training in food safitation and hygiene?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		



Use this space to draw a diagram of the setup of all equipment for the event (*cooking, dishwashing, handwashing, storage, etc*) Photographs may also be submitted.

By signing below I certify that the foregoing information is, to the best of my knowledge, true and correct.

Name (*please print*)

Signature

Date (*dd-Mon-yyyy*)