

Agriculture

*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: 

										N	S		
--	--	--	--	--	--	--	--	--	--	---	---	--	--

(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) <input type="checkbox"/> Temporary Event (two days to a maximum of 15 - <i>consecutive</i> days) <input type="checkbox"/> Non-profit – Fee not required ( <b>max.</b> 15 <i>consecutive</i> days) Charity / Raising funds for: _____	<b>FEE</b>	<b>+</b>	<b>HST(15%)</b>	<b>= TOTAL</b>
	\$24.18	+	\$3.63	= \$27.81
	\$50.78	+	\$7.62	= \$58.40
	n/a	+	n/a	= n/a

### 3 Give event(s) details *(For more information on temporary events, please visit our website at [www.novascotia.ca/agri/foodsafety/policies/tempevents\\_public.shtml](http://www.novascotia.ca/agri/foodsafety/policies/tempevents_public.shtml))*

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