

Appendix D – Application for Food Premises Licence

APPLICATION FOR FOOD PREMISES LICENCE

DEMANDE DE LICENCE POUR EXPLOITER DES LOCAUX DESTINÉS AUX ALIMENTS

DEPARTMENT OF HEALTH

MINISTÈRE DE LA SANTÉ

I hereby make application for a licence to operate a Food Premises in accordance with Section 12(1) under the *Public Health Act*.

Par la présente, je demande une licence d'exploitation des locaux destinés aux aliments conformément à l'article 12(1) en vertu de la *Loi sur la santé publique*.

Please fill in all information requested to avoid a processing delay.

Veillez fournir tous les renseignements demandés afin d'éviter de retarder l'évaluation.

Name of Food Premises (Store Front Name)/ Nom de l'établissement (Nom du marché) :					
Name of applicant and any authorized representative/ Nom du demandeur et de l'agent ou du représentant autorisé :					
Business corporation name and number/ Nom et numéro de la société :					
Email / Courriel :			Telephone / Téléphone :		
Mailing address of Food Premises / Adresse postale des locaux destinés aux aliments :			Fax (if available / si disponible) :		
			Postal Code / Code postal :		
Location of Food Premises (if different) / Lieu des locaux destinés aux aliments (si différent) :					
Seating capacity / Nombre de places assises :		Number of employees / Nombre d'employés :		NBGIC Parcel identification No. (PID)/Numéro d'identification de parcelle de la CIGNB (NID) :	
Is this a licence renewal? / S'agit-il d'un renouvellement de licence? <input type="checkbox"/> Yes / Oui <input type="checkbox"/> No / Non			If Yes, please indicate licence number / Si oui, veuillez indiquer votre numéro de licence :		
Type of Food Premises (Check one of the following) / La classe des locaux à exploiter (Cocher une des classes suivante)			<input type="checkbox"/> Class/Classe 3	<input type="checkbox"/> Class/Classe 4	<input type="checkbox"/> Class/Classe 5

<input type="checkbox"/> Day Care or Community Placement Residential Facility / Garderie ou placement communautaire de type résidentiel (3 – 4)	Public Market / Marché publique (3 – 4) : <input type="checkbox"/> Less than 160 days/yr / Moins de 160 jours/an <input type="checkbox"/> 160 or more days/yr / 160 ou plus jours/an	<input type="checkbox"/> Dairy Plant / Laiterie (5) <input type="checkbox"/> Abattoir (5) <input type="checkbox"/> Maple Syrup / Produits acéricoles (5)
<input type="checkbox"/> Temporary Event / Locaux temporaries (3 - 4)		
<input type="checkbox"/> Not-for-Profit / Organisme à but non lucratif (3 – 5)		

Water Supply / Approvisionnement d'eau :

Communal/Municipal – Collectif/Municipal Private (Drilled Well) / Privé (puits foré)

*Note : If private, has a water sample been tested? (attach results) / Dans le cas d'une source d'eau privé, a-t-on analysé un échantillon d'eau? (attacher le résultat)

Type of Sewage Disposal / Par quoi les eaux usées sont évacuées :

Communal/Municipal – Collectif/Municipal Private (Septic System) / Privé (système d'égout)

Organization or Individual to receive Annual Renewal Notice / Organisation ou particulier recevant l'avis de renouvellement annuel:

Mailing Contact Person / Personne ressource pour la correspondance :

Address to where Renewal Notice is to be mailed / Adresse ou l'avis de renouvellement doit être envoyé :	Postal code / Code postal					
	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>					

Telephone / Téléphone :	Fax / Téléc. (if available / si disponible) :
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Correspondence / correspondance English / Anglais French / Français

I hereby declare that I will abide fully by the requirements of the **Food Premises Regulation** under the **Public Health Act.** / Je déclare que je me conformerai en tout temps aux exigences du **règlement sur les locaux destinés aux aliments** pris en vertu de la **Loi sur la santé publique.**

