



APPLICATION FOR HEALTH APPROVAL

Health Protection

FH Staff - Complete this Section

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
-------------------------------	--	---	---

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"/> <i>Copy of Legal Documents Provided</i>			
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"/> <i>Same as Site Address</i>	
Email Address		Street Address	
Street Address		Street Address	
City/Municipality/Province	Postal Code	City/Municipality/Province	Postal Code
Emergency Contact Telephone	Site Telephone Fax	Telephone	Fax
MAILING ADDRESS <i>(address where site mail is delivered)</i>			
Street Address <input type="checkbox"/> <i>Same as Site Address</i>		City/Municipality/Province Postal Code	

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 _____ dd / mm / yy	Comments		

Type of Service

<input type="checkbox"/> Food Service Seating Capacity: _____ seats Specify Primary Service	<input type="checkbox"/> Pool Size _____ m ² <input type="checkbox"/> Wading / Spray <input type="checkbox"/> Pool <input type="checkbox"/> Hot Tub	<input type="checkbox"/> Personal Service Specify Primary Service
<input type="checkbox"/> > 50 Seats <input type="checkbox"/> ≤ 50	<input type="checkbox"/> ≥ 19 m ² <input type="checkbox"/> < 19 m ²	
Number of Months Open Annually Seats <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
---------------------	-------------------------------	---

Environmental Health Officer - Complete this Section

Previous Name of Premises		Estimated Closing Date _____ dd / mm / yy	
<input type="checkbox"/> Permitted Food <input type="checkbox"/> Food Service <input type="checkbox"/> Food Service - Institutional <input type="checkbox"/> Food Service - Mobile	<input type="checkbox"/> Non Permitted Food <input type="checkbox"/> Food Store <input type="checkbox"/> Food Other	<input type="checkbox"/> Permitted Pool <input type="checkbox"/> Non Permitted Pool <input type="checkbox"/> Pool Safety Plan	<input type="checkbox"/> Personal Service <input type="checkbox"/> Sanitation 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"/> FHA Approval Sticker #			
EHO Name	EHO Signature	If covering, District EHO Name	Approval Date _____ dd / mm / yy