



Health and Social Services

## APPLICATION FOR THE OPERATION OF A TEMPORARY FOOD PREMISES

PLEASE PRINT and SUBMIT AT LEAST 2 WEEKS PRIOR TO THE DATE OF THE EVENT/FUNCTION/SPECIAL OCCASION

FUNCTION	DATE(S) & TIMES	
LOCATION	DATE & TIME OF SET-UP	NO. OF PEOPLE EXPECTED
OPERATOR	ORGANIZATION	
ADDRESS	PHONE Hm.	Wk.
POSTAL CODE	FAX	E-MAIL

<b>MENU</b> (include all beverages and extra ingredients served with each item)		

<b>FOOD PREPARATION</b>		
How will foods be protected from contamination? (e.g. sneeze guard, plastic wrap)		
How will potentially hazardous food(s) (e.g. meat, fish, dairy products) be stored at proper temperatures (4°C/40°F or below or 60°C/140°F or above)?		
If applicable, how will food(s) be cooked?		
All food preparation will be done on-site. ^ Yes ^ No If no, provide detailed information as to where and when the food is being prepared, how it will be transported to the site, and by whom.		
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Describe method/means of hair restraint.	Aprons will be worn. ^Yes ^N/A	Thermometer provided. ^Yes ^N/A

<b>WATER SUPPLY, SEWAGE AND SOLID WASTE DISPOSAL &amp; WASHROOM FACILITIES</b>

Is provided at an approved/permitted facility (e.g. hall, school). ^ Yes ^ No If no, provide details:		
WATER SUPPLY		
SEWAGE DISPOSAL		
SOLID WASTE DISPOSAL		
WASHROOM FACILITIES	NO. OF MALE	NO. OF FEMALE

HAND, WARE & SURFACE WASHING FACILITIES	
DESCRIBE HAND WASHING SET-UP AND THE MEANS OF PROVIDING HOT WATER	PAPER TOWELS & DISPENSED SOAP WILL BE PROVIDED  ^ Yes ^ N/A
DESCRIBE METHOD OF CLEANING AND DISINFECTING SURFACES/EQUIPMENT/DISHES	TYPE OF DISINFECTANT AND CONCENTRATION TO BE USED
Single Service Utensils will be used. ^ Yes ^ No	

CONSTRUCTION OF FOOD PREMISES
Approved facility (e.g. school/hall kitchen) is being used. ^ Yes ^ No If no, describe the premises (booth/stall) to include surfaces, equipment, counters on an attached floor plan.

The Sanitation Code for Canada's Foodservice Industry has been reviewed. ^ Yes (available for loan from Environmental Health Services or Community Library)	NO. OF FOOD HANDLERS	NO. OF THOSE TRAINED (eg. FOODSAFE)
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I am familiar with the <i>Guidelines for the Operation of a Temporary Food Premises</i> , applicable federal and/or territorial legislation, and good public health practices that pertain to the operation of a food premises, and declare that, to the best of my knowledge, the information submitted is accurate.	
SIGNATURE OF APPLICANT	PRINT NAME
APPLICATION DATE	PHONE NUMBER

APPROVED BY  ENVIRONMENTAL HEALTH OFFICER	DATE
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Application to be submitted to: **Environmental Health Services**, #2 Hospital Road, Whitehorse, Yukon Y1A 3H8  
 Phone: (867) 667-8391 or 1-800-6610408 Fax: (867) 667-8322 E-mail: environmental.health@gov.yk.ca