

Temporary Food Establishment Application

Every Food Vendor must complete all five pages of this application and forward it the Event Organizer.

Event Information

Name of Event:

Location of the Event:

Event Address:

(Municipal Address, Park Name or Street Closure Details)

Event Organizer/ Organization:

Vendor Information

On-site Contact Person(s):

On-site Cell #:

Booth Name and Booth Number, if applicable:

Date(s) at the Event:

Number of Certified Food Handlers that will be on-site:

Proof of certification available at the booth

Business/ Organization Name:

Address:

Phone:

Email:

Municipal License Number:

Special Event – Vendor

List of on-site equipment and supplies for operational needs

Check items that will be available

Temporary Food Booth

- | | |
|--|--|
| <input type="checkbox"/> Supply of potable water for cooking and cleaning | <input type="checkbox"/> Platform (15cm or 6") to elevate food, food containers and paper goods above the ground |
| <input type="checkbox"/> Leak-proof container(s) for waste water | <input type="checkbox"/> Cleaning supplies (e.g. detergent, wiping cloth) |
| <input type="checkbox"/> Garbage container with supply of plastic garbage bags | <input type="checkbox"/> Clean, smooth washable tables and storage areas |
| <input type="checkbox"/> Power source/backup (e.g. generator, propane burner) | <input type="checkbox"/> Overhead booth covering (e.g. canopy, umbrella) |

Food Safety Equipment

- | | |
|--|---|
| <input type="checkbox"/> Hot holding unit to maintain hot foods at 60°C (140°F) or higher (e.g. chafing dishes, hot plates) | <input type="checkbox"/> Scoops to dispense ice for consumption |
| <input type="checkbox"/> Probe thermometer(s) | <input type="checkbox"/> Plastic wrap/aluminum foil for protecting food |
| <input type="checkbox"/> Cold holding units to maintain cold foods at 4°C (39°F) or lower (e.g. coolers, refrigerators, freezers) | <input type="checkbox"/> Backup supply of clean utensils (4 sets of each) |
| <input type="checkbox"/> Thermometer(s) for each storage unit containing hazardous foods | <input type="checkbox"/> Food grade storage containers |
| <input type="checkbox"/> Ice for food storage separate from ice for consumption (from an approved source) | <input type="checkbox"/> Hair restraint (e.g. hairnets, caps, hats) |
| | <input type="checkbox"/> Clean aprons for food handlers |

Hand Washing Facilities

- | | |
|--|--|
| <input type="checkbox"/> Liquid soap in a dispenser | Hand washing facility must be one or more of the following: |
| <input type="checkbox"/> Paper towels | <input type="checkbox"/> Portable or free standing hand wash station |
| <input type="checkbox"/> Potable water supply with continuous flow | <input type="checkbox"/> Gravity fed water container with spigot set up on a table |
| <input type="checkbox"/> Waste water container | <input type="checkbox"/> Other |

Note: Hand sanitizers do not replace the requirements for a temporary hand wash station

Sanitizing Solution

- | | |
|--|---|
| Supplies need to make sanitizer on site: | Sanitizer: |
| <input type="checkbox"/> Water <input type="checkbox"/> Measuring cup and teaspoon | <input type="checkbox"/> Chlorine (Bleach) <input type="checkbox"/> Quaternary ammonium |
| <input type="checkbox"/> Label spray bottle | <input type="checkbox"/> Iodine <input type="checkbox"/> Test strip to check sanitizer strength |

Special Event – Vendor

List of Food Suppliers

Name of Supplier:	
Contact Person (if applicable):	Address:
Phone #:	E-mail:
List of Food(s) obtained from this supplier:	

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Contact Person (if applicable):	Address:
Phone #:	E-mail:
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Attach additional pages as needed

Special Event – Vendor

Food Item

Name of food item and ingredient:

How is it prepared?

Will this food be pre-cooked? ☐ or Will this food be cooked on-site? ☐

Location where the food is prepared (list full address)?

Will the food be transported ☐ Yes ☐ No

Type of container used to transport food(s) to maintain temperatures?

How will proper temperatures for hazardous foods be maintained at the event (e.g. coolers, warming ovens)?

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Special Event – Vendor

Booth Set-up

Indicate on a drawing or electronic copy (all applicable equipment)

- | | |
|---|---|
| <input type="checkbox"/> Hand wash station(s) | <input type="checkbox"/> Food and supplies storage areas |
| <input type="checkbox"/> Additional sink(s) | <input type="checkbox"/> Refrigerated trucks & other off-site storage |
| <input type="checkbox"/> Cooking equipment | Location: |
| <input type="checkbox"/> Work tables | <input type="checkbox"/> Power source/backup |
| <input type="checkbox"/> Container(s) for waste water | <input type="checkbox"/> Overhead booth covering Type: |
| <input type="checkbox"/> Garbage container(s) | <input type="checkbox"/> Protective barrier for cooking equipment |

