



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

**PLEASE NOTE:** This permit is **not transferable** to any person/business or market.

|  |   |
|--|---|
| <b>⇒ 1</b>   | <b>CONTACT INFORMATION (This will be used as <u>return mailing address info.</u>)</b> |
| Operator/Contact Name: _____   |   |
| Mailing Address: _____   |   |
| City/Town: _____ Province: _____ Postal Code: _____  |   |
| Phone: (1) _____ (2) _____ Fax: _____  |   |
| Email address: _____   |   |
| Registered Business # _____  |   |
| (To register a business, please visit Service Nova Scotia <a href="http://www.gov.ns.ca/snsmr/business/starting/default.asp#register">www.gov.ns.ca/snsmr/business/starting/default.asp#register</a> ) |   |

- |            |  |
|------------|--|
| <b>⇒ 2</b> | <ul style="list-style-type: none"> <li>▪ Per the <i>Guidelines for Public Markets</i>, permits are for <b><u>NO LONGER than 2 days</u></b> at any individual market.</li> <li>▪ A vendor can apply for more than one market location on the same “permit”, <b><u>if the markets operate on DIFFERENT DAYS of the week.</u></b></li> <li>▪ For more information please visit our website at <a href="http://www.gov.ns.ca/agri/foodsafety">www.gov.ns.ca/agri/foodsafety</a></li> </ul> |
|------------|--|

| NAME OF MARKET(S) | CIVIC # & ADDRESS | DAY OF THE WEEK |
|-------------------|-------------------|-----------------|
| 1.                |                   |                 |
| 2.                |                   |                 |
| 3.                |                   |                 |
| 4.                |                   |                 |
| 5.                |                   |                 |
| 6.                |                   |                 |
| 7.                |                   |                 |

|   |  |   |                 |   |                  |   |                  |   |         |   |         |   |                |
|---|--|---|-----------------|---|------------------|---|------------------|---|---------|---|---------|---|----------------|
| <b>⇒ 3</b>  | <b>INSPECTION/PERMIT FEES – Indicate ONE</b> |   |                 |   |                  |   |                  |   |         |   |         |   |                |
| <table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;"><b>FEE</b></td> <td style="text-align: center;">+</td> <td style="text-align: center;"><b>HST(15%)</b></td> <td style="text-align: center;">=</td> <td style="text-align: center;"><b>TOTAL</b></td> </tr> </table>   |  |   | <b>FEE</b>      | + | <b>HST(15%)</b>  | = | <b>TOTAL</b>     |   |         |   |         |   |                |
|   | <b>FEE</b>                                   | +   | <b>HST(15%)</b> | = | <b>TOTAL</b>     |   |                  |   |         |   |         |   |                |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"><input type="checkbox"/> Public Market (Vendor)</td> <td style="width: 15%; text-align: right;">\$ 36.59</td> <td style="width: 5%; text-align: center;">+</td> <td style="width: 15%; text-align: right;">\$ 5.49</td> <td style="width: 5%; text-align: center;">=</td> <td style="width: 20%; text-align: right;">\$ <b>42.08*</b></td> </tr> <tr> <td><input type="checkbox"/> Public Market (Organizer) – go to #7</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: center;">+</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: center;">=</td> <td style="text-align: right;">\$ <b>0.00</b></td> </tr> </table> |  | <input type="checkbox"/> Public Market (Vendor) | \$ 36.59        | + | \$ 5.49          | = | \$ <b>42.08*</b> | <input type="checkbox"/> Public Market (Organizer) – go to #7 | \$ 0.00 | + | \$ 0.00 | = | \$ <b>0.00</b> |
| <input type="checkbox"/> Public Market (Vendor)   | \$ 36.59                                     | +   | \$ 5.49         | = | \$ <b>42.08*</b> |   |                  |   |         |   |         |   |                |
| <input type="checkbox"/> Public Market (Organizer) – go to #7   | \$ 0.00                                      | +   | \$ 0.00         | = | \$ <b>0.00</b>   |   |                  |   |         |   |         |   |                |
| <p>* Fee required for <b>each</b> market(s) that operate on same day. (For example: Halifax and Wolfville, both Saturday = FEE x 2.)</p>  |  |   |                 |   |                  |   |                  |   |         |   |         |   |                |

**FORM B MUST BE COMPLETED (page 2)**

⇒ **4** MENU (list on back of application if necessary)

What foods will be sold \_\_\_\_\_

Where and by whom will foods be prepared \_\_\_\_\_

⇒ **5** 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 \_\_\_\_\_

⇒ **6** FACILITIES

Describe booth / structure from which food will be served:

Floor \_\_\_\_\_ Roof \_\_\_\_\_ Sides \_\_\_\_\_

Describe what hand washing is available at booth \_\_\_\_\_

⇒ **7** TOILET AND HAND WASHING (Organizers ONLY)

Number of toilets available: **Foodhandlers use** \_\_\_\_\_ **Public use** \_\_\_\_\_

Is hand washing available: Yes  No  Describe \_\_\_\_\_

Portable Toilets: Name of Contractor: \_\_\_\_\_

Is there a maintenance contract: Yes  No

⇒ **8** 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) \_\_\_\_\_

⇒ **9** RETURN COMPLETED FORM WITH PAYMENT

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

DATE: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_