

APPLICATION FOR A TEMPORARY FOOD SERVICE ESTABLISHMENT

Health

EVENT

Name:	
Date From: To:	Opening Times:
Location/Site:	
Coordinator/Organizer:	Phone: Home _____ Work _____ Cellular _____ Pager _____

PERMIT APPLICANT

Name (Person in Charge):	
Address:	Phone: Home _____ Work _____
Email: Postal Code:	Cellular _____ Pager _____

ASSOCIATED FOOD SERVICE ESTABLISHMENT (if applicable):

Facility Number:	
DO YOU HAVE A MOBILE PERMIT? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes attach a copy with this application	

EQUIPMENT

Cooking:	Hot Holding:
Refrigeration:	Transport (Hot & Cold Holding):
Thermometer: Yes <input type="checkbox"/> No <input type="checkbox"/>	Thermometers (Metal Stem): Yes <input type="checkbox"/> No <input type="checkbox"/>
Uniforms/Hair Restraints:	Other:

BOOTH

Booth Name:	
Type:	Booth Number:
Floor:	Roof:
Handwash: <input type="checkbox"/> Piped Sink <input type="checkbox"/> Portable Container	Soap/Hand Drying Towels: _____
Drained to: <input type="checkbox"/> Sewer <input type="checkbox"/> Waste Receptacle	Refuse Container (Covered): Yes <input type="checkbox"/> No <input type="checkbox"/>

PROTECTION

Food Display: <input type="checkbox"/> Sneezeguard <input type="checkbox"/> Wrapped <input type="checkbox"/> Covered	Condiments: Covered Yes <input type="checkbox"/> No <input type="checkbox"/>
Single Service Utensils:	Straws: <input type="checkbox"/> Wrapped <input type="checkbox"/> Dispenser

A copy of the full menu **MUST** be submitted along with this application form. Any changes to the menu must be approved by the Public Health Inspector and approved menus will be strictly enforced.

COMMENTS: _____

Inspector: _____ (Signature) Applicant: _____ (Signature)

Date: _____