Appendix IV - Application for Sale of Higher Risk Food at Temporary Food Markets

Application Date: Applic		Applicant:
Mailing Address: City/P		City/Postal Code
Phone (Day): Phone		Phone (Cell):
Fax #: E-mail		E-mail:
Applicant's Signature:		
Name of Market / Event:		Date(s) of Event:
Location of Market / Event:		Business Hours:to
	NOTE: If selling at multiple markets	- list all locations on separate page.
Market Manager:		Phone #:
Provide a complete list of your food products. List additional foods on separate page if more space needed		
Describe your packaging method by checking the applicable boxes as noted below. Plastic Wrap Bottle Pouch Vacu-packed Other Have you previously received a Letter of Acceptance or Confirmation for the foods intended to be sold: No Yes If yes, please provide a copy of the letter(s) with your application. For <u>EACH</u> food product intended to be sold at the temporary market, please include the following documents with your application form:		
	a list of ingredients	To be completed by EHO
	a brief description of the preparation and preservation method	Received by:
	a sample of your product label	Date:
	for each food item, indicate location of processing/packaging (e.g. commercial establishment including address)	Objection: ☐ Yes ☐ No If yes, attach reason(s).
	If you have done quality assurance testing of you products, please provide a copy of your most <u>reco</u> lab reports where applied:	Sign or mark with Health Authority stamp and return a copy of the reviewed application to the
	O Bacteriology or O pH or O A _w	applicant.

APPLICATION FORM IS DUE AT LEAST 30 DAYS PRIOR TO THE EVENT AND SENT TO YOUR LOCAL HEALTH AUTHORITY

NOTE – Applicants should plan for a 14-day processing turnaround time.

March 2016 14