



This application must be submitted no later than 15 days prior to any event. Completed and signed forms can be dropped off to any Northeastern Public Health office or emailed to inspections@nep.h.ca. If you require assistance, please call Environmental Health Services at 1-877-442-1212.

EVENT INFORMATION

NAME OF EVENT:	
DATE(S) OF EVENT:	HOURS OF OPERATION:
LOCATION OF EVENT:	EXPECTED NUMBER ATTENDANCE:

CONCESSION OPERATOR INFORMATION

NAME OF APPLICANT:			
STREET AND MAILING ADDRESS: CITY/TOWN:		POSTAL CODE:	
TELEPHONE:	HOME:	WORK:	CELL:
EMAIL:		FAX:	
PERSON IN CHARGE OF FOOD HANDLING: <input type="checkbox"/> Same as above			
STREET AND MAILING ADDRESS: CITY/TOWN:		POSTAL CODE:	
TELEPHONE:	HOME:	WORK:	CELL:
EMAIL:		FAX:	
IS THE FOOD BOOTH RUN BY ONE OF THE FOLLOWING GROUPS? <input type="checkbox"/> Religious organization <input type="checkbox"/> Fraternal organization <input type="checkbox"/> Service club			
WILL YOU BE CLAIMING AN EXEMPTION FROM THE FOOD PREMISES REGULATION AT THIS EVENT? <input type="checkbox"/> Yes <input type="checkbox"/> No			

FOOD SERVICE

VENDOR SET-UP: <input type="checkbox"/> Temporary Food Booth <input type="checkbox"/> Street Food Vending Cart/Mobile Premise <input type="checkbox"/> Indoor Facility	
LOCATION OF FOOD PREPARATION: <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	
NUMBER OF CERTIFIED FOOD HANDLERS:	
<input type="checkbox"/> IF ON SITE NUMBER OF FOODHANDLERS EXPECTED TO WORK AT YOUR BOOTH: DESIGNATED SUPPORT PERSON: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A DESIGNATED MONEY HANDLER: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> IF OFF SITE NAME OF PREMISE: TYPE OF PREMISE (i.e., restaurant, church kitchen, community centre, etc.): ADDRESS: PHONE NUMBER:
WHERE WILL THE FOOD BE PURCHASED OR SUPPLIED* FROM?	
NAME:	ADDRESS:

DO YOU HAVE A SUPPLY OF LIQUID SOAP AND PAPER TOWELS PROVIDED FOR THE HANDWASHING SINK(S)? Yes No (Please explain: _____)

UTENSIL WASHING

WHAT TYPE OF SINK IS PROVIDED FOR UTENSIL WASHING? Two-compartment sink Three-compartment sink None (Please explain: _____)

WHAT TYPE OF SANITIZER IS USED FOR SANITIZING UTENSILS? Bleach Other (Please explain: _____)

TEST STRIPS PROVIDED FOR SANITIZER? Yes No N/A

POTABLE WATER SOURCE

Municipal supply Commercially bottled Hauled municipal water (Name/phone number of water hauler: _____)

WASTE WATER AND GARBAGE DISPOSAL

METHOD OF WASTE WATER/SEWAGE DISPOSAL: Holding tank Other (Please specify: _____)

NUMBER OF GARBAGE RECEPTACLES IN FOOD PREPARATION AREA: _____

POWER SUPPLY: not applicable electrical hook-up generator Other (Please specify: _____)

I have reviewed the *Special Events Operating Guidelines*. I understand the requirements for food vendors at special events and have provided the information to all food handlers.

PRINT: _____ SIGN: _____ DATE: _____

THE FOLLOWING CONDITIONS/RECOMMENDATIONS ARE TO BE COMPLETED BEFORE THE EVENT IS ALLOWED TO COMMENCE:

INSPECTOR: _____ DATE SIGNED: _____

FOR OFFICE USE ONLY This application is: APPROVED NOT APPROVED

- O. Reg 493/17
 - Provided special event permit.
 - Entered in HealthSpace as Special Event Vendor.
 - Requires an on-site inspection.
- Exempted from regulation
 - Provided appropriate signage and donor list.

neph.ca
inspections@neph.ca
1-877-442-1212
169 Pine Street South Postal Bag
2012 Timmins, ON P4N 8B7

DISPONIBLE EN FRANÇAIS