Completing the Application for Food Premises Form

These instructions will help you to complete the application form accurately.

Why are you applying

Check the appropriate box(es)

A. ***I'm building a new business/facility or renovating an existing business/facility:***

This premises is being constructed or is being renovated from an existing space. Complete all sections.

B. ***I've purchased an existing business (new ownership):***

This premises may currently be operating or has been operating in the past but ownership has or will be changed. Complete all sections.

C. ***I'm updating my information with you (i.e. contact information, months of operation, type of facility, etc.) (please complete Facility Name and any areas that require updating)***

This premises already has an Interior Health Permit to Operate with correct ownership information but needs some other information updated. Complete Facility Name and any areas that require updating.

Section A: Name and Contact Information

1. Facility Name

Enter the name of your premises as it will appear on your Permit to Operate. This is the common name used on your sign and in your advertising.

2. Facility Email Address

Enter the email address for the facility. This is the common email that customers will email.

3. Facility Site Address

This is the street address where the business is located. **Note:** If you are applying for a mobile unit use the location the mobile business operates or, if it does not have a permanent location, where it is stored when not in use.

4. Site Phone

Enter phone number for the facility. This is the common phone number that customers will call.

5. Site Cell Phone

Enter cell number for the facility. This is the common cell phone number that customers will call.

6. **Type of Ownership**

   Check the appropriate box:
   - ***Partnership:*** A partnership is two or more individuals rather than a single entity.
   - ***Sole Proprietorship:*** A sole proprietorship is a business owned and operated by one individual.
   - ***Corporation or Company (Ltd, Inc.):*** An individual or group of individuals legally registered as Incorporated (Inc.), Limited (Ltd.), or Company (Co.).
   - ***Society:*** A non-profit organization whose objective is to support or engage in activities of public or private interest without any external commercial or monetary profit.

7. **Legal (Registered) Owner's Name**

   Enter the name of the individual, partnership, society, or corporation who owns the business. If you are leasing the space you are still the Legal Owner of the business. If you are a **Society** or **Corporation**, use the legal name of the organization. If you are a **Partnership** indicate all the names of the partners or the legal name of the partnership.

8. **Owner Contact Person**

   This is an individual who will be contacted should an issue arise that needs to be addressed at a higher level than the operator/manager. If the owner is a Sole Proprietorship the owner and owner contact can be the same person. If the owner is a partnership, society, or corporation, an individual is to be designated as the Owner Contact.

9. **Owner Contact Email Address**

   Enter Owner Contact email address. The email address entered should be the best email to reach the Owner Contact on any given day. i.e. if the contact oversees multiple businesses what is the best email to reach them at?

10. **Owner Phone**

    Enter Owner Contact phone number. The phone number entered should be the best number on any given day to reach the Owner Contact.

11. **Owner Cell Phone**

    Enter Owner Contact cell phone number. The cell phone number entered should be the best number to reach the Owner Contact on any given day.

12. **Owner Mailing Address**

    Enter the mailing address for the business. It may be the same as the street address, a post office box, or the address of the legal owner. This is where the facility will receive correspondence from our office.

13. **Primary Operator/Manager**

    The individual who has been given authority to operate the business.

14. **Primary Operator/Manager Email Address**

    Enter Primary Operator/Manager email address. The email address entered should be the best email to use to reach the Primary Operator/Manager on any given day, i.e. if the contact oversees multiple businesses what is the best email to reach them at?

15. Primary Operator/Manager Phone

Enter Primary Operator/Manager phone number. The phone number entered should be the best number to reach the Primary Operator/Manager on any given day.

16. Primary Operator/Manager Cell Phone

Enter Primary Operator/Manager cell phone number. The cell phone number entered should be the best number to reach the Primary Operator/Manager on any given day.

Section B: Billing Information

17. Billing Address

Enter the billing mailing address of where you would like the facility's invoice to be mailed.

18. Billing Contact Person

This name will also appear on the invoice and will be our contact regarding billing.

19. Billing Contact Email Address

Enter Billing Contact email address. The email address entered should be the best email to reach the Billing Contact on any given day.

20. Billing Contact Phone

Enter Billing Contact phone number. The phone number entered should be the best number to reach the Billing Contact on any given day.

21. Billing Contact Cell Phone

Enter Billing Contact cell phone number. The cell phone number entered should be the best number to reach the Billing Contact on any given day.

Section C: Types of Business

22. Intended Date of Opening

This is the date you would like to open for business. Providing a proposed opening date does not guarantee a permit by that date.

- If you are transferring ownership without closing the business this is the date of Ownership change.
- If you are changing the name of your business, contact information, months of operation, or type of facility this is the date that change will take place.

23. Months of Operation

Please select either 'All Year' or if you will be operating seasonally, please check all months that you will be operating.

24. Facility Types (check those that apply)

a) *Food Processing (no fee):*
A food premises in which food is processed, manufactured, packaged and <u>not</u> intended for immediate consumption. This includes, but is not limited to, beer & wine/u-brew, bakeries, water bottling, ice making, and meat processing. If your food processing facility type is not listed with a check box, please tick other and manually enter your facility type.

b) *Food Store/Retail (no fee):*
A food premises in which prepackaged food is sold, offered for sale, displayed, stored, transported or dispensed AND is not preparing food on-site for immediate consumption. This includes, but is not limited to, grocery stores and convenience stores.

    c) ***Food Service Establishment or Mobile Food Premises*** *(FEES APPLY – ensure you complete Section B)*:

    A food premises in which food is processed, served or dispensed to the public and intended for immediate consumption. This includes, but is not limited to, restaurants, delicatessens, concessions, take-out, catering and/or mobile units.

