

MARKET MANAGER APPLICATION



Market Managers must submit this application to the local [Environmental Public Health Office](#) at least **14 DAYS PRIOR TO THE MARKET**. For more information, please see **Planning Guide for Temporary Events and Food Markets**.

Include with this application a site plan of venue to identify location of vendors, hand washing facilities, ware washing facilities, food storage areas, water supply, wastewater, garbage disposal, etc.

MARKET INFORMATION

NAME OF MARKET		MARKET LOCATION (E.G., NAME OF PARK)	
ADDRESS (STREET / CITY)		<input type="checkbox"/> INDOORS <input type="checkbox"/> OUTDOORS	
MARKET DATE(S)		HOUR(S) MARKET OPERATING Start Time: End Time:	

MARKET CONTACT INFORMATION

NAME OF MARKET MANAGER	TELEPHONE NUMBER	E-MAIL ADDRESS
NAME OF VENUE CONTACT	TELEPHONE NUMBER	E-MAIL ADDRESS

MARKET FOOD VENDORS *(Market Manager must verify the following will be completed)*

Lower risks food vendors meet requirements of the provincial Guideline for the Sale of Foods at Temporary Food Market (i.e. jams and jellies have lab confirmed pH 4.6 or less or Aw 0.85 or less).	
Food vendors selling higher risk foods have a valid Letter of Confirmation or written approval from a BC Health Authority.	
Mobile food premises have a valid Health Operating Permit or health approval by a BC Health Authority.	
Vendors handling, preparing or cooking foods onsite for immediate consumption have a Temporary Food Operating Permit. A Temporary Food Service Application form must be completed by each vendor offering food service.	

APPLICANT SIGNATURE

The information enclosed is true and accurate to the best of my knowledge. I understand that requirements must meet the provincial Guideline for Sale of Foods at Temporary Markets.

Date: _____

Signature: _____

NAME OF MARKET	MARKET DATE(S)
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	Name of Vendor	Vendor Contact Information Phone Number/Email	List of Foods Offered	Service Type
1				
2				
3				
4				
5				
6				
7				
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9				
10				
11				
12				
13				
14				
15				
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17				
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19				
20				

MARKET VENUE DETAILS - The Market Manager will provide the following: (check all that apply, if applicable)

- | | | |
|---|--|--|
| <input type="checkbox"/> Power Supply | <input type="checkbox"/> Sanitizer Solution | <input type="checkbox"/> Booth construction |
| <input type="checkbox"/> Hot water | <input type="checkbox"/> Liquid collection/disposal | <input type="checkbox"/> Garbage collection/disposal |
| <input type="checkbox"/> Food storage/Refrigeration | <input type="checkbox"/> Washrooms (toilet and sink) | |

Potable water supply (describe source):

Hand washing station (number, location):

Water distribution (describe, list hose type):

Other (describe/explain):

Reviewed By (EHO):	Date:
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Sample Site Plan

