

**A. Owners information**

<b>Type of ownership (select one):</b>	<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Society
	<input type="checkbox"/> Other:			
<b>Legal owner:</b> (ex: Jane Doe or 123456 BC Ltd.)	<b>Doing business as:</b> (ex: Mikes Restaurant)			
<b>Owner contact name:</b>	<b>Owner contact number:</b>			

**B. Contact information**

<b>Site information:</b>	<b>Mailing/Billing information:</b> <input type="checkbox"/> Same as site information		
<b>Person in charge:</b>	<b>Mailing contact name:</b>		
<b>Position:</b> <input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Other			
<b>Street address:</b>	<b>Mailing address:</b>		
<b>City/municipality:</b>	<b>City/municipality:</b>	<b>Prov:</b>	
<b>Postal code:</b>	<b>Postal code:</b>		
<b>Phone:</b>	<b>Phone:</b>		
<b>Cell:</b>	<b>Cell:</b>		
<b>Email:</b>	<b>Email:</b>		

**C. 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"/> Service change	<input type="checkbox"/> Name change	<input type="checkbox"/> Months of operation change	<input type="checkbox"/> Status change (closed/re-open)
<b>Effective date:</b>	<b>Comments:</b>		

**D. Type of service**

<input type="checkbox"/> Food service Seating capacity: _____ seats <input type="checkbox"/> More than 50 <input type="checkbox"/> 50 or less	<input type="checkbox"/> Swimming pool <input type="checkbox"/> Hot tub Pool: size _____ m <sup>2</sup> Separate application must be completed	<input type="checkbox"/> General i.e., school/industrial camp Population served <input type="checkbox"/> 0-499 <input type="checkbox"/> 500 or greater	<b>Choose one water supply option</b> <input type="checkbox"/> Permitted water supply Name of water system: <input type="checkbox"/> New water system Separate application must be completed
<b>Months open:</b> <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 or vapour products? <input type="checkbox"/> Yes <input type="checkbox"/> No		TEO notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Applicant signature:</b>	<b>Applicant name (please print):</b>	<b>Date of signature:</b>
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**Public health inspector - complete this section**

<input type="checkbox"/> Permitted food: <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 Type: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Floor/site plan	<input type="checkbox"/> Non-permitted premises: <input type="checkbox"/> Spray/wading pool <input type="checkbox"/> Food store <input type="checkbox"/> Food other: _____ <input type="checkbox"/> General
<input type="checkbox"/> Normal <input type="checkbox"/> Exempt <input type="checkbox"/> Waived <input type="checkbox"/> Multiple facility	
<b>Conditions:</b>	
Previous name of premise:	Date closed/closing:
EHO name:	EHO signature:
	Approval date:

