



Participant Application Form for Special Events & Trade Shows

Event Name: _____

Location: _____

Date of Event: _____

Business/Trade Name: _____

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

Business Address: _____

_____ Postal Code _____

Contact person: _____

Telephone No: _____ FAX No.: _____

Cellular No. _____ Email: _____

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

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

Table with 3 columns: Food/Beverage item, Food preparation procedures, Method of customer service. Includes three rows of blank lines for data entry.

*please attach addition sheets if necessary

IF ANY CHANGES ARE MADE, 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: city water, holding tank, food grade quality water lines
B. Liquid Waste: city sewer, holding tank
C. Solid Waste: type of container, size of container, number of containers
D. Power: electrical, gas/propane

2. Food Protection and Temperature Control

- A. Hot holding equipment (i.e. steam tables, cambros, stoves, etc.)
 Type _____ Number _____

- B. Cold holding equipment (i.e. refrigeration, cambros, ice chests with ice, etc.)
 Type _____ Number _____

- C. Protection from contamination (i.e. sneeze guards, appropriate lids, barriers, etc.)
 Type _____ Number _____

- D. Food Transportation Method (i.e. cambros, ice chests, reefer trucks, thermal units, etc.)
 Equipment Type _____ Number _____

3. Cooking Equipment (i.e. stoves, BBQs, microwave, etc.)

Types _____

4. Ventilation

Type Mechanical Natural N/A

5. Sinks *PLEASE CIRCLE ONLY WHAT YOU WILL HAVE*

- | | | |
|---------------------------------------------|-----|----|
| 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 [ie three (3) compartment sinks] | 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 Opened tent Open-top booth Covered booth Other: _____

B. Surfaces

- A. Type of floor surface in booth _____
- B. Type of wall surface in booth _____
- C. Type of counter surface _____

7. Supplies

- | | | |
|--------------------------------------------------------------------------|-----|----|
| A. Hand soap in dispenser | YES | NO |
| B. Paper towels in dispenser | YES | NO |
| C. Sanitizer (i.e. chlorine, quaternary ammonia solution)
Type: _____ | YES | NO |
| D. Sanitizer test strips | YES | NO |
| E. Probe type thermometer capable of 0°C-100°C | YES | NO |

Date of Application

Signature of Participant