



**APPLICATION FOR PUBLIC HEALTH APPROVAL FOR  
TEMPORARY FOOD SERVICE**

**1. SPECIAL EVENT**

Name: \_\_\_\_\_

Site: \_\_\_\_\_

Date(s): \_\_\_\_\_

Time – From: \_\_\_\_\_ To: \_\_\_\_\_

Number of expected patrons for food service: \_\_\_\_\_

**2. APPLICANT**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**3. FOOD**

Foods and their sources: \_\_\_\_\_

On-site food preparation plans: \_\_\_\_\_

How will food be transported: \_\_\_\_\_

How will non-perishable foods be stored: \_\_\_\_\_

How will you keep cold food less than 4°C: \_\_\_\_\_

How will you keep hot food above 60°C: \_\_\_\_\_

How will you protect food from contamination: \_\_\_\_\_

**4. FOOD SERVICE**

Utensils: \_\_\_\_\_ Single Service or  
\_\_\_\_\_ Re-usable, using \_\_\_\_\_ Mechanical dishwasher \_\_\_\_\_ 3-sink method

Method for cleaning surfaces: \_\_\_\_\_

**5. FOOD HANDLERS**

Supervisor Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Has certificate in Food Sanitation (recommended, but not required): \_\_\_no\_\_\_yes

If yes, Certificate #: \_\_\_\_\_

Number of food handlers: \_\_\_\_\_

Describe worker clothing: \_\_\_\_\_ aprons \_\_\_\_\_ caps/hairnets \_\_\_\_\_ uniforms

Other: \_\_\_\_\_

Describe hand washing station in food prep area(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. WASHROOM FACILITIES**

Toilets: \_\_\_\_\_ # of flush: \_\_\_\_\_ # of dry privy: \_\_\_\_\_ # female: \_\_\_\_\_ # male: \_\_\_\_\_

Hand Wash Stations: \_\_\_\_\_ # with running water: \_\_\_\_\_ # without running water: \_\_\_\_\_

**7. PROVISIONS FOR GARBAGE**

Number and type of containers: \_\_\_\_\_

Final disposal location: \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

**NOTE: THIS APPLICATION MUST BE SUBMITTED TO ENVIRONMENTAL HEALTH THREE WEEKS PRIOR TO THE EVENT**

**TO BE COMPLETED BY AN ENVIRONMENTAL HEALTH OFFICER**

\_\_\_\_\_ APPROVED \_\_\_\_\_ CONDITIONALLY APPROVED \_\_\_\_\_ REJECTED

CONDITIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Public Health Inspector / Executive Officer

Peace Country Health - Environmental Health Program

10320-99 Street Grande Prairie, AB T8V 6J4 PH: (780) 513-7517 FAX: (780) 532-1550	P.O. Bag 2201 Fairview, AB T0H 1L0 PH: (780) 835-4951 FAX: (780) 835-3879	P.O. Bag 1 High Prairie, AB T0G 1E0 PH: (780) 523-6450 FAX: (780) 523-6458	P.O. Bag 400 Peace River, AB T8S 1T6 PH: (780) 624-7260 FAX: (780) 618-3405	P.O. Box 756 Valleyview, AB T0H 3N0 PH: (780) 524-3338 FAX: (780) 524-3153
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