

## How to Complete Your Application for Health Approval

### ➤ Who needs to complete an application?

Anyone who operates one of the following types of businesses in Fraser Health must complete an "Application for Health Approval".

- **Food** (restaurant, food store, food processing, mobile vehicle, mobile cart)

All mobile outdoor food service equipment, that is either propane or gas fired, must bear the approval decal from the BC Safety Authority or certified by an organization recognized by the "Standards Council of Canada."

- **Pool** (swimming pool, hot tub, spray pool)
- **Personal Service Establishment** (hair salon, esthetics, body piercing, tattooing)

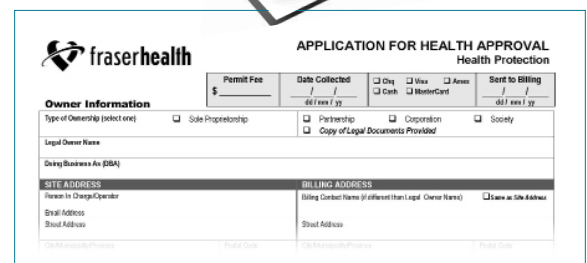
**Note:** If you are applying for an Approval for Water Supply System you must complete a "Drinking Water Operating Permit Application" form, which is available at: [www.fraserhealth.ca/drinkingwater](http://www.fraserhealth.ca/drinkingwater).

### ➤ Why do I need to complete an application?

A completed application is required before the Environmental Health Officer will approve your business to operate or issue a "Health Operating Permit".

### ➤ What information do I need to provide on the application form?

1. Complete the following:
  - Owner information
  - Site, billing and mailing addresses
  - Type of Application for Health Approval
  - Type of Service
2. Contact your local Environmental Health Officer if you have questions.
3. In the signature section, print and sign your name and write the date.
4. Submit the completed form to your Environmental Health Officer or forward to the local Health Protection office.



Follow the "4 Steps" for completing the application for health approval form inside this bulletin.

## Step 1: Complete Owner Information

### ➤ Type of Ownership

Check the box next to the type of ownership that describes your business.

- **Sole proprietorship** means business is owned and operated by one person.
- **Partnership** means business is owned and operated by two or more persons.
- **Corporation/limited company** means one or more persons legally recognized as a separate entity (with its own name and identity) operate the business. The company is created through the act of incorporating.
- **Society** means a group of people associated for a common purpose.


If the type of ownership is a partnership, please include a copy of your legal "partnership agreement" document.

If the type of ownership is a corporation or society, please include a copy of your "certificate of incorporation", this is the document filed with the government agent when the business/society was incorporated.

### ➤ Legal Owner Name

Write the name of the legal owner of the business.

- **Sole proprietorship** - the name of the owner.
- **Partnership** - the names of the partners.
- **Corporation/numbered company** - the name of the corporation.
- **Society** - the name of the society.



**APPLICATION FOR HEALTH APPROVAL**  
**Health Protection**

Permit Fee \$ _____	Date Collected dd/mm/yy	<input type="checkbox"/> Chq <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> Cash <input type="checkbox"/> MasterCard	Sent to Billing dd/mm/yy
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**Owner Information**

Type of Ownership (select one) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Society	
Legal Owner Name _____	
Doing Business As (DBA) _____	
<b>SITE ADDRESS</b>	
Person In Charge/Operator _____	
Billing Contact Name (if different than Legal Owner Name) <input type="checkbox"/> Same as Site Address	
Email Address _____	
Street Address _____	
City/Municipality/Province _____ Postal Code _____	
Emergency Contact Telephone ( ) _____	Site Telephone ( ) _____
Fax ( ) _____	Telephone ( ) _____ Fax ( ) _____
<b>MAILING ADDRESS (address where site mail is delivered)</b>	
Street Address _____ City/Municipality/Province _____ Postal Code _____ <input type="checkbox"/> Same as Site Address	

**Type of Application**

<input type="checkbox"/> New Facility <input type="checkbox"/> Services Change <input type="checkbox"/> Permit Corrections (please specify): _____	<input type="checkbox"/> Owner Change <input type="checkbox"/> Name Change	<input type="checkbox"/> Address Change <input type="checkbox"/> Months of Operation Change	<input type="checkbox"/> Fee Category Change <input type="checkbox"/> Status Change
Effective Date dd/mm/yy		Comments _____	

**Type of Service**

<input type="checkbox"/> Food Service Specify Primary Service _____ Seating Capacity: _____ seats <input type="checkbox"/> > 50 Seats <input type="checkbox"/> ≤ 50 Seats	<input type="checkbox"/> Pool Size _____ m <sup>2</sup> <input type="checkbox"/> Wading / Spray <input type="checkbox"/> Pool <input type="checkbox"/> Hot Tub <input type="checkbox"/> ≥ 19 m <sup>2</sup> <input type="checkbox"/> < 19 m <sup>2</sup>	<input type="checkbox"/> Personal Service Specify Primary Service _____
Number of Months Open Annually		
<input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December		
Do you sell tobacco and/or vapour products? <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 dd/mm/yy _____
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**Environmental Health Officer – Complete this Section**

