

# Application Public Market Permit



## Office Use Only

Date Received: (yyyy/mm/dd) \_\_\_\_\_ Application # \_\_\_\_\_

- The submission of an application with payment does not guarantee application approval.
- Permits are issued for single market only. Separate permits are required to operate at multiple markets.

## Type of Application

New Application  Amendment

If applicable, provide the previous: Permit name \_\_\_\_\_  
Permit number \_\_\_\_\_

## 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 (if applicable) \_\_\_\_\_

First name \_\_\_\_\_ Middle initial \_\_\_\_\_ Last name \_\_\_\_\_

Phone/fax Primary \_\_\_\_\_ Ext. \_\_\_\_\_ Secondary \_\_\_\_\_ Ext. \_\_\_\_\_

Email \_\_\_\_\_

Business number (BN) (if applicable) \_\_\_\_\_

Website/Social Media page(s) \_\_\_\_\_  
(if applicable) \_\_\_\_\_

Civic address \_\_\_\_\_

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

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## 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. \_\_\_\_\_

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 Public Market Site/Location

Public market name \_\_\_\_\_

Civic address \_\_\_\_\_

\_\_\_\_\_  
City/town Province Postal code Country

Property Identification # (PID), if known \_\_\_\_\_

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## 4 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 type="checkbox"/> Public Market Vendor (Schedule A Only)	1 year	\$44.12
<input type="checkbox"/> Public Market Organizer	1 year	no fee

## 5 Public Market Permit Details

Public market organizer/vendor operating name \_\_\_\_\_

Start date/opening date (yyyy/mm/dd) \_\_\_\_\_

### Proposed Operating Schedule

Hours/Day (e.g. 8am–5pm) \_\_\_\_\_ Days/Week (e.g. Mon–Fri) \_\_\_\_\_ Weeks/Year (e.g. 50) \_\_\_\_\_

Public Market Organizer \_\_\_\_\_

Address \_\_\_\_\_

City/town

Province

Postal code

Country

Phone \_\_\_\_\_ Email \_\_\_\_\_

## 6 Public Market 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. a. Have you submitted a list of all menu items to be served?  Yes  No

b. Where will food be prepared? (including address and Food Establishment Name)

\_\_\_\_\_

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2. Have you provided the "Permission to Use a Permitted Eating Establishment Form"?  
(if required by Public Health Officer)  Yes  No  Not Applicable

3. If transporting food, how is it transported, describe in detail.

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4. a. Have you submitted a detailed floor/booth plan with your application which includes the items listed below?  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)

5. Who will be preparing food for sale at the market?

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6. Have you provided copy of valid Food Handler Certification?  Yes  No

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

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## 6B – Organizers Complete this Section

Answer all the following questions.

1. a. Have you submitted a detailed site plan with the application which includes the items below?  
 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)

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- 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. Have you included results from a recent bacterial water test? (if on private supply)  Yes  No

3. Have you provided a copy of valid Food Handler Certification? (if required by Public Health Officer)  
 Yes  No

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

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

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

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

Name \_\_\_\_\_

Date (yyyy/mm/dd) \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**or**

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

Name \_\_\_\_\_

Date (yyyy/mm/dd) \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

## 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

**Private Food Handler Courses** <https://novascotia.ca/nse/food-protection/food-hygiene-course.asp>

### **Public Market Guidelines**

<https://www.novascotia.ca/nse/food-protection/docs/publicmarketguide.pdf>

### **Permission to use a Permitted Food Establishment Form**

<https://novascotia.ca/nse/food-protection/docs/permission-to-Use.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.