Temporary Food Establishment
APPLICATION FORM

Event:
Name: **St. John's Farmers Market**
Date: From: To: Opening Times: **9:00 AM**
Location/Site: **Lions Chalet, St. John's**
Co-ordinator/Organizer: **Terry Smith (sjfm.admin@gmail.com)**
Phone: **426 0929**

Food Vendor:
Name (Person in charge):
Address:

Postal Code:
Phone:
Associated Establishment: Permit Number:
Name:
Address:
Postal Code: Phone:

Menu:
Food and Ingredients:
Sources of Ingredients:

Equipment:
Cooking (list equipment used):

Hot Holding:
Transportation (Hot & Cold Holding):

Refrigeration (Type):

Thermometer: Yes: No: Thermometers (Metal Stem) Present: Yes: No:
Uniforms/Hair Restraints:
Other:

Booth
Type: **Table** Booth Number**: N/A**
Floor: (e.g. pallet, plywood): Roof (e.g. tent, plywood):

Hand wash: Piped: **Yes** Water Reservoir:
Soap/Hand drying Towels: **Yes**
Hand Sink Present: Yes: **X** No:
Waste Drained to: Sewer: **X** Waste Tank
Refuse Container (Covered): Yes: No:

Protection:
Dispay(s)/Method/Sneezeguard (describe):
Condiments: Covered: Yes: No:
Single Service Utensils(List):
Straws (Yes/No): Wrapped: Dispenser:
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Comments:

Date: