

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: Street:	City:	Province:	Postal code:
Name of applicant:		Telephone number(s):	
Name of person in charge or food handler: (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 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 <input type="checkbox"/> Other (specify):			
Outdoors: Does the facility have a rainproof roof? <input type="checkbox"/> Yes <input type="checkbox"/> No 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:	
Office Use only:		Date received:	
Conditions attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Fee: <input type="checkbox"/> Normal <input type="checkbox"/> Waived EHO Signature: _____ Date: _____		Permit fee: _____ Receipt: _____ Initials: _____ Date: _____	



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Menu (use additional pages if required)

Food item	Location of preparation (On-site, off-site (facility name), 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