

Food Vendors applications will only be accepted if accompanied by a Calgary Health Region form.

PLEASE INCLUDE THIS FORM WITH YOUR APPLICATION FOR THE 2009 ARTISAN'S FAIR

Participant Application Form for Special Events & Trade Shows

Name of Event: ARTISAN'S FAIR AT FORT CALGARY

Date(s) of Event: NOVEMBER 11, 2009

Event Location: 750 - 9 AVENUE SE Indoor Outdoor

Business / Trade Name: _____

Food Vending Cart # or Booth # (if applicable): TBD Has a valid food permit: YES NO

Business Address: Street / Box #: _____

City: _____ Postal Code: _____

Contact Person : _____ Telephone No.: _____

Email Address: _____ Cellular No.: _____ FAX No.: _____

Name & Address where food(s) and/or beverages will be prepared:

Name: _____ City: _____

Street / Box #: _____ Postal Code: _____

Name of persons who have attended an approved safe food handling course:

<u>Food / Beverage Items</u>	<u>Food Preparation Procedures</u>	<u>Method of Customer Service</u>
<u>Example - spicy rice & vegetables</u>	<u>Example - cooked in slow cooker</u>	<u>Example - staff serving on</u>
_____	_____	<u>paper plates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF ANY CHANGES ARE MADE TO THE APPLICATION, CALGARY HEALTH REGION MUST BE NOTIFIED

The following questions relate directly to on-site cooking and serving of food products:

1. Services:
- A. Water Service Municipal water Holding tank None
 Food grade quality water lines YES NO
- B. Liquid Waste Municipal sewer Holding tank None
- C. Solid Waste
 Type of container: _____
 Liners for containers: _____
 Number of containers: _____
- D. Power Electrical Gas / propane None

2. Food Protection and Temperature Control:

A. Hot holding equipment (chafing dishes are not recommended for outdoor events)

- Steam tables Number _____ Other _____
- Cambros Number _____ None _____
- Stoves Number _____

B. Cold holding equipment

- Refrigerator Number _____ Other _____
- Cambros Number _____ None _____
- Ice chest with ice Number _____

C. Protection from contamination

- Sneeze guards Number _____ Other _____
- Lids Number _____ None _____
- Barriers Number _____

D. Food transportation method

- Cambros Number _____ Other _____
- Ice chests Number _____ None _____
- Reefer trucks Number _____

3. Cooking Equipment:

- Stoves BBQs Microwave None Other _____

4. Ventilation:

- Natural Mechanical None

5. Sinks (Please mark only what sinks are available to you on-site)

- A. Handwash station located at booth OR YES NO
- B. Temporary handwash station* YES NO
- C. Utensil washing two (2) compartment sink YES NO
- D. Other (i.e. three (3) compartment sink) YES NO

*A temporary handwash station is permitted in limited circumstances.
For more information, please contact our office at 943-8095.

6. Structure

A. Type of structure (applies to outdoor events only)

- Enclosed tent Open tent Open-top booth Covered booth Other _____

B. Surfaces

- Type of floor surface in booth _____ Type of wall surface in booth _____
- Type of counter surface _____

7. Supplies:

- A. Hand soap in dispenser YES NO
- B. Paper towel in dispenser YES NO
- C. Sanitizer Chlorine Quaternary ammonium compound Iodine
- D. Test strips YES NO
- E. Probe thermometer capable of 0C - 100C (digital thermometer recommended) YES NO

I have read & understand the minimum requirements that must be met by the Special Events & Trade Shows Participant.

Date of Application

Signature of Participant

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