

## APPLICATION FOR APPROVAL OF TEMPORARY FOOD PREMISES

\* If you will be operating a mobile facility that has an existing Fraser Health Mobile Food Premises Permit or Approval, complete only Part A and attach a copy of your permit or approval for the mobile unit. All other applicants must complete Part A and Part B.

### PART A:

Person in Charge:		Organization:	
Mailing Address:		City:	Postal Code:
Contact Phone #:	Alternate Phone #:	Fax #:	
Event:			
Location:			
Date(s):		Hours of Operation:	

### PART B:

1. **Where** will food be prepared? Check (✓) all that apply.

At the event.       At an approved restaurant/kitchen?

Other – Describe: \_\_\_\_\_

(Complete **ALL** remaining items on this application)

No food preparation required.

(Complete the rest of the application

**EXCEPT** for sections 5,6, and 7)

2. Please describe the **food equipment** you will be using to:

Check (✓) all that apply.

Provide equipment details for all checked items.

- Transport food. \_\_\_\_\_
- Prepare raw foods. \_\_\_\_\_
- Prepare ready to eat food. \_\_\_\_\_
- Cook food. \_\_\_\_\_
- Refrigerate foods. \_\_\_\_\_
- Hot-hold foods. \_\_\_\_\_
- Measure food temperature. \_\_\_\_\_
- Protect food from contamination. \_\_\_\_\_

3. Please describe the **equipment and materials** you will provide:

Check (✓) all that apply.

Provide equipment details for all checked items. (a separate floor plan is advisable)

- To wash/sanitize utensils. \_\_\_\_\_
- For handwashing. \_\_\_\_\_
- To supply potable water. \_\_\_\_\_
- To contain wastewater. \_\_\_\_\_
- To contain garbage. \_\_\_\_\_
- For flooring. \_\_\_\_\_

- To protect work surfaces. \_\_\_\_\_  
(tent, umbrella etc)

4. For each proposed menu item indicate where the food was obtained (source). If the food requires any preparation **after being obtained**, please indicate which category (offsite/no cooking/cooking) applies from the Chart in Item 5.

MENU ITEM	SOURCE OF INGREDIENTS/MENU ITEMS	OFFSITE/NO COOKING/COOKING
BEVERAGES	SOURCE	<div style="border: 1px solid black; padding: 5px; text-align: center;">           See the Food Safety Plan Chart (next section) before deciding which category applies.         </div>

5. If you are supplying only prepackaged food from an approved source, proceed to Item 8. Otherwise, you must have a **Food Safety Plan**. Review the following chart and check (✓) all that apply:

TEMPORARY EVENT: FOOD SAFETY PLAN CHART		
<input type="checkbox"/> PREPARATION OFF-SITE	PREPARATION ON-SITE	
	<input type="checkbox"/> NO COOKING	<input type="checkbox"/> COOKING
RECEIVING From approved restaurant/kitchen.	RECEIVING From approved supplier.	RECEIVING From approved supplier.
TRANSPORT (CCP1) Hot: 60 °C or above. Cold: 4 °C or below.	TRANSPORT (CCP1) Cold: 4 °C or below.	TRANSPORT (CCP1) Cold: 4 °C or below.
STORAGE AT EVENT(CCP1) Hot: 60 °C or above. Cold: 4 °C or below ↓	STORAGE AT EVENT (CCP1) Cold: 4 °C or below.	STORAGE AT EVENT (CCP1) Cold: 4 °C or below.
	PREPARATION (CCP2) Prepare small amounts at a time. Thorough handwashing, good hygiene. Use sanitized equipment and utensils.	PREPARATION (CCP2) Prepare small amounts at a time. Thorough handwashing, good hygiene. Use sanitized equipment and utensils.
	COLD-HOLDING (IF APPLICABLE) (CCP1) 4 °C or below ↓	COOKING (CCP3) 74 °C unless specified otherwise. HOT-HOLDING (IF APPLICABLE) (CCP1) 60 °C or above ↓
Additional Information (attach an extra page if needed)		
SERVING		
☞ All foods must be protected from contamination.	☞ Limit situations where customers can self-serve.	☞ Provide single-use condiment packets or pump-style dispensers.
☞ Minimize the time between preparation and service.	☞ Foods to be dispensed using sanitized utensils only.	☞ Staff should handle either money or food, not both.

**CCP** indicates that this is a **Critical Control Point**, and special care must be taken to ensure that temperature **limits** and safe handling procedures are followed. For each CCP, temperatures must be **monitored** using a probe thermometer. If the limits are not met, you must take **corrective action** as follows:

- ☞ CCP1 Discard the food product if the temperature limit has been exceeded by more than 2 hours total.
- ☞ CCP2 Discard the food product if there is any possibility that it has been contaminated or improperly handled.
- ☞ CCP3 Continue to cook the food item until the required temperature is met.

**The Food Safety Plan Chart on this application form is for premises with minimal food preparation or non-potentially hazardous foods. A more detailed plan may be required at the discretion of the PHI.**



## APPLICATION – SALE OF FOOD AT TEMPORARY FOOD MARKETS

Application Date: _____	Applicant: _____
Mailing Address: _____	City: _____
_____	Postal Code: _____
Phone (Day): _____	Phone (Cell): _____
Fax: _____	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 by checking the applicable boxes as noted below.

- |  |   |
|--|---|
| <input type="checkbox"/> Baked Goods _____         | <input type="checkbox"/> Dried Fruits or Nuts _____ |
| <input type="checkbox"/> Pickled vegetables _____  | <input type="checkbox"/> Herbs & Spices _____       |
| <input type="checkbox"/> Jams & Jelly _____        | <input type="checkbox"/> Fudge or Candies _____     |
| <input type="checkbox"/> Honey or Syrup _____      | <input type="checkbox"/> Flavoured Vinegar _____    |
| <input type="checkbox"/> Meat, Poultry, Fish _____ | <input type="checkbox"/> Shell Eggs _____           |
| <input type="checkbox"/> Other _____               |   |

Describe your packaging method by checking the applicable boxes as noted below.

- Plastic Wrap     
  Bottle     
  Jar     
  Can     
  Pouch     
  Vacu-packed
- Other \_\_\_\_\_

For **EACH** food product intended to be sold at the temporary market, please include the following documents with your application form.

- A list of ingredients.
- A brief description of the preparation and preservation method.
- A sample of your product label.
- For each food item, indicate location of processing/packaging (e.g. home or commercial establishment).
- If you have done quality assurance testing of your products, please provide a copy of your most recent lab reports where applied:
  - Micro bacteriology, or
  - pH, or
  - Aw

**APPLICATION FORM IS DUE AT LEAST 30 DAYS PRIOR TO THE EVENT**  
**NOTE – Applicants should plan for a 14 day processing turn around time.**