

Form A*
APPLICATION FOR TEMPORARY EVENT FOOD PERMIT
 Pursuant to Nova Scotia Food Safety Regulations

The information contained in this application may be subject to public release.

Please note: This permit is **not transferable**.

(This will be used as return mailing address information)

1. Operator: _____

2. Street: _____

City/Town: _____ Province: _____ Postal Code: _____

3. Phone: (H) _____ / (W) _____ Fax: _____

4. Email address: _____

5. Name of Event/Public Market: _____

6. Registry Joint Stock # _____ (if applicable)

Inspection/Permit Fees

7. Indicate one:	FEE	HST(13%)	TOTAL
<input type="checkbox"/> Public Market	\$ 35.87	\$ 4.66	\$ 40.53
<input type="checkbox"/> Temporary Event (1 day)	\$ 11.21	\$ 1.46	\$ 12.67
<input type="checkbox"/> Temporary Event (2 days or longer)	\$ 23.55	\$ 3.06	\$ 26.61
<input type="checkbox"/> Multiple Temporary Events (2 to 5 events)	\$ 35.87	\$ 4.66	\$ 40.53
<input type="checkbox"/> Non-Profit – Fee not required	N/A	N/A	N/A
Raising funds for: _____			

Forward form with cheque or money order ONLY (no debit, credit or cash) payable to “Minister of Finance” to:

Department of Agriculture
Food Safety Section
PO Box 2223
Halifax NS B3J 3C4

For more information please visit our website at www.gov.ns.ca/agri/foodsafety

Date: _____ Signature of applicant: _____

OFFICE USE ONLY:

Date Approved by Food Safety Specialist: _____

Signature of Food Safety Specialist: _____

Form B
APPLICATION FOR TEMPORARY EVENT FOOD PERMIT (con't)

Single Event /Public Market:

Name of Event/ Public Market: _____ Date(s): _____

Site of Event/ Public Market: _____

Multiple Events:

Name of Events	Locations	Dates
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Contact Person: _____

Menu:

What foods will be sold _____

Where and by whom will foods be prepared _____

Describe Equipment to be used at site:

Cooking _____ Refrigeration _____

Hot Holding _____ Food Storage _____

Prepared foods transported to site **Yes** **No** **How** _____

How will utensils be washed _____

Facilities:

Describe booth / structure from which food will be served:

Floor _____ Roof _____ Sides _____

Describe what hand washing is available at booth _____

Toilet and hand washing:

Number of toilets available: **Male** _____ **Female** _____ **For Foodhandlers** _____

Is hand washing available: **Yes** **No** **Describe** _____

Portable Toilets: Name of Contractor _____

Is there a maintenance contract **Yes** **No**

Foodhandler awareness:

Has person in charge of booth or any workers attended a Department sponsored course of instruction for foodhandlers? Person in charge **Yes** **No** Workers **Yes** **No**

Please provide names and dates of attendance (list on back of application if necessary) _____

Date _____ **Signature of Applicant** _____

OFFICE USE ONLY

Food Safety Specialist: _____

Date: _____