

Appendix IV - Application for Sale of Higher Risk 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 Pouch Vacu-packed Other _____

Have you previously received a Letter of Acceptance or Confirmation for the foods intended to be sold:

No Yes *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. 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 A_w

To be completed by EHO	
Received by: _____	
Date: _____	
Objection: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, attach reason(s).</i>	
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
AND SENT TO YOUR LOCAL HEALTH AUTHORITY**

NOTE – Applicants should plan for a 14-day processing turnaround time.