



# APPLY TO OPERATE A TEMPORARY FOOD SERVICE

**Application deadline:** Complete and submit this application **at least 14 calendar days before your event.** Applications received with less than 14 days' notice may not be processed.

### When do you need a food permit?

- A permit from Environmental Health Services is required to serve food at any **public event**.
- You do not need to submit an operation of a temporary food service application for a private event (for example, wedding, potlatch, family reunion).

### Only complete this form if you will be operating:

- 20 days or less per calendar year; and
- at a farmer's market, fair, carnival, circus, sports day, public exhibition, or other public gathering.

### Contact Environmental Health Services if:

- You have an existing food premise permit. A catering condition may be added to an existing food premise permit. This allows catering companies to provide full food and beverage services at clients' events such as weddings, meetings, staff parties, or sporting events.
- If you plan to provide catering services and do not own or operate a food premise.

**Guidelines:** Refer to the [Guidelines for the Operation of a Temporary Food Service](#) for information.

### Submit your application

- **By email:** [environmental.health@yukon.ca](mailto:environmental.health@yukon.ca)
- **In person:** We are located at #2 Hospital Road in Whitehorse. Our office is open Monday to Friday from 8:30 am to 5 pm. We are closed on statutory holidays.
- **By fax:** 867-667-8322
- **By mail:** Government of Yukon  
Department of Health and Social Services  
Environmental Health Services (H-2)  
Box 2703  
Whitehorse, Yukon Y1A 2C6

For questions about applying to operate a temporary food premise email [environmental.health@yukon.ca](mailto:environmental.health@yukon.ca) or phone 867-667-8391, toll free in the Yukon 1-800-661-0408, extension 8391.

### Applicant information

Name of the food premise

### Business or organization information (if applicable)

Name

Phone

Alternative phone

Fax

Email

### Owner or operator's information

First name

Last name

Work phone

Cell phone

Email

### Mailing address

Unit number (optional)

Street number and name, or P.O. box number

City or town

Province or territory

Postal code

Provide details for all events where you will be operating your temporary food premise.

Event 1 information			
Event name		Location name (for example, Shipyards park)	
Will there be multiple food vendors at this event? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the Event Coordinator's name: _____			
Event physical address			
Unit number (optional)	Street number and name		
City or town		Province or territory	Postal code
Date(s) and hours your food premise will be operating			
<b>Date</b>		<b>Hours</b>	
From: YYYY-MM-DD	To: YYYY-MM-DD	From:	To:
From: YYYY-MM-DD	To: YYYY-MM-DD	From:	To:
From: YYYY-MM-DD	To: YYYY-MM-DD	From:	To:
From: YYYY-MM-DD	To: YYYY-MM-DD	From:	To:
From: YYYY-MM-DD	To: YYYY-MM-DD	From:	To:
Expected number of visitors to your food premise		Will your food premise be indoors or outdoors? <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	
First and last name of the person in charge of your food premise at the event			
Event 2 information			
Event name		Location name (for example, Shipyards park)	
Will there be multiple food vendors at this event? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the Event Coordinator's name: _____			
Event physical address			
Unit number (optional)	Street number and name		
City or town		Province or territory	Postal code
Date(s) and hours your food premise will be operating			
<b>Date</b>		<b>Hours</b>	
From: YYYY-MM-DD	To: YYYY-MM-DD	From:	To:
From: YYYY-MM-DD	To: YYYY-MM-DD	From:	To:
From: YYYY-MM-DD	To: YYYY-MM-DD	From:	To:
From: YYYY-MM-DD	To: YYYY-MM-DD	From:	To:
From: YYYY-MM-DD	To: YYYY-MM-DD	From:	To:
Expected number of visitors to your food premise		Will your food premise be indoors or outdoors? <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	
First and last name of the person in charge of your food premise at the event			

If you need additional space, attach a separate sheet.

## Food items

- List all foods and beverages you plan to serve, including condiments.
- All food must come from an approved or regulated source.
- High-risk manufactured food products (for example, fermented vegetables, antipasto, sauces) require a food safety plan and testing to confirm pH and/or water activity levels.
- Pre-packaged foods must meet labeling requirements under the *Food and Drugs Act and Regulations* and *Safe Food for Canadians Act and Regulations*. See [Canadian Food Inspection Agency's \(CFIA\) Online Labelling Tool for Industry](#).
- Home-prepared or home-stored foods are not permitted.
- **Prepared at event (onsite):** includes chopping, mixing, assembling, cooking, and reheating in the food booth.
- **Prepared in a permitted kitchen (off-site):** includes chopping, mixing, assembling, cooking and reheating food at an approved food premises prior to the event.
- **Purchased pre-packaged:** food items you purchase already packaged and require no food handling prior to selling.

