

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

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

C. Type of application

New facility	Owner change	Address change	Fee change (seating capacity)
Service change	Name change	Months of operation change	Status change (closed/re-open)
Effective date:	Comments:		

D. Type of service

Food service Seating capacity: _____ seats More than 50 50 or less	Swimming pool Hot tub Pool: size _____ m ² Separate application must be completed	General i.e., school/industrial camp Population served 0-499 500 or greater	Choose one water supply option Permitted water supply Name of water system: _____ New water system Separate application 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:
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Public health inspector – complete this section

Permitted food: Food service (FE1) Food service (FE2) Food service (FM) Type: A B C	FS trained FSP Sanitation plan Floor/site plan	Non-permitted premises: Spray/wading pool Food store Food other: _____ General
Normal	Exempt	Waived
Multiple facility		

Conditions:	
Previous name of premise:	Date closed/closing:
EHO name:	EHO signature:
	Approval date:

