



NOTIFICATION OF FOOD PREMISES OPENING

Food Premises Name: _____
 Food Premises Address: _____
 Mailing Address: _____ Postal Code: _____
 Owner: _____ Operator: _____
 Telephone (business): _____ (home): _____

If Corporate Ownership
 Corporate Name: _____
 Corporate Address: _____ Postal Code: _____
 Telephone: _____

Food Premises Information
 Type of Food Premises (i.e. restaurant, take-out, butcher shop, etc.): _____
 Seasonal Operation (yes/no): _____ (if yes, months of operation): _____
 Water Supply (municipal, private): _____
 (Note: If private, specify drilled well, dug well or surface water and type of treatment if any; provide sample test results)
 Sewage Disposal (municipal, private): _____
 (Note: If private, indicate type; attach plot plan showing location of system and of well)
 Number of seats (if restaurant): _____ (indoors): _____ (outdoors): _____
 Number of Employees: _____ Number of Management: _____

Proposed Date of Opening: _____

Name of Applicant

Position/Title

Signature

Date

For Office Use Only
 Plans Approved By: _____ Date: _____ File #: _____

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