



North Vancouver Tel 604-983-6700, Fax 604-983-6839
 Powell River Tel 604-485-3310, Fax 604-485-3305
 Richmond Tel 604-233-3147, Fax 604-233-3175
 Sechelt Tel 1604-885-5164, Fax 1604-885-9725
 Squamish Tel 604-892-2293, Fax 604-892-2327
 Vancouver Tel 604-675-3800, Fax 604-736-8651
 Whistler Tel 604-932-3202, Fax 604-932-6953

TEMPORARY FOOD BOOTH APPLICATION

This Application Form must be completed, in full, by the Operator of the booth or mobile cart and submitted to the Health Department at least 14 days prior to the event. Late applications will be subject to a late fee.

Please return completed form to local Health Department office where event will be occurring.

EVENT INFORMATION:

1. Name of Event: _____
2. Location Address: _____
3. Date(s) of Event: _____ Hours of Operation: _____
4. Event Co-ordinator Name: _____
 - a. Telephone Number: _____ Fax Number: _____
 - b. E-mail Address: _____

FOOD BOOTH APPLICANT INFORMATION:

1. Applicant (Operator) Name: _____
 - a. Telephone Number: _____ Fax Number: _____
 - b. E-mail Address: _____
2. Name of Organization: _____
3. Address of Organization: _____
4. Dates/Times You Will be Participating At The Event: _____
5. How many people will be working in the booth: _____

A food handler who is **FOODSAFE** certified must be at the Food Booth at all times.

Please list the names of those who have successfully completed the course(s) & attach copies of certificates:

Name of Food Premises where foods will be prepared: _____

Address: _____

Contact name at Food Premises: _____

Telephone Number: _____ E-mail Address: _____

How will the safe temperature for potentially hazardous foods be maintained during transport?

ADDITIONAL REQUIREMENTS:

1. Booth layout should be planned to prevent contamination of foods. Food, utensils and containers must be stored at least 6 inches above the floor surface and protected from contamination. Describe how foods will be protected during storage, preparation and display. Submit a layout diagram for your booth with this application.

2. Sanitary facilities must be located nearby within the confines of the event. Describe the location of washrooms that you will be utilizing:

3. Utensil washing sinks must be connected to a disposal system approved by the appropriate municipal department. Waste water must not be discharged onto the ground or into storm drains. Describe how the sinks and potable hot and cold running water will be provided (attach a diagram):

FOOD PREPARATION:

1. All food, including ice and beverages must be obtained from an approved source, prepared in an approved food premises and follow the steps of a Food Safety Plan. **Home preparation is not permitted.**
2. List all potentially hazardous foods, beverages and ice to be sold or used and where these products will be purchased from. Based on the complexity of food preparation VCH may limit the number of foods. If using ice indicate the source of the ice below:

FOOD ITEM	SOURCE
1.	
2.	
3.	
4.	
5.	

BOOTH REQUIREMENTS:

