



APPLICATION FOR TEMPORARY FOOD PERMIT

Date of Application

Special Event Information	
Event Name:	The Prince George Exhibition (PGX) <i>What is the common name of the Event?</i>
Event Location	Prince George Exhibition Grounds, Prince George, BC <i>Where will the event be held? ie: Name of Park or Community Centre</i>
Address of Event:	4199 Ospika Blvd Prince George, B.C. <i>If held over several streets in the central business area, state 'Downtown'</i>
Event Coordinator:	Prince George Exhibition – Terri McConnachie, General Manager <i>Person or Society responsible for the whole Event</i>
Contact Info Include Address & Phone #	P.O. Box 955 Prince George, B.C. V2L 4V1 Phone: 563-4096 Fax: 563-3088 pgxterri@yahoo.ca

Event Details				
	<i>Start Date: August 11, 2010</i>		<i>End Date: August 15th, 2010</i>	
Dates of Event	August 11-12	August 13	August 14	August 15
Times of Event	10am-10pm	10am-Midnight	10am-Midnight	10am-6pm
No of People Expected to Attend	40,000 +			

Applicant Information		
Name of Temporary Food Establishment		
Name of Owner		Day Phone:
Contact Person		Cell Phone:

Contact Address:	
	<i>Who will be the contact person during the event?</i>

Facility Details	
Type of Facility	<input type="checkbox"/> Food Trailer <input type="checkbox"/> Tent / Canopy <input type="checkbox"/> Building on Site <input type="checkbox"/> Open Air <input type="checkbox"/> Mobile Cart <input type="checkbox"/> Other
Chain or Franchise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please state Name	
Running Hot Water Present?	<input type="checkbox"/> Yes
Waste Water Disposal Method:	<input type="checkbox"/> Piped Connection <input type="checkbox"/> Holding Tank <input type="checkbox"/> Other
Waste Disposal Description	
Type of Food Storage <i>(tick all applicable categories)</i>	<input type="checkbox"/> Cold <input type="checkbox"/> Hot <input type="checkbox"/> Frozen <input type="checkbox"/> Dry

Food Served	
Perishable Food Prepared / Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commercially Prepackaged Food?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Preparation / Packaging before Event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Preparation	

Menu <i>(include all beverages and extra ingredients served with each item)</i>	

Food Preparation	
How will foods be protected from contamination? <i>(eg sneeze guard, plastic wrap)</i>	
How will potentially hazardous foods(s) be stored at proper temperatures <i>(eg meat, fish, dairy products) (4° C/40°F or below or 60°C/140°F or above)</i>	
If applicable, how will food(s) be cooked?	

All Food preparation will be done on-site	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO, provide detailed information as to where and when the food is being prepared, how it will be transported to the site, and by whom		
Thermometer provided	<input type="checkbox"/> Yes	
Attach Your Food Safety Plan	<input type="checkbox"/> Yes	

Hand / Ware & Surface Washing Facilities		
Do you have the following available? <i>(please tick all applicable boxes)</i>		
Warm Water under gravity or pressure	<input type="checkbox"/> Yes	
Paper Towels	<input type="checkbox"/> Yes	
Liquid Soap	<input type="checkbox"/> Yes	
Basin to act as a sink	<input type="checkbox"/> Yes	
Large 5 Gallon plastic Waste Container to hold Waste Water <i>(must not be disposed of on ground or in gutter)</i>	<input type="checkbox"/> Yes	
Describe Method of Cleaning and Disinfecting Surfaces / Equipment / Dishes:		
Single Service Utensils will be used:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Staff	
Number of Certified Supervisors	
Number of Certified Food Handlers	
Total Number of Food Handlers <i>(certified and non-certified)</i>	
Food Safe Certificates attached	<input type="checkbox"/> Yes

Signature	
I am familiar with good public health practices that pertain to the operation of a food premise, and declare that to the best of my knowledge, the information submitted here is accurate	
SIGNATURE OF APPLICANT	PRINT NAME
PHONE NUMBER:	

Approval	
APPROVED BY	DATE
Environmental Health Officer	