

Temporary Event Food Permits

Nova Scotia Environment and Climate Change, Inspection, Compliance and Enforcement Division, is responsible for the approval and inspection of food services at temporary events, where food is prepared or served to the public. Temporary event food services may be held at exhibitions, fairs, community festivals, or similar organized community activities to a maximum of 14 consecutive days or less per year per location.

Event Organizer applications must be received **AT LEAST 60 DAYS before the event** start date and must submit a site and floor plan with their application.

Vendor applications must be received **AT LEAST 14 DAYS before the event** start date.

It is critical to submit your completed application as early as possible to avoid processing delays or rejection.

Public Health Officers (PHOs) are available for consultation and questions related to your temporary event. Once your application is submitted, a PHO will contact you to discuss your application. It is your responsibility to keep the PHO updated on any changes.

- Applications link: [Province of Nova Scotia Temporary Event Food Permit Application](#)
- Food Safety Guidelines for Temporary Events link: [Food Safety Guidelines Temporary Events](#)
- Examples of completed forms are attached to this document

To discuss your temporary event with a PHO, please contact –
Toll Free: 1-877-9ENVIRO (1-877-936-8476)
Email: ice@novascotia.ca

Follow us on Twitter at [@ns_environment](#)



Application
Temporary Event Permit



Office Use Only

Date Received: (yyyy/mm/dd) _____ Application # _____

- Applications from event organizers must be received at least 60 days before the event.
- Applications from vendors must be received at least 14 days before the event start date.
- Permits are NOT transferable to any person or business.
- Permits are issued for single events only

Note: The submission of an application with payment does not guarantee application approval.

Type of Application

New Application Amendment

If applicable, provide the previous: Permit # _____

Permit name _____

1 Applicant

If there is more than one applicant, attach a complete list of applicants with the information below. The first applicant listed will be considered the primary applicant for this project.

Company/Organization Sara's Samosas

Business number (BN) if applicable N/A

First name Sara Middle initial D Last name Smith

Phone/fax Primary 902 012 3456 Secondary _____ Fax _____
Ext. _____ Ext. _____

Email *emailaddress*@gmail.com

Website/Social Media page(s) (if applicable) @*instagramtag* on Instagram

Civic address 123 Main Street

Halifax NS B1A 2C3 Canada
City/town Province Postal code Country

Mailing address _____

(if different than civic address) _____
City/town Province Postal code Country

Preferred method of contact? Email Letter

2 Additional Contact Information

Is the Application Contact the same as Section 1? Yes No If yes, skip to Section 3.
 If there is more than one contact, attach a complete list of contacts with the information below.

First name _____ Middle initial _____ Last name _____

Contact title _____

Phone/fax Primary _____ Ext. _____ Secondary _____ Ext. _____ Fax _____

Email _____

Civic address _____

City/town _____ Province _____ Postal code _____ Country _____

Mailing address _____

(if different than civic address) City/town _____ Province _____ Postal code _____ Country _____

Return correspondence? Yes No
 Note: Following application decision, all correspondence will go to the applicant.

Preferred method of contact? Email Letter

3 Activity (Permit Type)

Choose one from below (all fees include HST).
 Enclose payment in the form of cash or a cheque or money order made payable to "Minister of Finance".

Type	Term of Permit	Fee
<input checked="" type="checkbox"/> Temporary Event Vendor Permit	1 day	\$24.18 + \$3.63 HST = \$27.81
<input type="checkbox"/> Temporary Event Vendor Permit	2-14 (consecutive) days <input type="checkbox"/>	\$50.78 + \$7.62 HST = \$58.40
Non-profit Temporary Event Vendor Permit	up to 14 (consecutive) days	no fee
Charity, purpose (must be filled in) _____		
<input type="checkbox"/> Temporary Event Organizer Permit		no fee

4 Temporary Event Site/Location

Temporary event name Canada Day
Civic address 123 Main Street
Halifax NS B1C-2D3 Canada
City/town Province Postal code Country

Property Identification # (PID), if known N/A

5 Temporary Event Permit Details

Temporary Event organizer or vendor operating name Sara's Samosas
Event Date(s) (yyyy/mm/dd) Event start date 2022/07/01 Event end date _____
Intended hours of operation 10 am - 2pm
Event Coordinator/ Organizer Name John Black
Address 456 Main Street, Dartmouth, NS
Phone 902 012 3456 Email *emailaddress*@gmail.com

6 Temporary Event Application Checklist

Supporting Documentation

This checklist and all supporting documentation is to be submitted with the application. However, additional information may be requested.

