

Temporary Food Establishment Application Form

Office Telephone Numbers

| | |
|------------------------|----------------|
| Mount Pearl | (709) 729-6362 |
| Harbour Grace | (709) 945-3107 |
| Clarenville | (709) 466-4060 |
| Grand Falls-Windsor | (709) 292-4206 |
| Gander | (709) 256-1420 |
| Corner Brook | (709) 637-2680 |
| Happy Valley-Goose Bay | (709) 896-5428 |

1 Event Information

| | | | |
|-----------------------------|----------------|---------------|-------|
| Event Name | | | |
| Date From _____ To _____ | | Opening Times | |
| Location Site | | | |
| Coordinator/Organizer | | | |
| Home Telephone | Work Telephone | Cellular | Pager |

2 Food Vendor

| | | | |
|--|----------------|-----------|----------|
| Name of Person In Charge | | | |
| Street/Mailing Address | | City/Town | Province |
| Postal Code | | | |
| Home Telephone | Work Telephone | Cellular | Pager |
| Associated Establishment Permit Number | | | |
| Name | | | |
| Address | | City/Town | Province |
| Postal Code | | | |
| Home Telephone | Work Telephone | Cellular | Pager |

3 Menu

| |
|----------------------|
| Food And Ingredients |
| Source |

4 Equipment

| | |
|---|---|
| Cooking (list Equipment Used) | Hot Holding |
| Refrigeration (type) | Transport (hot & Cold Holding) |
| Thermometer Yes <input type="checkbox"/> No <input type="checkbox"/> | Thermometers (Metal Stem) Present Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Uniforms/Hair Restraints | Other |

5 Booth

| | | | |
|---|--|---|---|
| Type | Floor (e.g. Pallet, Plywood) | Booth Number | Roof (e.g. Tent, Plywood) |
| Handwash: Piped Or <input type="checkbox"/> Water Reservoir <input type="checkbox"/> | Handwash Sink Present: Piped Or <input type="checkbox"/> Water Reservoir <input type="checkbox"/> | Waste Drained To: Sewer <input type="checkbox"/> Waste Tank <input type="checkbox"/> | Soap/hand Drying Towels _____ Refuse Container (covered) Yes <input type="checkbox"/> No <input type="checkbox"/> |

6 Protection

| | |
|-------------------------------|--|
| Display(s)/method/sneezeguard | Condiments Covered Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Single Service Utensils | Straws Wrapped <input type="checkbox"/> Dispenser <input type="checkbox"/> |

7 Comments

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8

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|--|--|--------------------------------|
| Applicant's Signature <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | Inspector's Signature <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | Date Y Y Y Y M M D D / / |
|--|--|--------------------------------|

PRIVACY NOTICE

The Government Service Centre collects personal information relating to food establishments under the authority of the *Food and Drug Act* and the *Food Premises Regulations*. Personal information collected by the Government of Newfoundland and Labrador is protected under the *Access to Information and Protection of Privacy (ATIPPA) Act*. If you have any questions about the collection or use of this information, please contact a Government Service Centre representative at your nearest Government Services Office.