Date : _____ 20 ____ Signature of Applicant / Signature du demandeur: _____

FOR OFFICE USE ONLY / POUR UTILISATION DU BUREAU SEULEMENT					
PAYMENT:			PAIEMENT:		
<i>To be completed and returned to a Service New Brunswick Office accompanied by the required fee.</i>			<i>Remplir et faire parvenir au bureau de Services Nouveau-Brunswick avec les droits prescrits.</i>		
CLASS 3	PLU 351670	\$50	_____	CLASSE 3	PLU 351670 50 \$
CLASS 4	PLU 351671	\$265	_____	CLASSE 4	PLU 351671 265 \$
CLASS 5	PLU 351672	\$350	_____	CLASSE 5	PLU 351672 350 \$
CLASS 5 MAPLE SYRUP	PLU 351675	\$50	_____	CLASSE 5 PRODUITS ACÉRIQUES	PLU 351675 50 \$
CLASS 5 ABATTOIR	PLU 351676	\$475	_____	CLASSE 5 ABATTOIR	PLU 351676 475 \$
CLASS 5 DAIRY PLANT	PLU 351677	\$1050	_____	CLASSE 5 LAITERIE	PLU 351677 1050 \$

Appendix E - Mandatory Information Form for Temporary Food Premises

Name of Temporary Food Premises:		
A. Event Information		
Name of Event (if applicable)		Proposed location (Number, Street, City)
Operation starts: Date: Time:	Operation ends: Date: Time:	Set up and ready for Inspection by: Date: Time:
Coordinator of Event: Name: Phone Number:		Is there a written agreement on the provision of services by the coordinator? If yes, Please attach a copy (note the Coordinator may provide one copy on behalf of all Temporary Food Premises).
B. Facility Information		
Water and Hand Washing Facilities		
Identify the source of potable water and how water will be supplied. Provide evidence that the water is potable.		Describe the number, location and set up of hand washing facilities to be used by food handlers.
What is the size of the water tank(s), if applicable?		
Sewage and Waste Water		
Describe the sewage and waste water disposal methods.		Describe how and where wastewater from utensil/dish washing and hand washing will be collected, stored and disposed.
What is the size of the waste water tank(s), if applicable?		Describe the toilet facilities and their location in relation to your temporary food premises. What type of handwashing is provided for these facilities?

Other Facility Information	
Describe the floors, walls, ceiling surfaces and lighting:	Describe how electricity will be provided. Will it be provided 24 hours/day?
C. Staffing and Employee Safety and Training and Experience	
Indicate how many staff will be involved in the food vending operation of your booth. Describe their level of experience in food preparation. List any food safety training session/courses they have attended and when they attended.	
D. Hygienic Practices and Procedures	
Indicate staff health policies and personal hygiene practices to be expected and monitored by supervisory staff.	
E. Floor plan	
Provide a drawing of the temporary food premises. Identify and describe all equipment (including cooking and cold and hot holding equipment), hand washing facilities, work tables, dishwashing facilities, food and single service storage, garbage containers, equipment for customer self-serving and dispensing of condiments.	

F. Cleaning and Waste Handling

<p>Describe how and where utensil washing will take place.</p>	<p>List the type and strength of sanitizer you will use (Test strips are required to test sanitizer strength).</p>
<p>How will cleaners and other chemicals be stored in relation to food supplies and utensils?</p>	<p>Describe the number, location and type of garbage disposal containers.</p>

G. Food Safety (Note: Home preparation of foods is not permitted)

Approved Source:
 All foods must be purchased from an approved or regulated source with the exception of fresh fish, fruits and vegetables bought directly from a primary producer, or as approved through the MOH Approved source process. A public health inspector may request receipts.

