

KFCM VENDOR RECORDS – FOOD

Date: _____

Name: _____

Business Name: _____

Address food is prepared at

Food Safe Certificate Yes ___ No ___ Market safe Certificate Yes ___ No ___

Other Health Certificates _____

Interior Health Letter of approval Yes _____ No _____

Do you have Liability Insurance Yes ___ No ___

Is the product Low Risk _____ High Risk _____ Lab Tests Yes ___ No ___ Not required ___

Have you included the above certificates, letters and results with your application? Yes ___ No ___

Was product prepared in a Commercial Kitchen inspected by Health Authority? Yes ___ No ___

List the products you sell

List food items being prepared ON site

List food items being prepared OFF site

<p>I have read and understood the KFCMS Food Vendor Regulations-Refer to the Rules of Operation</p> <p>Applicants Signature _____ Date _____</p>
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