



Environmental Health
 PO Box 1980
 Street Address: #134-106 Veterans Way
 Inuvik, NT X0E 0T0
 Phone: 867-777-4840/ 4841 Fax: 777-4842

Application for Approval of Temporary Food Establishment Permit
 (Please attach a plan/sketch of the premises)

Contact Person: _____ Organization Name: _____
 Phone #: _____ Cell #: _____ Fax #: _____
 Mailing Address: _____
 Function/Event: _____
 Proposed Date(s) of Operation: _____ Location: _____

Foods being served*:	At which food establishment will foods be prepared?
_____	_____
_____	How are foods being transported: _____
_____	How are foods being kept hot during transport: _____
_____	How are foods being kept hot on site: _____
_____	How are foods being kept cold during transport: _____
_____	How are foods being kept cold on site: _____
*If more room is required to list food items, please list them on a separate page.	
Date of preparation: _____	Grocery store: _____

Will serving dishes/cutlery be **multi-use** or **single service**? (Circle one.)

Facilities available on site for: Hand washing (i.e. soap, paper towel): _____
 Water: _____ Toilets: _____ Electricity: _____

Only the food listed above has been approved and no changes will be permitted once approval is given.

_____	_____	_____
Applicant's Name	Applicant's Signature	Date (dd/mm/yy)
_____	_____	_____
Environmental Health Officer's Name	Environmental Health Officer's Signature	Date (dd/mm/yy)

Approved: Yes No

Approval of this application serves as the Temporary Food Establishment Permit for period
 _____ **to** _____