

The information contained in this application may be subject to public release.

Please note: Applications should be received **at least two weeks prior** to the event.

This permit is **not transferable to any person or business.**

1 Give contact information (This will be used as return mailing address information.)

Operator/contact name: _____

Mailing address: _____ City/Town: _____ Prov.: _____ Postal code: _____

Telephone: _____ Cell: _____ Fax: _____

Email address: _____

Registered business number:

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(To register a business, please visit Service Nova Scotia at <http://novascotia.ca/sns/access/business/ready-register-business.asp>)

2 Specify type of event (check ONE)

TYPE OF EVENT	INSPECTION/PERMIT FEES				
<input type="checkbox"/> Temporary Event (one day)	FEE	+	HST(15%)	=	TOTAL
<input type="checkbox"/> Temporary Event (two days or longer)	\$24.18	+	\$3.63	=	\$27.81
<input type="checkbox"/> Non-profit – Fee not required (max. 15 individual days)	\$50.78	+	\$7.62	=	\$58.40
Charity / Raising funds for: _____	n/a	+	n/a	=	n/a

3 Give event(s) details (For more information on temporary events, please visit our website at <http://www.novascotia.ca/aqri/programs-and-services/food-protection/retailers/>)

SINGLE / FIRST EVENT		
Name of Event	Location (address including civic number)	Dates

FORM B MUST BE COMPLETED (page 2)

4 Give menu details *(List on back of application if necessary)*

What food(s) will be sold? _____

Where and by whom will foods be prepared? _____

5 Describe equipment to be used at site

Cooking _____ Refrigeration _____

Hot Holding _____ Food Storage _____

Will prepared foods be transported to site? Yes No If yes, How? _____

How will utensils be washed? _____

6 Describe facilities

Booth / structure from which food will be served: _____

Floor _____ Roof _____ Sides _____

Describe what hand washing is available at booth _____

7 Toilet and hand washing *(Organizers ONLY)*

Number of toilets available: Foodhandlers use _____ Public use _____

Is hand washing available? Yes No Describe: _____

Portable toilets? Name of Contractor: _____

Is there a maintenance contract? Yes No

8 Foodhandler awareness

Has person in charge of booth or any workers attended a Department sponsored course of instruction for foodhandlers?

Person in charge: Yes No Workers: Yes No

Please provide names and dates of attendance (list on back of application if necessary)

9 Sign application

Signature of Applicant

Date

10 Enclose payment *(cheque or money order ONLY – no debit, credit or cash - Payable to “Minister of Finance”)*

11 Return completed form with payment to

Nova Scotia Department of Agriculture, Agriculture and Food Operations

Food Protection and Enforcement

PO Box 890 (Harlow Institute), Truro, NS B2N 5G6

Questions? Call toll-free 855-893-5309 or 902-893-5311(Truro) • Fax: 902-896-2381