

This form must be completed by the owner or operator of an approved food establishment who is granting permission for someone to use their establishment to prepare food for a mobile food vehicle, special event, farmers' market, public market or catering.

Contact our central intake line at **1-833-476-4743** or submit online to the following emails:

**South Zone**

(Medicine Hat, Lethbridge, Crowsnest Pass, Bassano, Oyen)

[SHE.SouthZoneEPH@ahs.ca](mailto:SHE.SouthZoneEPH@ahs.ca)

**Calgary Zone**

(Claresholm, Calgary, Banff, Didsbury, Gleichen)

[foodpermits.calgaryzone@ahs.ca](mailto:foodpermits.calgaryzone@ahs.ca)

**Central Zone**

(Drumheller, Rocky Mountain House, Red Deer)

[central.foodpermits@ahs.ca](mailto:central.foodpermits@ahs.ca)

**Edmonton Zone**

(Edmonton, Leduc, Sherwood Park, Morinville, Stony Plain)

[foodpermits.edmontonzone@ahs.ca](mailto:foodpermits.edmontonzone@ahs.ca)

**North Zone**

(Jasper, Cold Lake, Grande Prairie, Fort McMurray)

[nz.eph.foodpermit@ahs.ca](mailto:nz.eph.foodpermit@ahs.ca)

Approved Food Establishment		
Food establishment		
Address		
Applicant Information		
Name <i>(last)</i>	<i>(first)</i>	Phone
Name of mobile food vehicle or food booth		
Special event, farmers' market or public market		
Permission		
I hereby declare that the applicant named above has permission to use my food establishment as a base of operation. The applicant is permitted to (click all that apply):		
<input type="checkbox"/> prepare food <input type="checkbox"/> clean equipment and utensils <input type="checkbox"/> store food and utensils <input type="checkbox"/> store mobile food cart <input type="checkbox"/> other _____		
The applicant is permitted to use my food establishment during:		
Days _____	e.g. Monday to Friday, Saturday	
Hours _____	e.g. 8:00 am to 2:30 pm	
Effective dates _____	e.g. Year round 2022, May to Sep 2022	
Owner/Operator of Approved Food Establishment Name <i>(last)</i>	<i>(first)</i>	Phone
Signature	Date <i>(dd-Mon-yyyy)</i>	