

Application to Serve Food to the Public at No Charge

Event Name: _____

Event Location: _____

Event Date From/To: _____

List all food and beverages being given to the general public below.

1. _____ 4. _____ 7. _____

2. _____ 5. _____ 8. _____

3. _____ 6. _____ 9. _____

Business Name: _____

Owner of Business/Event Coordinator: _____

Address: _____

Phone number: _____ Cell: _____ Email: _____

PLEASE OBTAIN THE FOLLOWING APPROVAL SIGNATURES

1. **Fire Dept.:** 519-621-6001, ext 2615, 1625 Bishop Street, Cambridge, ON
fire@cambridge.ca Signature: _____ Date: _____

2. **Health Dept.:** 519-575-4400 99 Regina Street S, Waterloo, ON
publichealth@regionofwaterloo.ca Signature: _____ Date: _____

I certify that the information is accurate and complete and understand that any false or incomplete information may invalidate my application and any permission, approval or permit I have been granted.

Signature: _____ Date: _____