

A. Owners 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 owner: (ex: Jane Doe or 123456 BC Ltd.)	Doing business as: (ex: Mikes Restaurant)			
Owner contact name:	Owner contact number:			

B. Contact information

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

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)
Effective date:	Comments:		

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 ² 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	Choose one water supply option <input type="checkbox"/> Permitted water supply Name of water system: <input type="checkbox"/> New 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 name (please print):	Date of signature:
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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"/> Floor/site plan <input type="checkbox"/> B <input type="checkbox"/> C	<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	
Conditions:	
Previous name of premise:	Date closed/closing:
EHO name:	EHO signature:
	Approval date:

