



Richmond Office, 325-8100 Granville Ave, Richmond, V6Y 3T6 604-233-3147
 Vancouver Office, 1200-601 West Broadway, Vancouver, V5Z 4C2 604-675-3800
 North Vancouver Office, 132 W Esplanade, North Vancouver, V7M 1A2 604-983-6700
 Sechelt Office, Box 1040, 5571 Inlet Ave., Sechelt, V0N 3A 604-885-5164
 Squamish Office, Box 220 1140 Hunter Pl., Squamish, V8B 0A2 604-892-2293
 Whistler Office, 202-4380 Lorimer Rd, Whistler, V0N 1B4 604-932-3202
 Powell River Office, 3rd floor, 5000 Joyce Ave, Powell River, V8A 5R3 604-485-3310

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: Yes No
 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 Aw

To be filled out by EHO	
Received by: _____	
Date: _____	
Objection: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, attach reason(s).	
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
NOTE – Applicants should plan for a 14 day processing turn around time.