



Temporary Food Premises Permit Application

EVENT INFORMATION

Event Name:	Event Location:
Event Date(s) & Times:	Expected Attendance:
Sponsored By:	

OPERATOR INFORMATION

Name:	Address:	Postal Code:
Town/City:	Municipality:	
Work Phone:	Home Phone:	
Email Address:	Fax:	

**Is the food booth run by one of the following groups? Religious org. Service club Fraternal org. If yes,

**Will you be claiming an exemption from the Food Premises Regulation for this event? Yes No

Note: exemption requirements are located on the front page of guidebook, form must be completed and submitted to your local public health office.

Food Suppliers:
1.
2.
3.

Where will food(s) be prepared?

on-site off-site If off site, please provide the following:

Name of Premise:
Type of Premise (restaurant, church hall, community centre, etc.):
Premise Address:
Premise Phone Number:

What will you be serving?	How will the food be prepared? (e.g. grilling, BBQ)	Food Pre-cooked		Food Cooked on-site		How will food be Stored on-site? (e.g. cooler, BBQ, chafing dishes)
		Yes	No	Yes	No	

Food Storage / Transportation

How will hazardous food be transported to the event?	<input type="checkbox"/> Refrigerated truck <input type="checkbox"/> Coolers with freeze packs <input type="checkbox"/> Thermal containers <input type="checkbox"/> Other
What method(s) will be used to maintain cold foods at 4°C (40° F) or colder during the event?	<input type="checkbox"/> Not required <input type="checkbox"/> Refrigerated truck <input type="checkbox"/> Coolers w/freezer packs <input type="checkbox"/> Mechanical refrigeration
What method(s) will be used to maintain hot foods at 60°C or hotter during the event?	<input type="checkbox"/> Not required <input type="checkbox"/> Chaffing dish <input type="checkbox"/> BBQ / grill <input type="checkbox"/> Crock pot <input type="checkbox"/> Steam table <input type="checkbox"/> Oven / stove
Do you have a probe thermometer to check the internal temperature of food during the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Water Source:

- Municipal Supply Commercially bottled Municipal Hauled Water Well Water

If using well water provide 2 sets of water sample results (bacteriological) taken at least 24 hours apart and attach to your application.

Hand wash station(s) with supplies: liquid soap & paper towels supply of water catch basin

- Required Equipment:** Hand wash station(s) with supplies (see diagram on page 4 of the guideline booklet)
 Probe thermometer and sanitizer (e.g. 70% isopropyl alcohol swabs)
 Cooler thermometer(s)
 Extra clean tongs and utensils Single-service (disposable) utensils

- Personnel:** Clean outer clothing Designated money holder
 Designated "go-fer" Hair covering Type:

GENERAL LAYOUT OF PREMISES - Outdoor Booths Only (food preparation area)

Must include hand wash station(s), garbage disposal(s), ovens/BBQ, tables, etc.

I have received and read the temporary food permit information package. I understand and will follow the requirements for food vendors at special events and have provided this information to all food handlers.

Food Operator: _____ Signature: _____ Date: _____

Health Department Use Only:	Inspector's Comments/ Requirements:
Application Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Subject to requirements	
Date:	Inspector's Signature:

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