



**Public Health Protection  
APPLICATION FOR HEALTH APPROVAL**

Permit Fee \$ _____	Date Collected ____/____/____ DD/MM/YY	<input type="checkbox"/> Chq	<input type="checkbox"/> Visa
		<input type="checkbox"/> Cash	<input type="checkbox"/> M/C

**OWNER INFORMATION:**

Type of Ownership (select one)	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Society	<input type="checkbox"/> Other
Legal Name of Business:			Name of Owner:		
Doing Business As (DBA):			E-Mail Address		
<b>Site Information:</b> Person in Charge: _____ Position: <input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Other _____ Street Address: _____ City/Municipality: _____ Postal Code: _____ Phone: _____ Cell: _____ Fax: _____ E-mail: _____			<b>Billing Information:</b> Billing Address: <input type="checkbox"/> Same as Site Info Billing Contact Name: (if different from Owner): _____ Mailing Address: _____ City/Municipality: _____ Postal Code: _____ Phone: _____ Cell: _____ Fax: _____ E-mail: _____		

*If additional MAILING ADDRESS information is required, please attach information on a separate sheet.*

**TYPE OF APPLICATION:**

<input type="checkbox"/> New Facility	<input type="checkbox"/> Owner Change	<input type="checkbox"/> Address Change	<input type="checkbox"/> Fee Change (Seating Capacity)
<input type="checkbox"/> Services Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Months of Operation Change	<input type="checkbox"/> Status Change (closed/re-open)
<input type="checkbox"/> Permit Corrections (please specify): _____			

EFFECTIVE DATE:	COMMENTS:
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**TYPE OF SERVICE:**

<input type="checkbox"/> Food Service Seating Capacity: _____ seats <input type="checkbox"/> > 50 <input type="checkbox"/> </= 50	<input type="checkbox"/> Pool: Size _____m2 <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Hot Tub	<input type="checkbox"/> Personal Service Specify services provided: _____	<input type="checkbox"/> General ie School /Industrial Camp <input type="checkbox"/> Water System Separate application must be completed
Months Open: <input type="checkbox"/> All Year <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec			
Do you sell tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No		TEO Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**APPLICANT SIGNATURE:**

Applicant Signature:	Applicant Name (please print):	Date of Signature:
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**PUBLIC HEALTH INSPECTOR Complete this section**

<input type="checkbox"/> <b>PERMITTED FOOD:</b> <input type="checkbox"/> Food Service (FE1) <input type="checkbox"/> FS Trained <input type="checkbox"/> Food Service (FE2) <input type="checkbox"/> FSP <input type="checkbox"/> Food Service (FM) <input type="checkbox"/> Sanitation Plan <input type="checkbox"/> Floor/Site Plan	<input type="checkbox"/> <b>PERMITTED WATER</b> <input type="checkbox"/> Recreational Water <input type="checkbox"/> Water Supply System	<input type="checkbox"/> <b>NON-PERMITTED PREMISES:</b> <input type="checkbox"/> Spray/Wading Pool <input type="checkbox"/> Food Store <input type="checkbox"/> Food Other: _____ <input type="checkbox"/> Personal Service	
<input type="checkbox"/> Normal	<input type="checkbox"/> Exempt:	<input type="checkbox"/> Waived:	<input type="checkbox"/> Multiple Facility

CONDITIONS:		
Previous Name of Premise:	Date Closed/Closing:	
EHO Name:	EHO Signature:	Approval Date: