



## **Temporary Food Premises Application**

Telephone Number (10 digit)

Review and complete all relevant parts of this form

Cell Phone Number (10 digit)

The personal information collected relates directly to and is necessary for program operation per Section 26 of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, contact your local Health Protection Office.

### Important things to remember

- Complete and submit this application to the local Health Protection Office at least 14 calendar days before the event.
- You may not serve food without an operating permit or written approval from the Environmental Health Officer.
- Complete this application only if you will be operating less than 14 days per year.
- You do not need to submit an application for a private event (i.e. wedding, family reunion).

### If you operate an approved mobile food premises within Fraser Health or Vancouver Coastal Health:

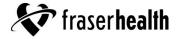
- Complete Part A and G of the application.
- Attach a copy of your permit or approval to this application.
- Submit the application to the local Environmental Health Officer.

### Part A

**Applicant Information** 

Name of Individual / Organization Operating Food Premises

,		,	( 0 /
Name of Food Premises	Fax Number (10 digit)		
Tunio di Totalios	Tax Number (10 digit)		
Mailing Address	Email Address		
•			
Street			
City	Province		Postal Code
Name of Applicant (if different than above)	Telephone Number (10 c	ligit)	Cell Phone Number (10 digit)
Name of Person in Charge on Day of Event			
Event Information – Note if you operate more than 14 days	per year contact your local	Environmen	tal Health Officer
Name of Event	Name of Event Coordinator (For event	s with more than	one food vendor)
Location of Event (e.g. Name of Park)			
Address			
Street	City	Province	Postal Code
Date(s) you will be operating	Hour(s) you will be operating		Expected Number of Patrons



**Temporary Food Premises Application** *Review and complete all relevant parts of this form* 

Part B								
Food Service – All applica	ants to complete this section							
All foods must meet t	be served at the event includ the 2% and 5% trans fat restri nined from a commercial food	ction	s. See <u>www</u>	nd condiments.  v.restricttransfat.				
Menu Item Name of Supplier			Prepackaged		Prepared On-site	Prepared Off- site at another location **		
				☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
				☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
				☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
				☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
				☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
				☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
** For foods that will be pr	epared at another location pro	ovide	the name a	and address of t	he approved foc	od premises.		
Foods Prepared Off-site								
Menu Item	Name of Food Premi	ises						
	Physical Address	Physical Address						
	Contact Name & Pho	Contact Name & Phone						
Menu Item	Name of Food Premi	Name of Food Premises						
	Physical Address	Physical Address						
	Contact Name & Pho	Contact Name & Phone						
Menu Item Name of Food Premises								
	Physical Address	Physical Address						
Contact Name & Phone								
Part C								
	licants to complete this section							
What type of premises wil (check (✓) one)	I be used to prepare and/or st	ore f	ood at the s	ite of the event?	)			
☐ A temporary food be	ooth (e.g. tables & tents)		Premises w	rill be located outd	loors			
A mobile food prepa	aration trailer or cart							
(e.g. hot dog cart)	Type of flooring							
Kitchen in a building	g (e.g. church, community hall)							



# **Temporary Food Premises Application** *Review and complete all relevant parts of this form*

### Part D

Operational Plan – All applicants to complete this section			
Equip	ment for Food Storage, Preparation a	and Service	
	vill you do the following? (che		option(s) from each category below)
		( )	
Transp	sport food to event Keep food hot		
	Cooler(s) with ice/ ice packs		Barbeque
	Refrigeration/freezer unit(s)		Stove/oven
	Insulated container(s) (hot foods)		Insulated containers
	Other		Chafing dishes
Koon f	and and		Other
Ceep i	ood cold		Foods will not be kept hot
	Refrigeration/freezer unit(s)	Chook	tomporaturas
	Cooler(s) with ice packs	_	temperatures
	Other		Probe thermometer (for foods)
	Foods do not need to be kept cold		Refrigerator thermometer
Prepar	e / serve foods	Ц	Thermometers will not be needed
	Utensils (e.g. tongs, spoons)	Protec	t food from contamination
	Pots/pans/bowls		Tent/umbrella
	Cutting board(s)		Food wrap
	Other		Food storage containers
	Utensils will not be needed		Sneeze guard
			Other
	reheat food		
	Barbeque	_	e dishware/cutlery for customers
	Stove/oven		Single use (disposable)
	Other		Other
	Foods will not be cooked or reheated	U	Dishware/cutlery will not be needed
Utilitie	es		
How w	vill you provide the following? (che	ck (✓) one or more	option(s) from each category below)
			and the second second
	source (for washing hands, cleaning, drinki		ge collection / disposal
	City water		Garbage cans & haul away
_	Private water source (address)		Garbage cans & dumpster on-site Other (describe)
	Other		Ottlei (describe)
	Water is not needed		water collection
			Holding tank
_	source		Container / bucket (larger than potable water container)
	Battery		Direct connection to existing plumbing
	Electricity		Other (describe)
	Gas / propane	Waste	water disposal
	Generator		City Sewer
	Other		Other

### **Temporary Food Premises Application**

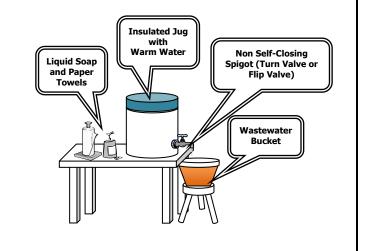
Review and complete all relevant parts of this form

Cleani	ng, Sanitizing and Hand Washing		
What v	will you use for? (check (✓) one or more	option(s)	from each category below)
Dishwa	ashing sinks  2 compartment sink with hot and cold running water on-site  Other	Cleanii	ng and sanitizing equipment  Dishwashing detergent  Bleach: 2 tablespoons of bleach in 1 gallon water or 1 tsp bleach per litre water
Hand v	vashing sinks (select all that apply)		Other (describe)
	Portable hand sink with hot and cold running water withinft/meters of food preparation area		
	A temporary hand wash station will be set up as per the diagram below		
	Liquid soap and paper towels		
	Other (describe)		

## How to Set up a Temporary Hand washing Station

This set-up may be considered only when serving one perishable food.

- Always wash your hands before starting work and after using the toilet.
- Wet your hands, lather with soap for 20 seconds, rinse, and dry with paper towel.
- Ensure you provide enough potable water. At least 22.5 litres / 5 gallons is recommended.
- Dispose of wastewater into a sanitary sewer connection only (toilet or laundry sink).





### **Temporary Food Premises Application**

Review and complete all relevant parts of this form

### Part E

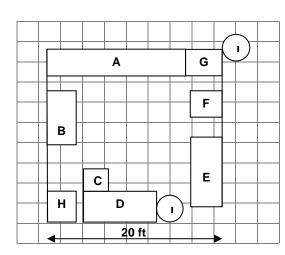
### **Layout of Temporary Food Premises**

### Instructions

- Draw the layout of your temporary food premises.
- Draw and label the location of:
  - Equipment used for food storage and preparation (e.g. cooking equipment)
  - Food, utensils and single service storage areas
  - Hand washing and dishwashing station(s)
  - Wastewater and garbage containers

Note: A canopy or other suitable roof cover and flooring may be required.

### **Example Diagram**



A - Customer order/service table

B - Refrigerator

C – Handwashing station

D – Food preparation table

E - Barbecue grill

F - Chafing dishes

G – Condiment table

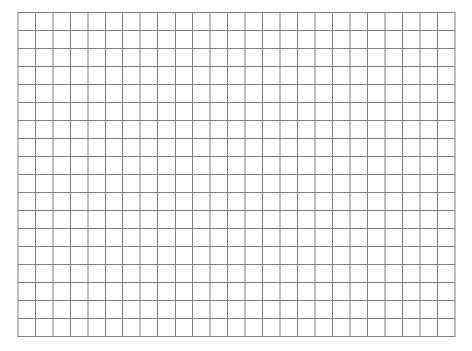
H – Dishwashing double sink

I - Garbage containers

Set-up is on a concrete walkway Tent will cover entire set up

### Layout of My Temporary Food Premises at \_

\_ (name of event)





# **Temporary Food Premises Application** *Review and complete all relevant parts of this form*

### Part F

Safe Food Preparation, Sanitation Procedures and Food Handler Training					
Note: If you will be preparing food on site complete this section					
If you are preparing food at the event you need to provide a written plan describing how you will make sure food is safe to eat and preparation areas are clean. Depending on the type of food and method of preparation the EHO may approve the use of the Food Safety and Sanitation Procedures listed below or may require the submission of a more detailed "Food Safety Plan" and "Sanitation Plan".					
Food Safety	Procedures				
Review the F	ood Safety Procedures listed below and check if applicable. The	e EHC	O may require more detailed information.		
Food Hot Hot (140 If mi disc: An a and Food begi	nimum temperatures are not maintained, food will be arded. accurate probe thermometer will be used to measure hot cold food temperatures. d temperatures will be checked before food service ns. d temperatures will be routinely checked during food		commercial food business. Food handlers will wash hands thoroughly before handling foods.		
Sanitation Procedures Food contact surfaces, equipment and utensils will be frequently:					
Rins	shed with dishwashing detergent and warm water. sed with clean water. itized using the method specified in Part D.				
FOODSAFE Training					
At least one person needs to be present at all times who has successfully completed the FOODSAFE Level I course or its equivalent. Food handlers should have a copy of their FOODSAFE certificate with them during the event.					
Instructions					
<ul> <li>List the name(s) of the person(s) who is/are FOODSAFE Level 1 certified and will be present during event.</li> <li>Attach a copy of the FOODSAFE certificate to this application.</li> </ul>					
Name(s) of FC	OODSAFE Level 1 certified food handler Ex	kpiry I	Date of Certificate (day / month / year)		



## ENVIRONMENTAL HEALTH SERVICES **Temporary Food Premises Application** *Review and complete all relevant parts of this form*

### Part G

Applicant Signature				
Please ensure you have completed the required sections in as much detail as possible. <b>Incomplete information</b> could delay processing of your application.				
	nplete and accurate to the best of my kn egulation (BC Reg 210/99) and any req	nowledge. I further agree to comply with uirements of Fraser Health.		
Date of Application (day / month / year) Print Name Signature				
For Office Use Only				
Permit Issued				
☐ Approval Issued				
Permit/Approval not red reasons below)	quired (see			
Rejected (see reasons below	w) Date Applicant Notified (day / mor	nth / year)		
Conditions of Operating Permit or Approval:				
Reasons:				
EHO Printed Name				
EHO Signature				
Date (day / month / year)				

### **Submitting your Application Form**

Please hand deliver, mail, email or fax your completed application form to your local Health Protection office at least 14 days before your event

To contact the local Environmental Health Officer by phone please call 604-587-3936 and request to be connected to your local area office.

#### Abbotsford

#400-2777 Gladwin Road Abbotsford, B.C. V2T 4V1 Fax: 604-870-7901

HPAbbotsford@fraserhealth.ca

### **Burnaby**

#300–4946 Canada Way Burnaby, B.C. V5G 4H7 Fax: 604-918-7520 HPBurnaby@fraserhealth.ca

### Chilliwack

#101-45485B Knight Road
Chilliwack, B.C. V2R 3G3
Fax: 604-702-4951
HPChilliwack@fraserhealth.ca

### **Delta/White Rock**

#201-11245 84<sup>th</sup> Avenue Delta, B.C. V4C 2L9 Fax: 604-507-5492 DeltaHP@fraserhealth.ca

### Langley

22051 Fraser Highway
Langley, B.C. V3A 4H4
Fax: 604-514-6122
LangleyHP@fraserhealth.ca

### Maple Ridge

400-22470 Dewdney Trunk Road Maple Ridge, B.C. V2X 2Z6 Fax: 604-476-7077 HPMapleRidge@fraserhealth.ca

#### Mission

7298 Hurd Street
Mission, B.C. V2V 3H5
Fax: 604-814-5518
HPMission@fraserhealth.ca

### **New Westminster**

#218-610 Sixth Street
New Westminster, B.C. V3L 3C2
Fax: 604-525-0878
HPNewWest@fraserhealth.ca

### Surrey

#100-13450 102<sup>nd</sup> Avenue Surrey, B.C. V3T 5X3 Fax: 604-930-5415 HPSurrey@fraserhealth.ca

### Tri-Cities (Coquitlam, Port Moody, Port Coquitlam)

#300 – 205 Newport Drive Port Moody, B.C. V3H 5C9 Fax: 604-949-7706 HPTriCities@fraserhealth.ca