

# Temporary Food Permit Application

There is a \$50 fee to process this application. However, the fee will be waived if the application is received and accepted by Northern Health more than 14 calendar days before the event.

Some foods are exempt from the permit requirement. Please refer to the Temporary Food Permit Application Guideline for a list of exempt foods. If you have any questions, please refer to the [Temporary Food Permit Application Guidance](#) document or contact an Environmental Health Officer.

| Applicant Information  |             |   |              |                   |                |                 |             |
|--|-------------|---|--------------|-------------------|----------------|-----------------|-------------|
| Name of business or organization:  |             | Telephone number:   |              |                   |                |                 |             |
| Name of event booth or food facility:  |             | Email address:  |              |                   |                |                 |             |
| Mailing address:<br>Street:  | City:       | Province:   | Postal code: |                   |                |                 |             |
| Name of applicant:   |             | Telephone number(s):  |              |                   |                |                 |             |
| Name of person in charge or food handler:<br>(if different from above)   |             | Have you operated a temporary food premises within Northern Health within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, provide date(s) and facility/booth name: |              |                   |                |                 |             |
| Location/Event Information   |             |   |              |                   |                |                 |             |
| Name of event:   |             | Name and telephone number of event coordinator:   |              |                   |                |                 |             |
| Name of location:  |             |   |              |                   |                |                 |             |
| Address:   |             |   | City:        |                   |                |                 |             |
| Date(s) of operation:  | Start time: | Expected attendance:  |              |                   |                |                 |             |
|  | End time:   |   |              |                   |                |                 |             |
| Type of Food Facility  |             |   |              |                   |                |                 |             |
| <input type="checkbox"/> Food booth or tent <input type="checkbox"/> Hot dog cart or stand <input type="checkbox"/> Mobile food premises (food truck): <input type="checkbox"/> Indoor kitchen<br><input type="checkbox"/> Other (specify):  |             |   |              |                   |                |                 |             |
| Outdoors: Does the facility have a rainproof roof? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Does the facility have flooring? <input type="checkbox"/> Yes <input type="checkbox"/> No   Type:                             |             |   |              |                   |                |                 |             |
| I certify the information enclosed to be true and accurate to the best of my knowledge. I agree to comply with the Food Premise Regulations (BC Reg 210/99) and I will not provide food service prior to receiving Northern Health approval. |             |   |              |                   |                |                 |             |
| Signature of applicant:  |             | Date:   |              |                   |                |                 |             |
| <b>Office Use only:</b>  |             | Date received: _____  |              |                   |                |                 |             |
| Conditions attached: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Fee: <input type="checkbox"/> Normal <input type="checkbox"/> Waived  |             | <table border="1"> <tr> <td>Permit fee: _____</td> </tr> <tr> <td>Receipt: _____</td> </tr> <tr> <td>Initials: _____</td> </tr> <tr> <td>Date: _____</td> </tr> </table>                              |              | Permit fee: _____ | Receipt: _____ | Initials: _____ | Date: _____ |
| Permit fee: _____  |             |   |              |                   |                |                 |             |
| Receipt: _____   |             |   |              |                   |                |                 |             |
| Initials: _____  |             |   |              |                   |                |                 |             |
| Date: _____  |             |   |              |                   |                |                 |             |
| EHO Signature: _____   |             | Date: _____   |              |                   |                |                 |             |



| Menu (use additional pages if required) |  |                                |
|---|--|--------------------------------|
| Food item                               | Location of preparation<br>(On-site, off-site (facility name),<br>prepackaged) | Suppliers or place of purchase |
|   |  |                                |
|   |  |                                |
|   |  |                                |
|   |  |                                |
|   |  |                                |

**Hand Washing**

Describe your hand washing station. Select all that apply:

Fixed sink     
  Portable sink     
  20 L container with a spigot     
  Waste water bucket  
 Warm running water     
  Cold running water

NOTE: Liquid soap and paper towel are required.

| Food Safety and Sanitation Plan (use additional pages if required)   |  |  |
|--|--|--|
| Complete all sections. Indicate if a section is not applicable to your food item(s) or if alternate actions apply. | Requirement  | Description of how requirements will be met and equipment used |
| Food protection  | Food is greater than or equal to 15 cm off the ground and protected from all contamination |  |
| Temperature monitoring   | Temperatures are recorded every 2 hours and when food is transported                       |  |
| Cooking and reheating  | Foods are cooked and reheated to internal temperature of 74°C (165°F) or hotter.           |  |
| Hot holding  | 60°C (140°F) or hotter   |  |
| Cold holding   | 4°C (40°F) or colder   |  |
| Food contact surfaces  | Smooth, non-porous, and easily cleanable   |  |
| Sanitizer  | Chlorine or QUATS with sanitizer test strips   |  |
| Ware washing   | Extra supply of utensils or on-site dishwashing.   |  |
| Water supply   | From potable water source, using food-grade hoses/container                                |  |
| Wastewater disposal  | Into sanitary sewer, not on ground or storm drain  |  |
| Waste disposal   | Adequately sized and leak/pest proof   |  |

Provide a detailed drawing or photo of the layout of your location including:

- Food equipment
- Hand washing station
- Food storage
- Water source
- Dishwashing station
- Power source

Attach additional pages as needed

**Food Safety Training**

At least one person with valid FOODSAFE Level 1 (or equivalent) certification must be present at all times. Food handlers should have a copy of their food safety certificate with them during the event.

**Attach a copy of the food safety certificate to this application.**

**Names of certified food handler(s)**

**Date of Certification**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Health Protection Central Line: 250-565-7322

Applications can be submitted to [php@northernhealth.ca](mailto:php@northernhealth.ca)