



Applicant Information	Vendor / Food Booth		Mobile Decal #
	Mailing Address		
	City / Municipality	Province	Postal Code
	Name of Contact person <input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> staff on site		
	Phone	E-mail	Fax

Event	Name of Special Event		
	Event Date(s)	Event address	
	Organizer's name	E-mail	Phone

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

Location of Food Preparation	<u>All</u> foods will be stored and prepared in the following kitchen.		
	If you are not the owner or manager of the following kitchen, please have the owner/manager completes a "Permission to Use" form.		
	Name of the permitted kitchen		
	Address	Owner/manager	
	City, Province	Phone	Email

Electricity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Provided by vendor <input type="checkbox"/> Provided by organizer
	City water hook up <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Water line/hose provided by vendor <input type="checkbox"/> Water line/hose provided by organizer
	City sewer hook up <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Water line/hose provided by vendor <input type="checkbox"/> Water line/hose provided by organizer

Temperature Control	Hot Holding Equipment on site	
	<input type="checkbox"/> Steam Tables <input type="checkbox"/> Stoves <input type="checkbox"/> Chafing dishes	<input type="checkbox"/> Stoves <input type="checkbox"/> BBQ grill
	<input type="checkbox"/> Crock Pots <input type="checkbox"/> Oven <input type="checkbox"/> Hot lamps	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Pizza-by-slice case <input type="checkbox"/> Electric hot holding cabinets	<input type="checkbox"/> Jamaican patty display oven
Cold Holding Equipment on site		
<input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Reefer truck <input type="checkbox"/> Ice-chests with ice <input type="checkbox"/> Other _____		
Cooking and re-heating Equipment on site		
<input type="checkbox"/> Stoves <input type="checkbox"/> BBQ grill <input type="checkbox"/> Microwave ovens <input type="checkbox"/> Griddles <input type="checkbox"/> Crock pots		
<input type="checkbox"/> Rice cooker <input type="checkbox"/> Other _____		
Transportation		
<input type="checkbox"/> Ice-chests with ice <input type="checkbox"/> Reefer Truck <input type="checkbox"/> Cambros <input type="checkbox"/> Other _____		

Sinks	Handwashing	
	<input type="checkbox"/> Temporary handwash station in the booth	
	<input type="checkbox"/> Plumbed sink in the booth	
	<input type="checkbox"/> hand sanitizer gel	
Dishwashing sinks		
Full access to kitchen sinks in the event building? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Portable 2-compartment sink:		
<input type="checkbox"/> In the booth <input type="checkbox"/> Shared among food vendors		
<input type="checkbox"/> Provided by vendor <input type="checkbox"/> Provided by organizer		
<input type="checkbox"/> Fresh water holding tank (tank size _____) <input type="checkbox"/> Waste tank (tank size _____)		
<input type="checkbox"/> Direct hook up to City water <input type="checkbox"/> Direct hook up to City sewer		
On site waste water holding tank emptying service <input type="checkbox"/> Yes <input type="checkbox"/> No _____		
<input type="checkbox"/> provided by vendor (How? _____)		
<input type="checkbox"/> provided by organizer (How? _____)		

Structure	This food station will be set up:	
	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	<input type="checkbox"/> Enclosed tent <input type="checkbox"/> Canopy (no walls) <input type="checkbox"/> Open (no structure) <input type="checkbox"/> Mobile unit
	<input type="checkbox"/> Cement floor <input type="checkbox"/> Pavement (road) <input type="checkbox"/> Carpet (not recommended)	<input type="checkbox"/> Grass (wet grass must have plastic or wood covers)
	Note: All events that lasting 3 days or longer must have smooth and washable floor.	

Does at least one food handler has Foodsafe Certificate? Yes No
Name _____ Certificate # _____ Issued by _____

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: _____

Email or fax you completed form to:

Sylvia.loo@albertahealthservices.ca or cal.contact.env.health@albertahealthservices.ca

403-943-8056 (fax)

<http://www.albertahealthservices.ca/4656.asp>

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.

SAMPLE

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

Signature _____ Date: _____

For Office Use Only

Reviewed by: _____ Date: _____

PERMISSION TO USE AN APPROVED FOOD ESTABLISHMENT

THIS FORM IS TO BE COMPLETED BY THE OWNER (OR MANAGER) OF THE APPROVED FOOD ESTABLISHMENT who is providing permission for the event applicant to use their facilities.

Owner of Approved Food Establishment	Owner's Name:	
	Establishment Name:	
	Address:	Phone:
	Email:	
	Permit number:	

I hereby declare that _____
(Event applicant's name)

of _____
(Name of Event Food Booth)

has permission to use the above noted food establishment as a base of operation. He/she is permitted to use the facilities at this food establishment for the following:

- food preparation
- food/utensil storage
- storage of mobile food cart
- cleaning of equipment/utensils
- other: _____

During the following times:

Hours _____ (e.g. 8:00 am - 2:30 pm)

Day _____ (e.g. Monday - Friday)

Effective _____ (e.g. 4 June 08 – 4 July 09)

(Signature of Owner of Base of Operation)

(Date)