25. Other Services at this address (check all that apply)

Indicate all other services you will be responsible for at this address. **Note:** additional applications may be required.

26. Sewerage Disposal System

Indicate whether Sewage Waste Disposal is a Septic System or Community Sewer.

27. Name of System Supplying Water to Facility

Enter the name of the water system that will be supplying water to the facility.

Resources

- 820286 Application for Food Premises form
- The Guide – Applying for Food Premises Approval
- Mobile Food Premises Guideline

If you have any questions or require further information contact EPHDirect@interiorhealth.ca or the Environmental Public Health & Licensing office nearest you.

Once the form is completed, please submit to EPHDirect@interiorhealth.ca.

Appendix A: Example of Application (cross referenced with numbering above).

APPLICATION FOR FOOD PREMISES
Environmental Public Health

Interior Health

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

Interior Health Submission Guidelines:

- **For a New Build or Renovation – Submit 1 & 2**
(only a completed application and floor plan is needed at this stage; however, submitting all documents is recommended)
- **For Purchase of an Existing Facility – Submit All (1, 2, 3, 4, 5, & 6)**

1. **Completed Application (Sections A, B, & C)**
2. **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.
3. **Proposed Menu (for Food Service Establishments) or list of foods to be processed (for Food Processors)**
4. **Food Safety Plan** (not required for Food Store / Retail)
5. **Sanitation Plan** (not required for Food Store / Retail)
6. **FOODSAFE or equivalent training** (for Food Service Establishments Operator and alternate staff)

Section A: Business Information

1 Facility Name (e.g. "Sam's Restaurant"):

2 Facility Email Address:

3 Facility Site Address (include unit, number, street): | City | Postal Code

4 Site Phone: | **5** Site Cell Phone (if applicable):

6 Type of Ownership: ☐ Partnership ☐ Sole Proprietor ☐ Corporation or Company (Ltd, Inc) ☐ Society

7 Legal (Registered) Owner's Name (e.g. Jane Doe or 123456 BC Ltd.):

8 Owner Contact Person (first name, last name): | **9** Owner Contact Email Address:

10 Owner Phone: | **11** Owner Cell Phone:

12 Owner Mailing Address (include unit, number, street): | Owner City: | Owner Postal Code:

13 Primary Operator/Manager (first name, last name): | **14** Primary Operator/Manager Email Address:

15 Primary Operator/Manager Phone: | **16** Primary Operator/Manager Cell Phone (if applicable):

(Section B on the next page)

Section B: Billing Information

(17) Billing Address Number & Street (send invoice to):	Billing Address City:	Billing Address Postal Code:
(18) Billing Contact Person (first name, last name):	**(19)** Billing Contact Email Address:	
(20) Billing Contact Phone:	**(21)** Billing Contact Cell Phone (if applicable):	

Once the facility has been approved an EPH support staff will contact you for payment.

Section C: Types of Business

Check all applicable business types below.

Need help? Please call your local office, email EPHDirect@Interiorhealth.ca, or visit interiorhealth.ca → Information For → Business

(22) Intended Date of Opening/Change (dd/mmm/yyyy):	
(23) Months of Operation:	☐ All Year or ☐ Seasonal *(check all that apply below)*: ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

(24) Facility Type:

Food Processing	☐ Abattoir ☐ Commercial Bakery ☐ Ice Making ☐ Beverage Manufacturing ☐ Community Kitchen ☐ Meat Processing ☐ Child Care – Lower Risk Food ☐ Food Manufacturing ☐ Water Bottling ☐ Other (please specify): _____	
Food Store/Retail	☐ Food Retailer (Non Food Preparation) ☐ Meat Cooler	
Food Service Establishment	**Food Service Premises:**	☐ Catering ☐ Restaurant (50 seats or less) ☐ Industrial Camp ☐ Restaurant (51 seats or more) ☐ Institutional (hospitals, etc...) ☐ Tasting Room
	Mobile Food Premises:	☐ Type A (Limited Food Handling/Dispensing Only) ☐ Type B (Restricted Menu/Limited Processing & Food Handling) ☐ Type C (Extended/Complex Food Processing & Handling) Licence Plate Number: _____

(25) Other Services at this address *(check all that apply)*	☐ Recreational Water Facility (pool, hot tub, etc.) ☐ Tobacco and/or Vapour Dispensary ☐ Personal Service Establishment ☐ Water Supply System (spa, tattoo parlour, piercing, hair salon, etc.)
(26) Sewerage Disposal System	☐ Septic Tank or ☐ Community Sewer
(27) Name of System Supplying Water to Facility (A water system must be linked for all facility types excluding Mobiles. If unsure, please consult with the area EHO):	

Section D: EPH Support Staff Use Only

Facility Number(s):	**Reason for Application Form:** ☐ Change of Facility Category/Type
EHO Approval Date:	☐ Change of Months of Operation ☐ Change of Site Address
EHO Closure Date of Previous Ownership (if applicable):	☐ New Facility
Community:	☐ Change of Facility Name (specify previous Facility name): _____
EHO:	☐ Change of Owner (specify previous Owner name):
Work Area:	_____