If supporting documentation is of poor quality or incomplete, the application may be delayed, returned or rejected.

6A Vendors Complete this Section

Answer all the following questions.

1. Have you submitted a list of all menu items to be served at your station? Yes No

2. a. Where will food for the event be prepared? (include address and Food Establishment Name)

Permitted Food Establishment Name - 123 Main Street

b. Have you provided the "Permission to Use a Permitted/Approved Eating Establishment Form"?

(If required by Public Health Officer)

Yes No Not Applicable

3. a. Who will be preparing food for your station?

Sara Smith

b. Have you provided a copy of valid Food Hygiene training for those preparing food for your station?
(If required by Public Health Officer)

Yes No Not Applicable

4. If transporting food for the event, how will food be transported, describe in detail.

Coolers with ice packs

5. Describe handwashing station set-up for your booth/station.

Gravity fed handwash station - water jug with a spigot, bucket for waste, liquid soap and paper towels

6. Describe dishwashing (how dishes and utensils will be washed).

Utensils will be taken back to the Halifax Community Centre to be washed in the commercial dishwasher

7. Describe hot holding (if applicable).

Commercial electric hot holding unit

8. Describe cooking (if applicable).

Samosas will be cooked at the Halifax Community Centre the day before the event, cooled properly in cooler on site, then reheated in the morning right before the event

9. Describe food storage (if applicable).

Samosas will be stored at the Halifax Community Centre in the commercial cooler until they are transported to the event location.

10. a. Have you submitted a detailed floor/booth plan with your application? Yes No

b. Check off that the detailed floor/booth plan includes the following details:

location of all equipment including hot and cold holding equipment, dishwashing equipment (if required), and handwashing facilities

materials used for surfaces (floors, walls, ceiling, prep surfaces)

11. Provide any additional information you wish to convey as part of your application (optional).

6B – Organizers Complete this Section

Answer all the following questions.

1. a. Have you submitted a detailed site plan with the application? Yes No

b. Check off that the detailed site plan includes the following details:

location of all equipment including communal dishwashing equipment, handwashing sink(s), washroom facilities (either portable or part of a permanent structure)

materials used for surfaces (floors, walls, ceiling, prep surfaces)

vendor locations and what services are offer at each booth including handwashing sinks, dedicated dishwashing sinks, electrical service etc.

2. a. Is the proposed event site serviced by Municipal drinking water? Yes No

b. If you answered "No" to 2.a. (above) have you submitted recent Bacterial Water Test Results? (Water results must be included for mobile units who source their water from a supply other than Municipal) Yes No

3. Have you provided a copy of valid Food Hygiene Training? (if required by Public Health Officer)

Yes No Not Applicable

4. a. Are portable toilets available at the event site? Yes No

b. Name of contractor _____

c. Number of toilets available? For food handler use _____ For public use _____

5. a. Is hand washing available at the event site? Yes No

b. For food handler use Yes No

Describe _____

c. For public use Yes No

Describe _____

6. Is there solid waste disposal at the event site? Yes No

Describe _____

7. Is there a maintenance contract for the event site? Yes No

Describe _____

8. Provide any additional information you wish to convey as part of your application (optional).

7 Verify that the following submission items have been included with your application

Facility Type	Submitted	Waiver Requested - Reason
<p>Temporary Event Vendor</p> <p>List of products/menu to be sold at the event. Must include:</p> <ul style="list-style-type: none"> • All menu items being served at the temporary event • Source of menu items • Where foods are to be prepared and who is preparing the food. 	<input checked="" type="checkbox"/>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Permission to Use a Permitted/Approved Eating Establishment Form (if required by Public Health Officer)</p>	<input checked="" type="checkbox"/>	<p>_____</p> <p>_____</p>
<p>Floor/Booth Floor Plan Must include:</p> <ul style="list-style-type: none"> • location of all equipment including hot and cold holding equipment, dishwashing equipment (if required), and handwashing facilities • materials used for surfaces (floors, walls, ceiling, prep surfaces) 	<input checked="" type="checkbox"/>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Copy of Valid Food Hygiene Training (if required by Public Health Officer)</p>	<input checked="" type="checkbox"/>	<p>_____</p>

