



APPLICATION FOR HEALTH APPROVAL

Health Protection

Permit Fee \$ _____	Date Collected ____/____/____ <small>dd / mm / yy</small>	<input type="checkbox"/> Chq <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> Cash <input type="checkbox"/> MasterCard	Sent to Billing ____/____/____ <small>dd / mm / yy</small>
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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	
<input type="checkbox"/> Copy of Legal Documents Provided			
Legal Owner Name			
Doing Business As (DBA)			
SITE ADDRESS		BILLING ADDRESS	
Person In Charge/Operator		Billing Contact Name (if different than Legal Owner Name) <input type="checkbox"/> Same as Site Address	
Email Address		Street Address	
Street Address		Street Address	
City/Municipality/Province		City/Municipality/Province	
Postal Code		Postal Code	
Emergency Contact Telephone ()		Telephone () Fax ()	
Site Telephone ()		Fax ()	
MAILING ADDRESS (address where site mail is delivered)			
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"/> Owner Change	<input type="checkbox"/> Address Change	<input type="checkbox"/> Fee Category Change
<input type="checkbox"/> Services Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Months of Operation Change	<input type="checkbox"/> Status Change
<input type="checkbox"/> Permit Corrections (please specify):			
Effective Date ____/____/____ <small>dd / mm / yy</small>		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 ² <input type="checkbox"/> Wading / Spray <input type="checkbox"/> Pool <input type="checkbox"/> Hot Tub <input type="checkbox"/> ≥ 19 m ² <input type="checkbox"/> < 19 m ²	<input type="checkbox"/> Personal Service Specify Primary Service
Number of Months Open Annually <input type="checkbox"/> 12 Months – OR – check <input checked="" type="checkbox"/> below which months open:		
<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 ____/____/____ <small>dd / mm / yy</small>	
<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"/> Non Permitted Pool	<input type="checkbox"/> Sanitation Plan
<input type="checkbox"/> Food Service - Institutional	<input type="checkbox"/> Food Other <input type="checkbox"/> FS Plans	<input type="checkbox"/> Pool Safety Plan	
<input type="checkbox"/> Food Service - Mobile	<input type="checkbox"/> Sanitation Plans		
<input type="checkbox"/> Declaration Form Attached		<input type="checkbox"/> Multi-Facility Operation <input type="checkbox"/> CCFL Food Facility	
<input type="checkbox"/> Exempt		<input type="checkbox"/> Fee Waived	
Conditions		<input type="checkbox"/> Other	
<input type="checkbox"/> Take Out Only		<input type="checkbox"/> Full Service Mobile	
<input type="checkbox"/> Single Service Utensils Only		<input type="checkbox"/> Mobile Vending Cart (menu items)	
		<input type="checkbox"/> FHA Approval Sticker #	
EHO Name	EHO Signature	If covering, District EHO Name	Approval Date dd / mm / yy ____/____/____