



APPLICATION FOR POW WOW/SPECIAL EVENT FOOD VENDORS

I (we) hereby apply as a pow wow food vendor, and in support of this application supply the following information:
Please note: Please fax completed form to Environmental Public Health Services 780-495-2796. Original will be required at time of inspection.

(Please print)

1. NAME OF OWNER/COMPANY: _____

2. TRADE NAME (Name of Food Establishment): _____

3. ADDRESS WHERE FOOD ESTABLISHMENT LOCATED: _____

_____ POSTAL CODE: _____

4. POSTAL ADDRESS: _____

_____ POSTAL CODE: _____

6. IF MOBILE UNIT: (a) SERIAL & LICENCE PLATE#: _____

(b) ADDRESS OF HOME BASE: _____

7. Does food establishment have a food establishment permit? YES NO

If yes, which Regional Health Authority issued the permit? Date issued? _____

If no, what is the reason?

8. NAME OF SUPERVISOR OR MANAGER: _____

At least one employee on shift must have food handler training.

Has training been completed? YES NO

IF YES, NAME OF PERSON(S) CERTIFIED & COURSE NAME: _____

Date course completed? _____

9. DATE OF OPENING: _____ NUMBER OF STAFF: _____

10. MENU ATTACHED: YES NO EQUIPMENT INVENTORY ATTACHED: YES NO

11. PHONE #: _____ FAX #: _____

CELLULAR PHONE OR PAGER #: _____

12. _____

APPLICANT'S SIGNATURE

PLEASE PRINT NAME

DATE

Environmental Public Health Services

Suite 630, 9700 Jasper Ave.

Edmonton, Alberta T5J 4G2

(780) 495-2712, (780) 495-2796 (fax)

