

Application for Health Approval

| A. Owners information | | | | | | | | |
|---|--|---------------------|--------------------------------|---|--------------------------------|--|----------------------|------|
| Type of ownership (select one): | Sole proprietorship Partnership Corporation Society Other: | | | | | | | |
| Legal owner: (ex: Jane Doe or 123456 BC Ltd.) | | | | Doing business as: (ex: Mikes Restaurant) | | | | |
| Owner contact name: | | | | Owner contact number: | | | | |
| B. Contact information | I | | | | | | | |
| Site information: | | | | Mailing/Billing information: Same as site information | | | | |
| Person in charge: | | | | Mailing contact | | | | |
| Position: | Manager Other | | name: | | | | | |
| Street address: | | | | Mailing add | lress: | | | |
| City/municipality: | | | | City/municipality: | | | Р | rov: |
| Postal code: | | | | Postal code: | | | | |
| Phone: | | | | Phone: | | | | |
| Cell: | | | | Cell: | | | | |
| Email: | | | | Email: | | | | |
| C. Type of application | | | | | · | | | |
| New facility □ Owner change □ Address change □ Fee change (seating capacity) □ Permit replacement | | | | | | | | |
| Service change Name change Months of operation change Status change (closed/re-open) | | | | | | | | |
| Effective date: | Comments: | | | | | | | |
| D. Type of service | <u> </u> | | | | | | | |
| Food service Seating Swimming pool | | | General | | Choose one water supply option | | | |
| capacity: Hot tube | | · · | | school/industrial camp tion served | | Permitted water supply Name of water system: | | |
| More than 50 Separ | | ate application 0-4 | | | | New water system Separate | | |
| 50 or less must t | | pe completed 500 | | | | | on must be completed | |
| Months open: All year Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec | | | | | | | | |
| Do you sell tobacco or vapour products? Yes No TEO notified: Yes No | | | | | | | | |
| Applicant signature: | | | Applicant name (please print): | | , | Date of | signature: | |
| | | | | | | | | |
| Public health inspector – complete this section | | | | | | | | |
| Permitted food: Non-permitted premises: | | | | | | | | |
| Food service (FE1) FS trained Spray/wading pool | | | | | | | | |
| Food service (FE2) FSP Food store Food service (FM) Sanitation plan Food other: | | | | | | | | |
| Type: A B | _ = _ | oor/site plan | | General | | | | |
| | xempt | Waived | Multiple f | facility | | | | |
| Conditions: | · | | <u> </u> | | | | | |
| Previous name of premise: | | | | | Date closed | sed/closing: | | |
| EHO name: EH | | EHO signature: | | | Approval date: | | | |