



APPLICATION FOR SPECIAL EVENT FOOD PREMISES PERMIT

Name of Group: _____ Contact Person: _____

Mailing Address: _____

Phone: (w) _____ (h) _____ Fax: _____

Name of Event: _____

Day & Time of Operation: _____

Names of workers with FOODSAFE certificate (include photocopies of certificate or wallet card)

How will you construct your booth? (types of flooring, walls, counters, etc.)

What facilities do you have to wash hands? _____

What facilities do you have to wash utensils? _____

How will you supply hot and cold running water at your booth?

What is the source of water? _____

How will you store and dispose of wastewater? _____

Are any foods to be stored or prepared offsite? If yes, where? And how will they be transported?

What equipment do you have to maintain foods hot or cold? _____

What type of thermometers do you have to check food temperatures? _____

Attach a copy of your Food Safety Plan and Sanitation Plan.

FOOD BOOTH LAYOUT

Draw a layout of your booth showing where all equipment, sanitary facilities, food storage and other relevant features will be located. Include equipment, tables / counters, sanitation facilities, storage & other applicable details. Use a separate page if required.

LIST OF FOODS TO BE SERVED

FOODS TO BE SERVED (Include drinks)	LOCATION OF PREPARATION	METHODS USED TO KEEP FOODS			
		On Site		During Transport	
		Hot	Cold	Hot	Cold

SUPPLIES:

Purchased from where?

Provide list of ingredients for mixed foods such as casseroles, stews, egg rolls, etc. – if not prepackaged, canned or pre-made from an approved food premises:

Menu Item	Ingredients

How will foods be dispensed or served? (e.g. tongs, serving spoons, paper plates, napkins, disposable gloves)

Please return the completed:

- Application**
- Copies of FOODSAFE certificates**
- Food Safety Plan and Sanitation Plan**
- Food Booth Layout**
- List of Foods to be Served**
- List of Sources of Supplies**

To: Your local Public Health Inspection Office (locations on next page)

Public Health Inspection Offices

Thompson / Cariboo / Shuswap Health Service Delivery Area

Kamloops

519 Columbia Street Phone: (250) 851-7340
Kamloops, BC V2C 2T8 Fax: (250) 851-7341

Revelstoke

Box 5000, 1200 Newlands Road Phone: (250) 814-2244
Revelstoke, BC V0E 2S0 Fax: (250) 814-2243

Salmon Arm

Box 627, 851 – 16th Avenue Phone: (250) 833-4100
Salmon Arm, BC V1E 4N7 Fax: (250) 832-1714

Williams Lake

3rd Floor, 540 Borland Street Phone: (250) 398-4600
Williams Lake, BC V2G 1R8 Fax: (250) 398-4249

100 Mile House

Bag 399, 555 Cedar Avenue Phone: (250) 395-7676
100 Mile House, BC V0K 2E0 Fax: (250) 395-7675

Okanagan Health Service Delivery Area

Vernon

1440 – 14th Avenue Phone # (250) 549-5714
Vernon, BC V1B 2T1 Fax # (250) 549-6367

Kelowna

2nd Floor, 1340 Ellis Street Phone # (250) 868-7834
Kelowna, BC V1Y 9N1 Fax # (250) 868-7760

Penticton

2nd Floor, 740 Carmi Avenue Phone # (250) 770-3530
Penticton, BC V2A 8P9 Fax # (250) 770-3470

Kootenay Health Service Delivery Area

Cranbrook

20 – 23rd Avenue South Phone: (250) 420-2220
Cranbrook, BC V1C 4V7 Fax: (250) 420-2295

Invermere

Box 157, 850 – 10th Street Phone: (250) 342-2360
Invermere, BC V0A 1K0 Fax: (250) 342-2373

Golden

Box 369, 907 9th Avenue Phone: (250) 344-7555
Golden, BC V0A 1H0 Fax: (250) 344-7570

Creston

531 – 16th Avenue Phone: (250) 428-3602
Creston, BC V0B 1G5 Fax: (250) 428-3649

Nelson

2nd Floor, 333 Victoria Street Phone: (250) 505-7200
Nelson, BC V1L 4K3 Fax: (250) 505-7211

Grand Forks

Box 2647, 7649 – 22nd Street Phone: (250) 443-2190
Grand Forks, BC V0H 1H0 Fax: (250) 442-3922

Trail

1051 Farwell Street Phone: (250) 364-6200
Trail, BC V1R 4S9 Fax: (250) 364-6218