

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.**