SPECIAL OCCASION PERMIT (Food Service)

Name of Event		_
Dates of Event	Time	_
Location/Address of Event		
Group Sponsoring Event		
Contact Person		_
Mailing Address		-
Telephone # (H) (W)	Fax #	-
Expected number of participants		
Is this function for: Members of an organization ☐ The general public ☐ other:	Personally invited guests OR	
Who will prepare foods? (Names of Individuals)		
Contact Information		
Foods to be served:		-
Supplier of food/ raw ingredients:		_
Where will foods be prepared?		-
How will cold food be kept cold?		-
How will hot food be kept hot?		-
*All hazardous food (dairy products, eggs, meat, poultry and legumes) must be kept cold (4°C or lower) or hot (60°C)		
Please indicate facilities (other than washrooms) availal preparation and service	ç ç	_



Sanitary Facil	ities	
•	/urinals and hand basins availa	able for each sex.
Male:		Urinals
Famala	Hand basin	
Female:	Toilets Hand basins	
Will portable toil	ets be provided? Yes	
	portable toilets will be provid	
Date:		
Date:		
Date: FOR OFFICE U	SE ONLY	
Date: FOR OFFICE U	SE ONLY	
Signature: Date: FOR OFFICE U Recommendation	SE ONLY	
Date: FOR OFFICE U	SE ONLY	
Date: FOR OFFICE U	SE ONLY	
Date: FOR OFFICE U	SE ONLY	
Date: FOR OFFICE U	SE ONLY	

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ENVIRONMENTAL HEALTH FAX: (613) 549-7738