**Note:** If the space provided is not enough to list all menu items, attach an additional page with the full list.

Menu item	Where is the item prepared?	Item is served
	<input type="checkbox"/> At event <input type="checkbox"/> Permitted kitchen <input type="checkbox"/> Purchased pre-packaged	<input type="checkbox"/> Hot <input type="checkbox"/> Cold
	<input type="checkbox"/> At event <input type="checkbox"/> Permitted kitchen <input type="checkbox"/> Purchased pre-packaged	<input type="checkbox"/> Hot <input type="checkbox"/> Cold
	<input type="checkbox"/> At event <input type="checkbox"/> Permitted kitchen <input type="checkbox"/> Purchased pre-packaged	<input type="checkbox"/> Hot <input type="checkbox"/> Cold
	<input type="checkbox"/> At event <input type="checkbox"/> Permitted kitchen <input type="checkbox"/> Purchased pre-packaged	<input type="checkbox"/> Hot <input type="checkbox"/> Cold
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	<input type="checkbox"/> At event <input type="checkbox"/> Permitted kitchen <input type="checkbox"/> Purchased pre-packaged	<input type="checkbox"/> Hot <input type="checkbox"/> Cold
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	<input type="checkbox"/> At event <input type="checkbox"/> Permitted kitchen <input type="checkbox"/> Purchased pre-packaged	<input type="checkbox"/> Hot <input type="checkbox"/> Cold
	<input type="checkbox"/> At event <input type="checkbox"/> Permitted kitchen <input type="checkbox"/> Purchased pre-packaged	<input type="checkbox"/> Hot <input type="checkbox"/> Cold

**If preparing foods prior to the event, complete this section.**

Name of permitted kitchen where food will be prepared	Date food will be prepared YYYY-MM-DD
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**Physical address**

Unit number (optional)	Street number and name	
City or town	Province or territory	Postal code
Contact person's first name	Contact person's last name	Contact person's phone

Attach the following. Select each checkbox to confirm that they have been attached.

Rental agreement if you don't own or operate the permitted kitchen.

Food safety plan.

**Note:** If you plan to provide catering services, and you don't own or operate a food premises, contact Environmental Health Services.

**Physical details and construction of food premise**

Is the premise located indoors or outdoors?

Indoors    Outdoors

What type of premises will be used to prepare and/or store food at the site of the event? (Choose one)

Temporary food booth (for example, table, tent)  
Describe: \_\_\_\_\_

Onsite kitchen in a building (for example, church, community hall)  
Specify: \_\_\_\_\_

Offsite prep kitchen  
Specify: \_\_\_\_\_

Other (specify): \_\_\_\_\_

Construction materials for temporary food booth or outdoor premises (for example, vinyl, painted plywood, stainless steel)

- Flooring: \_\_\_\_\_  
**Note:** Acceptable flooring includes asphalt, concrete, finished plywood, or a similar non-absorbent material.
- Walls: \_\_\_\_\_
- Roofing: \_\_\_\_\_
- Counters and tables: \_\_\_\_\_

## Physical details and construction of food premise continued

### Food safety - Equipment for food storage, preparation and service

Check all that apply:

#### Transport food to event

- |   |  |
|---|--|
| <input type="checkbox"/> Cooler(s) with ice or ice packs  | <input type="checkbox"/> Insulated container(s) (hot foods only) |
| <input type="checkbox"/> Refrigeration or freezer unit(s) | <input type="checkbox"/> Other (specify) : _____                 |

#### Keep food hot at the event

- |  |   |
|--|---|
| <input type="checkbox"/> Barbeque                      | <input type="checkbox"/> Insulated containers             |
| <input type="checkbox"/> Oven or stove                 | <input type="checkbox"/> Foods do not need to be kept hot |
| <input type="checkbox"/> Chafing dishes or steam table | <input type="checkbox"/> Other (specify) : _____          |

#### Keep food cold at the event

- |   |  |
|---|--|
| <input type="checkbox"/> Cooler(s) with ice packs         | <input type="checkbox"/> Foods do not need to be kept cold |
| <input type="checkbox"/> Refrigeration or freezer unit(s) | <input type="checkbox"/> Other (specify) : _____           |

#### Protect food from contamination

- |  |  |
|--|--|
| <input type="checkbox"/> Tent or umbrella        |  |
| <input type="checkbox"/> Food wrap               | <input type="checkbox"/> Sneeze guard            |
| <input type="checkbox"/> Food storage containers | <input type="checkbox"/> Other (specify) : _____ |

#### Check temperatures

- |  |  |
|--|--|
| <input type="checkbox"/> Probe thermometer (for foods) | <input type="checkbox"/> Infrared thermometer            |
| <input type="checkbox"/> Refrigerator thermometer      | <input type="checkbox"/> Thermometers will not be needed |

#### Provide dishware or cutlery for customers

- |   |  |
|---|--|
| <input type="checkbox"/> Single use (disposable)                |  |
| <input type="checkbox"/> Dishware or Cutlery will not be needed | <input type="checkbox"/> Other (specify) : _____ |

