

2015 FOOD SAFETY ACKNOWLEDGEMENT FORM

I, the undersigned, acknowledge that I understand the attached Food Safety document. I agree to comply with and abide by all statutes and regulations that establish food safety requirements for the safe preparation, handling, moving and sale of all food products, including, but not restricted to **Ontario Health Protection and Promotion Act R.R.O. 1990, Food Premises Regulation 5620.Reg. 175/31** as amended. I acknowledge that I will also cooperate with CNE Management in the enforcement of safe food handling practices while participating at the CNE. In the event of a charge, prosecution, or any other legal proceeding arising out of or related to the **Ontario Health Protection and Promotion Act, R.R.O. 1990, Food Premises Regulation 5620.Reg 175/31** as amended, as an exhibitor/concessionaire, I agree to be liable for the actions of my staff and contractors as it applies to the situation.

Company Name: _____

Booth(s) Name or Location(s) #: _____

Check All That Apply:

- ☐ Food Building
- ☐ Outdoor Concession
- ☐ Direct Energy Centre
- ☐ Casino
- ☐ QE Exhibit Hall
- ☐ Other (please specify): _____

Name (Please Print): _____

Signature: _____ Date: _____
(I have the authority to bind the company listed above)

IMPORTANT: Fax or e-mail a signed copy of the **2015 Food Safety Acknowledgement Form** to Jeannette Mintz, Exhibit Sales Account Manager by **June 15, 2015** or call 416.263.3849 if you require more information.

Fax – 416.263.3863 Email – jmintz@theex.com