Facility Type	Submitted	Waiver Requested - Reason
Detailed Site Plan Must include: <ul style="list-style-type: none"> location of all equipment including communal dishwashing equipment, handwashing sink(s), washroom facilities (either portable or part of a permanent structure) materials used for surfaces (floors, walls, ceiling, prep surfaces) vendor locations and what services are offer at each booth including handwashing sinks, dedicated dishwashing sinks, electrical service etc. 	<input type="checkbox"/>	_____ _____ _____ _____ _____ _____ _____ _____
Recent Bacterial Water Test Results (if on private supply)	<input type="checkbox"/>	_____ _____
Copy of Valid Food Hygiene Training (if required by Public Health Officer)	<input type="checkbox"/>	_____ _____

8 Declaration

Information in this application package which the applicant considers to be confidential business information should be clearly identified.

Are you making this request? Yes No

If yes, indicate which information in the Supporting Documentation is considered confidential.

I acknowledge it is an offense under Section 94 of the Health Protection Act to provide false information, and confirm to the best of my knowledge and belief the information provided in this form and supporting documentation is true and accurate and complies with the relevant provisions of the Health Protection Act, and Food Safety Regulations.

Signature of Applicant Sara Smith Date 2022/05/10
(yyyy/mm/dd)

Name Sara Smith

or

I certify that I am acting with the applicant's full consent.

Signature _____ Date _____
(yyyy/mm/dd)

Name _____

9 Payment

Enclose payment (cash, cheque or money order) and return completed form to your local Nova Scotia Environment District Office.

- Enclosed is a cheque or money order made payable to **"Minister of Finance."**
- Enclosed cash

To locate the nearest NSE district office, visit our website at
<https://novascotia.ca/nse/dept/regional-office-locations.asp>

Resources

To register for a food hygiene course <https://novascotia.ca/nse/food-protection/food-hygiene-course.asp>

Temporary Event Guidelines

<https://www.novascotia.ca/nse/food-protection/docs/Food-Safety-Guidelines-Temporary-Events.pdf>

Locate your PID

Nova Scotia Coordinate Referencing System Viewer – this site is free to use and requires you to identify your property through a street map or high resolution satellite imagery. You will have to click the property box in the Layers menu: <https://gis8.nsgc.gov.ns.ca/NSCRS/>

Visit our website at <http://novascotia.ca/nse/food-protection/> for further information on the Food Protection Program.

Sara's Samosas Menu

- Veggie – pastry filled with mixed vegetables, potatoes, onions and spice
- Chicken – pastry filled with chicken breast, potatoes, onions, peas, carrots, garlic, spices
- Beef – pastry filled with ground beef, potatoes, onions, peppers, garlic, ginger
- Bottled water

*All ingredients/bottled water will be purchased from The Great Grocery Store (789 King Street, Halifax, NS)

Permission to Use a
Permitted/Approved Eating Establishment
Temporary Events



This form must be completed by the owner/operator of a permitted eating establishment who is granting permission for someone to use their facility to prepare food for a temporary event or public market.

1 Owner/Operator of Eating Establishment

Name _____

Eating Establishment _____

Address _____

City/town

Province

Postal code

Phone _____

2 Applicant

Vendor Name _____

Name of Food Booth _____

Name of Temporary Event or Public Market _____

3 Permitted Use

I declare that the applicant named above has my permission to use my eating establishment as a base of operation. The applicant is permitted to (check all that apply):

- prepare food
- store food and utensils
- clean equipment and utensils
- other _____

The applicant is permitted to use my eating establishment during:

Days _____

Hours _____

Effective dates _____

4 Sign form

John Smith

Signature of Applicant _____ Date _____

Certificate of ACHIEVEMENT

This is to certify that

Sara Smith

has successfully completed the requirements of the

Food Safety Training Program Level 1

in accordance with the standards of the *Inspection, Compliance and Enforcement Division, Nova Scotia Environment.*

Certificate No. 2019-123456

Location Dartmouth, NS

Date (Valid 5 years) 2019-01-03

Public Health Officer B. Cereus