<p>Describe (be specific) how foods will be stored and transported if an off-site location is used.</p>	<p>Describe how food temperatures will be monitored during the event.</p>
<p>Describe (be specific) how frozen, cold and hot foods will be transported.</p>	<p>Will all foods be prepared at the site?</p> <ul style="list-style-type: none"> <input type="checkbox"/> No (Complete Section A) <input type="checkbox"/> Yes (Complete Section B)

Section A: Food Preparation at Other Location

Name of Food Premises used for food preparation:

Licence No.:

Date(s) and time(s) of preparation:

Signature of Food Premises Licensee:

Phone No.:

Food Menu Items*

Ingredients used in the preparation of the food menu item are not required to be listed. Only list the food menu items. When listing a food menu item ensure specific details are provided E.g. if making “pepperoni and cheese pizza” ensure it is listed as “pepperoni and cheese pizza “ not just “pizza” or if making “chicken burgers” ensure it is listed as “chicken burgers” not just “burgers”.

Food Preparation and Handling

For each food menu item listed, describe how the food will be handled and prepared including thawing, washing/cutting, cooking, hot holding, cold storage, transporting and re-heating. Also, indicate if foods used are precooked frozen or frozen only.

*Make additional copies if more space is needed

Section B: FOOD PREPARATION AT THE TEMPORARY FOOD PREMISES	
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Food Menu Items* Ingredients used in the preparation of the food menu item are not required to be listed. Only list the food menu items. When listing a food menu item ensure specific details are provided E.g. if making “pepperoni and cheese pizza” ensure it is listed as “pepperoni and cheese pizza “ not just “pizza” or if making “chicken burgers” ensure it is listed as “chicken burgers” not just “burgers”.	Food Preparation and Handling For each food menu item listed, describe how the food will be handled and prepared including thawing, washing/cutting, cooking, hot holding, cold storage, transporting and re-heating. Also, indicate if foods used are precooked frozen or frozen only.

*Make additional copies if more space is needed

Appendix F – Checklist for Temporary Food Premises

Supplies and Equipment

- Food probe thermometer(s) to check the internal temperature of hot and cold potentially hazardous foods
- Thermometer for each cooler / refrigerator
- Platforms / shelves for elevating food at least 15 cm (6 inches) off the ground
- New or clean, food grade container(s) for food storage
- Plastic wrap or aluminum foil for protecting food
- Adequate number of tables with washable surfaces
- Wiping cloths / sponges for cleaning and sanitizing preparation areas
- Adequate supply of hot and cold potable running water for hand washing, food preparation and equipment cleaning
- Temporary water lines are disinfected
- Leak proof containers / tanks for the storage of wastewater
- Ice containers and ice scoops
- Detergent, sanitizer, sanitizer test strips, bucket and spray bottle with labels
- Sufficient back-up supplies of serving spoons, spatulas, tongs, etc. and wrapped supplies of utensils so that they may be changed every 2 hours (if no dishwashing available)
- Liquid soap in a dispenser and paper towel for hand washing
- Adequate supply of large plastic garbage bags
- Power source / backup supply, i.e., generator, propane burner, etc.
- Grey water collection system is at least 15% larger than the water reservoir

Food Handling

- Cold potentially hazardous foods transported, stored and displayed at a temperature of 4°C (40°F) or less
- Hot potentially hazardous foods transported, stored and displayed at a temperature of 60°C (140°F) or greater
- Logs for recording temperature checks for hot and cold holding of potentially hazardous foods

Staff Hygiene and Training ↑

- Staff health policy developed to ensure: all personnel who come in contact with food are free from any symptoms of illness or communicable disease that is transmissible through food; and that personal hygiene practices are followed to prevent contamination of food and transmitting illness to consumers.
- Clean clothes and aprons to be worn at all times in the preparation area
- Hair nets, caps or other hair restraint to be worn at all times while handling food
- No eating, drinking, smoking is allowed in any food preparation area
- Staff are adequately trained in food safety to ensure they are knowledgeable of food safety issues pertaining to their responsibilities.
- Proof of food safety training is available for Inspector review