



# Interior Health

## HEALTH PROTECTION

### Application for Food Premises

Why are you applying? *Please check all that apply*

- I'm building a new business/facility or renovating an existing business/facility *(please complete all Sections)*
- I've purchased an existing business/facility *(please complete all Sections)*
- I'm updating my information with you *(i.e. contact information, months of operation, type of facility)*  
*(please complete **Business/Facility Name** and any areas that require updating)*

#### Section A: Name and Contact Information

Business/Facility Name		Business/Facility Email Address	
Facility Site Address <i>(include unit, number, street)</i>		City	Postal Code
Site Phone	Cell Phone	Site Fax	
<b>Type of ownership</b> <input type="checkbox"/> Partnership <input type="checkbox"/> Private/Sole Proprietorship <input type="checkbox"/> Corporation or Company (Ltd, Inc)			
What is the Legal Owner Name <i>(if different from the Business/Facility Name above)</i>			
Owner Contact Person		Email Address	
Mailing Address <i>(include unit, number, street)</i>		City	Postal Code
Owner Phone	Owner Alternate Number	Owner Fax	
Operator/Manager Name	Phone Number	Fax Number	

#### Section B: Type of Business

Check all applicable business types below.		Need help? Please call 1-855-744-6328	
Intended Date of Opening / Change <i>(dd/mm/yyyy)</i>			
Months of Operation <input type="checkbox"/> All Year or <input type="checkbox"/> Seasonal   Open from _____(month) to _____(month) <i>If operational timeframes exceed a single date range, please provide details to the Environmental Health Officer</i>			
<input type="checkbox"/> Food Service Establishment <i>(Fees Apply)</i>	<input type="checkbox"/> 50 seats or less <input type="checkbox"/> 51 seats or more	<input type="checkbox"/> Fixed (set location) <input type="checkbox"/> Institutional	<input type="checkbox"/> Mobile (ie: hot dog cart)
<input type="checkbox"/> Food Store / Retail <i>(No Fee)</i>	<input type="checkbox"/> Food Preparation	<input type="checkbox"/> Non Food Preparation	
<input type="checkbox"/> Food Other <i>(No Fee)</i>	<input type="checkbox"/> Bakery <input type="checkbox"/> Water Bottling <input type="checkbox"/> Other <i>(specify)</i>	<input type="checkbox"/> Beer & Wine / U Brew <input type="checkbox"/> Meat Processing	<input type="checkbox"/> Ice Making <input type="checkbox"/> Abattoir
<b>Other Services at this address <i>(check all that apply)</i></b>			
<input type="checkbox"/> Recreational Water Facility (pool, hot tub etc)		<input type="checkbox"/> Sell Tobacco or have a Tobacco vending machine	
<input type="checkbox"/> Own/operate a spa, tattoo parlour, piercing, hair salon (etc)		<input type="checkbox"/> Own /operate a Water Supply System	
Sewage Waste Disposal <input type="checkbox"/> Septic System <b>OR</b> <input type="checkbox"/> Community Sewer			

**Submit to Interior Health**

for *New Build or Renovation – Submit 1, 2, 3 & 4*       for *Purchase of Existing Facility – Submit 2, 3 & 4*

1. Floor/Building Plans, equipment list and specifications
  - Provide one set of drawings in paper form prior to construction for review and approval.
  - Please contact our office again once construction is complete and prior to operating your business.
2. Food Safety Plan (required for Food Service Establishment and Abattoirs only)
3. Sanitation Plan (required for Food Service Establishment and Abattoirs only)
4. FOODSAFE or equivalent training (For Food Service Operator and alternate staff)

For more information visit our website [www.interiorhealth.ca](http://www.interiorhealth.ca) or call 1-855-744-6328

**Section C: Billing Information**

Send Invoice to: <input type="checkbox"/> Site Address <input type="checkbox"/> Mailing Address <input type="checkbox"/> Billing Address		
Name to appear on Invoice:		
Billing Address <i>(if different from Mailing Address)</i>	City	Postal Code
Billing Contact Name	Billing Phone Number	Billing Fax Number
Payment Methods: Debit / Credit Card Cash / Cheque (payable to Interior Health Authority)		Credit card payment phone number Toll Free 1-855-744-6328

Signature of Applicant	Date (dd/mm/yyyy)
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*The personal information collected is necessary for program operation per Section 26 of the Freedom of Information and Protection of Privacy Act. Information that appears on a permit may be disclosed per Section 22(4)(i) of the Act. If you have any questions about the collection and use of this information, please contact a Health Protection Office.*

**OFFICE USE ONLY**

<input type="checkbox"/> New Application	HH#(s)	<b>Change of:</b> <input type="checkbox"/> Facility Category <input type="checkbox"/> Facility Category Style <input type="checkbox"/> Months of Operation <input type="checkbox"/> Facility Site Address <input type="checkbox"/> Change of Fees <input type="checkbox"/> Tobacco Sales Closure <input type="checkbox"/> Reduction of Fees – multi-premises <input type="checkbox"/> Fee Waived (declaration attached) <input type="checkbox"/> Fee Exempt		
<input type="checkbox"/> Change of Owner Previous Owner Name _____				
<input type="checkbox"/> Change of Facility Name Previous Premises Name _____				
Name of System Supplying Water to Facility				
Date (dd/mm/yyyy)	Amount Paid	Receipt #	Cheque #	Payment method <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express
HH Community		EHO		
Reporting Site (if applicable)		Work Area		
Copy sent and referred to				
<input type="checkbox"/> Tobacco Program	<input type="checkbox"/> Recreational Water Program	<input type="checkbox"/> Drinking Water Program	<input type="checkbox"/> Personal Services EHO	