

## APPLICATION – SALE OF FOOD AT TEMPORARY FOOD MARKETS

Application Date: _____	Applicant: _____
Mailing Address: _____ _____	City: _____ Postal Code: _____
Phone (Day): _____	Phone (Cell): _____
Fax: _____	E-mail: _____
Applicant's Signature: _____	

Name of Market / Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Location of Market / Event: \_\_\_\_\_ Business Hours: \_\_\_\_\_ to \_\_\_\_\_

**NOTE: If selling at multiple markets - list all locations on separate page.**

Market Manager: \_\_\_\_\_ Phone #: \_\_\_\_\_

Provide a complete list of your food products. List additional foods on separate page if more space needed.


Describe your packaging method by checking the applicable boxes as noted below.

- Plastic Wrap     
  Bottle     
  Jar (Low Risk Foods Only)     
  Pouch     
  Vacu-packed  
 Other \_\_\_\_\_

Have you previously received a Letter of Acceptance or Confirmation for the foods intended to be sold:     Yes     No  
 If yes, please provide a copy of the letter(s) with your application.

For EACH food product intended to be sold at the temporary market, please include the following documents with your application form.

- A list of ingredients.
- A brief description of the preparation and preservation method.
- A sample of your product label.
- For each food item, indicate location of processing/packaging (e.g. home or commercial establishment **including address**).
- If you have done quality assurance testing of your products, please provide a copy of your most recent lab reports where applied:
  - Bacteriology, or       pH, or       Aw

**To be Filled Out by EHO**

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Objection:       Yes       No

If yes, attach reason (s).

Sign or mark with Health Authority stamp and return a copy of the reviewed application to the applicant.

**APPLICATION FORM IS DUE AT LEAST 30 DAYS PRIOR TO THE EVENT**  
**NOTE – Applicants should plan for a 14 day processing turn around time.**