#### Cook or reheat food

- |  |   |
|--|---|
| <input type="checkbox"/> Barbeque      |   |
| <input type="checkbox"/> Over or stove | <input type="checkbox"/> Foods will not be cooked or reheated |
| <input type="checkbox"/> Microwave     | <input type="checkbox"/> Other (specify) : _____              |

#### Prepare or serve foods

- |   |  |
|---|--|
| <input type="checkbox"/> Utensils (e.g., tongs, spoons) |  |
| <input type="checkbox"/> Pots, pans, or bowls           | <input type="checkbox"/> Utensils will not be needed |
| <input type="checkbox"/> Cutting board(s)               | <input type="checkbox"/> Other (specify) : _____     |

### Hand washing, dish washing, and surface cleaning

Check all that apply:

#### Hand washing

- |  |   |
|--|---|
| <input type="checkbox"/> Hand washing sink (plumbed with hot and cold running water) |   |
| <input type="checkbox"/> Hand sanitizer (must be approved by the health officer)     | <input type="checkbox"/> Liquid soap and paper towels |
| <input type="checkbox"/> Temporary hand washing station                              | <input type="checkbox"/> Other (specify) : _____      |

#### Cleaning and disinfecting surfaces or equipment

- |   |   |
|---|---|
| <input type="checkbox"/> Dish washing detergent   | <input type="checkbox"/> Quaternary ammonium compound (quats) |
| <input type="checkbox"/> Chlorine (Bleach 5 per cent): Two (2) tbsp bleach in one gallon water; or one (1) tsp bleach per litre of water. | <input type="checkbox"/> Other (specify) : _____              |

#### Dish washing

- |   |   |
|---|---|
| <input type="checkbox"/> 2 compartment sink (with hot and cold running water) | <input type="checkbox"/> Plumbed hot and cold running water |
| <input type="checkbox"/> 3 compartment sink (with hot and cold running water) | <input type="checkbox"/> Other (specify) : _____            |

**Power, water supply, sewage and solid waste disposal, and washroom facilities**

Check all that apply:

**Power source**

- Battery
  Gas or Propane
  Electricity
  Generator
  Other (specify) : \_\_\_\_\_

**Wastewater collection**

- Container or bucket (larger than potable water container)
  Direct connection with existing plumbing
  Holding tank
  Other (specify) : \_\_\_\_\_

**Wastewater disposal**

- Municipal (city sewer)
  Other (specify) : \_\_\_\_\_

**Solid waste (garbage) collection or disposal**

- Garbage cans and haul away
  Garbage cans and dumpster onsite
  Other (specify) : \_\_\_\_\_

**Water supply (source used for drinking, washing and cleaning)**

- Municipal water
  Water is not needed
  Private water source
  Other (specify) : \_\_\_\_\_

**Physical address - required for private water source only**

Unit # (optional)	Street number and name	City or town	Province or territory	Postal code

**Washroom facilities**

- Permanent (specify) : \_\_\_\_\_
  Temporary (port-a-potties)
- # of male(s) \_\_\_\_\_ + # of female(s) \_\_\_\_\_ = total \_\_\_\_\_
- Are hand washing sinks available?  Yes  No
- If yes, are they (check all that apply):
  Plumbed
  Portable or temporary
  Stocked with liquid soap and paper towels

**Layout of temporary food premises**

**Instructions**

- Draw the layout of your temporary food premises.
- Draw and label the location of:
  - Equipment used for food storage and preparation (e.g., cooking equipment);
  - Food, utensils and single service storage areas;
  - Hand washing and dish washing station(s); and
  - Wastewater and garbage containers

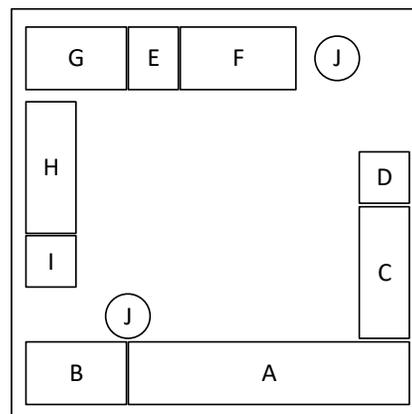
**Note:** a canopy, or other suitable roof cover and flooring may be required.

**Example layout diagram**

**Table of contents and additional layout details**

- A. Customer order or service
- B. Condiment table
- C. Hot holding or chafing dishes
- D. Barbeque or grill
- E. Hand washing station or wastewater collection
- F. Food preparation table
- G. Dish washing station
- H. Food storage
- I. Refrigeration
- J. Garbage containers

Set-up is on concrete walkway  
Tent will cover the entire setup





<b>Office use only</b>		
<input type="checkbox"/> Permit issued <input type="checkbox"/> Permit not required (reason below) <input type="checkbox"/> Rejected (reason below)	Date applicant notified YYYY-MM-DD	
Conditions of operating permit <hr/> <hr/> <hr/> <hr/> <hr/>		
Reasons <hr/> <hr/> <hr/> <hr/> <hr/>		
Print name of EHO	Signature of EHO	Date YYYY-MM-DD