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NOTICE OF INTENTION TO OPERATE A TEMPORARY FOOD PREMISES

Location of Event(s): _____
Date and Time of Event(s): _____
Business Name: _____ Operator: (if different from owner): _____
Corporation Number: _____ Address: _____
Telephone: _____ Town/City _____
Fax: _____ Postal Code: _____
No. of Certified Food Handlers: _____ Proposed No. of Food Handlers: _____
Last Event Attended: _____ **MENU: (Please check all that apply)**

TYPE OF ESTABLISHMENT
(Please check all that apply)

- Mobile Unit – self contained (i.e. chip truck/trailer)
- Other: (please describe): _____
- Preparing /cooking food on site
- Food Sales only (no preparation on site)
- Farmers' Market Vendor

- Full course meals
- HAMBURGERS
 Fresh; Frozen; Precooked
- SANDWICHES
 Fresh; Pre-Packaged
- CHICKEN
 Fresh; Frozen; Pre-cooked

METHOD OF MECHANICAL REFRIGERATION:

- Electric; Propane; Not Required

SALADS
Types: _____

FLOORING TYPE

- Wood; Synthetic; Other

BEVERAGES

- Hot Beverages; No Pop; Milkshakes Milk

WATER SOURCE

Please Specify: _____

ICE CREAM

- Scooped; Pre-Packaged

ALL PREMISES PREPARING FOOD MUST HAVE A SUPPLY OF HOT AND COLD RUNNING WATER UNDER PRESSURE NON HAZARDOUS FOODS

Waste Water Disposal Type: _____

MISCELLANEOUS

- French Fries; Poutine; Gravy
- Eggs; Pizza
- Other Please Specify: _____

Dated this _____ date of _____, 200_____

Signature of Owner _____