Previous Name of Premises _____	Estimated Closing Date dd/mm/yy _____
<input type="checkbox"/> Permitted Food <input type="checkbox"/> Non Permitted Food	<input type="checkbox"/> Permitted Pool <input type="checkbox"/> Personal Service
<input type="checkbox"/> Food Service <input type="checkbox"/> Food Store <input type="checkbox"/> FS Trained <input type="checkbox"/> Food Service - Institutional <input type="checkbox"/> Food Other <input type="checkbox"/> FS Plans <input type="checkbox"/> Non Permitted Pool <input type="checkbox"/> Sanitation Plan <input type="checkbox"/> Food Service - Mobile <input type="checkbox"/> Sanitation Plans	<input type="checkbox"/> Pool Safety Plan
<input type="checkbox"/> Declaration Form Attached <input type="checkbox"/> Exempt <input type="checkbox"/> Fee Waived <input type="checkbox"/> Multi-Facility Operation <input type="checkbox"/> CCFL Food Facility	
Conditions <input type="checkbox"/> Take Out Only <input type="checkbox"/> Full Service Mobile <input type="checkbox"/> Other <input type="checkbox"/> Single Service Utensils Only <input type="checkbox"/> Mobile Vending Cart (menu items) <input type="checkbox"/> FSA Approval Sticker # _____	
EHO Name _____	EHO Signature _____ If covering, District EHO Name _____
Approval Date dd/mm/yy _____	

Printshop #307715 Revised Sept 14, 2016 White: File Copy Yellow: Billing Copy Pink: Applicant Copy

### ➤ Doing business as (DBA) Write the name of the business.

- **Vehicle License # for Mobile Unit**  
Write the license plate number after the DBA if applicable.

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### Step 2:

#### Complete Site, Billing and Mailing Addresses

Complete each address section including telephone numbers for the following:

- **Site Address** means address of your business. Include the name of the person who will be in charge, their email, street address and city where the business is located.
- **Billing Address** means address where the bill (if facility is permitted) or letters are to be sent.
- **Mailing Address** means local mailing address for the business (may be the same as the site address).

### Step 3:

#### Complete Type of Application

Indicate the “type of application” you are submitting. If you have questions, check with an Environmental Health Officer.

- **New Facility** means a new business in new location.
- **Owner Change** means an existing business with you as the new owner.
- **Address Change** means the site, billing or mailing address has changed.
- **Fee Category Change** means a change in the operation from a non-billable to billable facility.
- **Service Change** means conditions are added or removed from a permit.
- **Name Change** means name of the business has changed.
- **Months of Operation Change** means change of the number of months you operate during the year.
- **Status Change** means change to the existing billing status (e.g. fee exempt or waived, multi facility discount, seating capacity).
- **Permit Correction** means information on the permit needs to be corrected or updated.
- **Effective Date** - write the date the business will open (permit fees will be charged starting this date).

### Step 4:

#### Complete Type of Service

Check the box next to the “type of service” that describes the business.

- **Food Service** is a business that provides food for public consumption. Types of food service businesses include (but are not limited to):
  - ⇒ Full service restaurants
  - ⇒ Take out restaurants
  - ⇒ Mobile food cart/concessions
  - ⇒ Caterers
  - ⇒ Food stores (including those with hot dog machines)
  - ⇒ Food processors
  - ⇒ Movie theatres
  - ⇒ Water bottling plants
- **Pool** is a swimming pool, wading pool/spray pool or hot tub.
- **Personal Service Establishment** is a business that provides a personal service to or on the body of another person. Types of personal service establishments include (but are not limited to) hair salon, esthetics, body piercing, tattooing or other spa services (e.g. massage, reflexology, etc.).
- **Number of Months Open** Indicate the number of months the business operates by checking the appropriate box(es). If the business operates less than 12 months a year check the boxes for the months the business is open. It is important to complete this section as fees are prorated for the months the business operates.
- **Tobacco** Indicate whether or not you sell tobacco and/or vapour products.

**“Permitted” facilities will be required to submit a fee with their application.**

Payment can be made by cash or cheque at your local health protection office.

For credit card payment please call (604) 918-7507.

## Application for Health Approval can be obtained at the following Environmental Health Offices

To contact the local Environmental Health Office by phone, please call

Population Public Health Central Call Centre at:

**604-587-3936**

and request to be connected to your local area office.

**Abbotsford** (including Clayburn, Clearbrook, Matsqui & Mt. Lehman)  
207 – 2776 Bourquin Crescent West  
Abbotsford, BC V2S 6A4

**Chilliwack** (including Agassiz, Harrison Hot Springs, Hope, Boston Bar & Sunshine Valley)  
45470 Menholm Road  
Chilliwack, BC V2P 1M2

**Langley** (including Aldergrove, Fort Langley, Langley City & Langley Township)  
Langley Memorial Hospital  
22051 Fraser Highway  
Langley, BC V3A 4H4

**New Westminster**  
218 – 610 Sixth Street  
New Westminster, BC V3L 3C2

**Surrey** (including Cloverdale)  
Suite 100, Central City Tower  
13450 – 102nd Avenue  
Surrey, BC V3T 5X3

**Burnaby**  
300 – 4946 Canada Way  
Burnaby, BC V5G 4H7

**Delta** (including Tsawwassen & White Rock)  
201 – 11245 84th Avenue  
Delta, BC V4C 2L9

**Mission** (including Deroche, Dewdney, Hatzic Lake, Lake Erroch & Harrison Mills)  
7298 Hurd Street  
Mission, BC V2V 3H5

**Ridge Meadows** (including Maple Ridge & Pitt Meadows)  
400 – 22470 Dewdney Trunk Road  
Maple Ridge, BC V2X 5Z6

**Tri-Cities** (including Coquitlam, Port Coquitlam, Port Moody, Anmore & Belcarra)  
300 – 205 Newport Drive  
Port Moody, BC V3H 5C9

For information on Environmental Health Services visit the Fraser Health website at: [www.fraserhealth.ca/healthprotection](http://www.fraserhealth.ca/healthprotection)