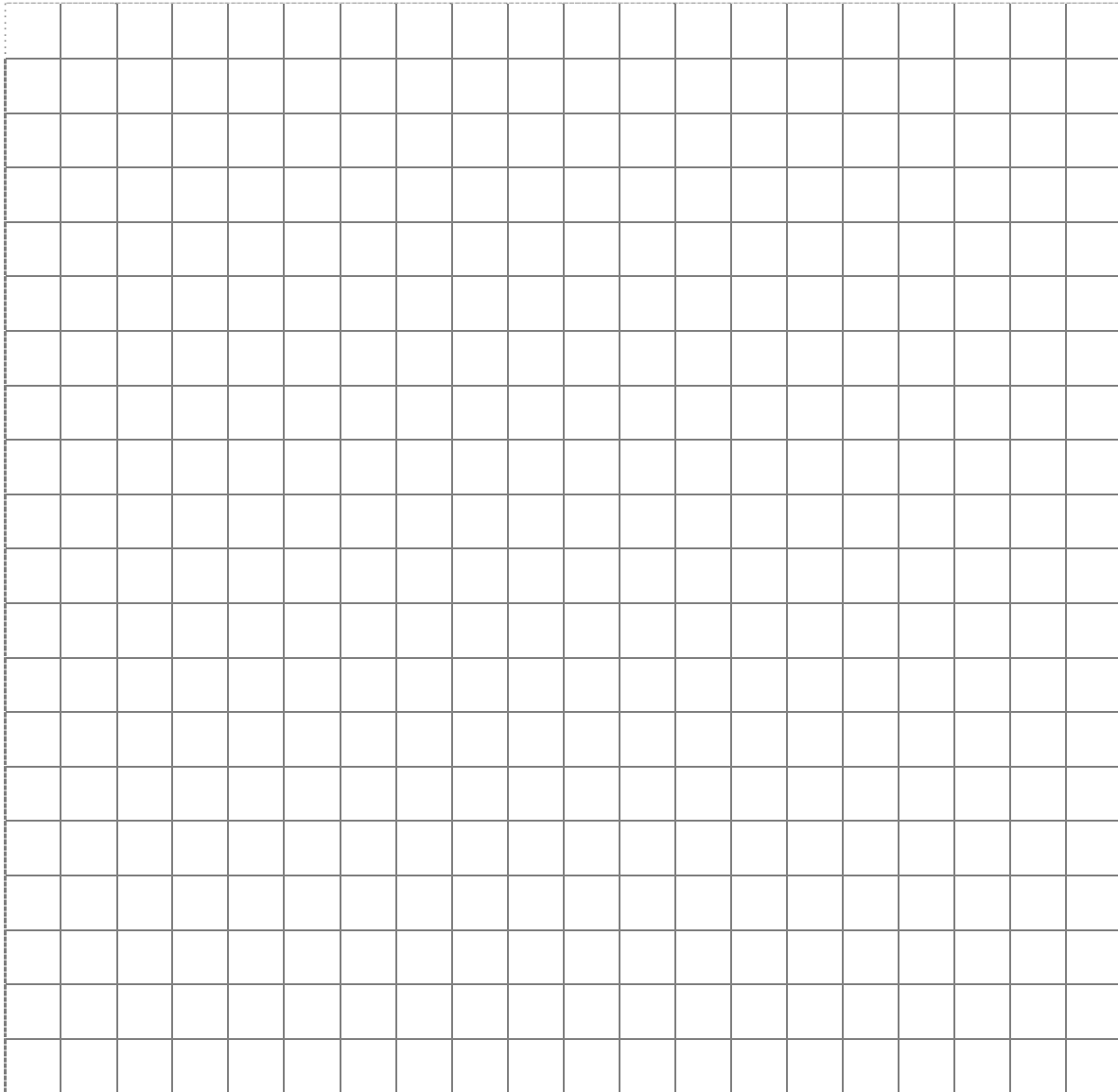
In addition, each booth is required to meet the following minimum requirements. Under “Equipment Details”, please describe the equipment you will be using at your booth/cart.

Type of Equipment	Requirement	Description of Equipment to be Used
Food Contact Surfaces	Smooth, tight, non-absorbent and easily cleanable. (E.g: stainless steel or rigid plastic)	
Canopies/Tents	Cover all food contact surfaces and food storage/handling/display areas.	
Handwashing Facilities	1. A pressurized source of hot and cold running water or a 5 gallon water container with a dispensing valve to leave hands free for washing. <u>AND</u> 2. Soap in dispensers and single-use paper towels at the hand washing station. Hand-dips are not permitted	
Hot-holding equipment	Able to maintain all hot foods at 60°C (140°F) minimum at all times.	
Cold-holding equipment	Able to maintain all cold foods at 4°C (40°F) or colder at all times. Mechanical refrigeration is required.	
Sanitizing Agent	Onsite at the correct concentration prior to the start of food service to sanitize surfaces and utensils. Accepted solutions: -100 ppm chlorine (1 oz. bleach per 1 gallon of water) -200 ppm Quats (follow manufacturer’s instructions).	Type of solution: How is the solution prepared?
Temperature Measurement	At least one accurate stem thermometer to monitor temperatures.	
Garbage Collection	-Adequately sized and leak-proof. -Covered and located away from food handling.	
Wastewater Collection/Disposal	Collected and disposed of in the sanitary sewer, not on the grounds or down storm drains.	Collection: Disposal:

Booth Layout Diagram

Name of Food Booth: _____

Provide a sketch of your booth layout. Identify all of the equipment, including cold and hot holding equipment, food preparation, display and storage areas. Indicate the location of hand washing and utensil washing sinks within your booth on this diagram.



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 food and food materials must be protected from contamination. -Foods to be dispensed using sanitized utensils only.	-Provide single-use condiments or pump dispensers. -Minimize time between preparation and service.

*CCP indicates 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 sanitized stem thermometer. If the limits are not met, you must take the following **corrective action**:

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

Please ensure that you have completed the sections in as much details as possible. Incomplete information could delay processing this application. Ensure the following:

1. Copies of FOODSAFE certificate(s) is/are attached
2. Booth Layout Diagram complete and attached

The information I have provided is complete and accurate to the best of my knowledge. I agree and understand that I must comply with the requirements, serve only the food outlined in my application, and provide the facilities as specified. My failure to do so can result in the permit being revoked and the closure of the premises.

Signature of Applicant

Date of Application

For Office Use Only	
<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
_____ PHI Signature	_____ Date