

# APPLICATION FOR FOOD PREMISES

## Environmental Public Health



- ☐ I'm building a new business / facility or renovating an existing business / facility
- ☐ I've purchased an existing business (new ownership)
- ☐ 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

Facility Name (e.g. "Sam's Restaurant"):		
Facility Email Address:		
Facility Site Address (include unit, number, street):	City	Postal Code
Site Phone:	Site Cell Phone (if applicable):	
Type of Ownership: <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation or Company (Ltd, Inc) <input type="checkbox"/> Society		
Legal (Registered) Owner's Name (e.g. Jane Doe or 123456 BC Ltd.):		
Owner Contact Person (first name, last name):	Owner Contact Email Address:	
Owner Phone:	Owner Cell Phone:	
Owner Mailing Address (include unit, number, street):	Owner City:	Owner Postal Code:
Primary Operator / Manager (first name, last name):	Primary Operator / Manager Email Address:	
Primary Operator / Manager Phone:	Primary Operator / Manager Cell Phone (if applicable):	

(Section B on the next page)

## Section B: Billing Information

Billing Address Number & Street (send invoice to):	Billing Address City:	Billing Address Postal Code:
Billing Contact Person (first name, last name):	Billing Contact Email Address:	
Billing Contact Phone:	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](mailto:EPHDirect@Interiorhealth.ca), or visit [interiorhealth.ca](http://interiorhealth.ca) → Information For → Business

<b>Intended Date of Opening / Change</b> (dd / mmm / yyyy):			
<b>Months of Operation:</b>	<input type="checkbox"/> All Year or <input type="checkbox"/> Seasonal (check all that apply below): <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec		
<b>Facility Type:</b>	Food Processing	<input type="checkbox"/> Abattoir <input type="checkbox"/> Commercial Bakery <input type="checkbox"/> Ice Making <input type="checkbox"/> Beverage Manufacturing <input type="checkbox"/> Community Kitchen <input type="checkbox"/> Meat Processing <input type="checkbox"/> Child Care – Lower Risk Food <input type="checkbox"/> Food Manufacturing <input type="checkbox"/> Water Bottling <input type="checkbox"/> Other (please specify): _____	
	Food Store/Retail	<input type="checkbox"/> Food Retailer (Non Food Preparation) <input type="checkbox"/> Meat Cooler	
	Food Service Establishment	Food Service Premises:	<input type="checkbox"/> Catering <input type="checkbox"/> Restaurant (50 seats or less) <input type="checkbox"/> Industrial Camp <input type="checkbox"/> Restaurant (51 seats or more) <input type="checkbox"/> Institutional (hospitals, etc...) <input type="checkbox"/> Tasting Room
		Mobile Food Premises:	<input type="checkbox"/> Type A (Limited Food Handling / Dispensing Only) <input type="checkbox"/> Type B (Restricted Menu / Limited Processing & Food Handling) <input type="checkbox"/> Type C (Extended / Complex Food Processing & Handling) Licence Plate Number: _____
<b>Other Services at this address</b> (check all that apply)		<input type="checkbox"/> Recreational Water Facility (pool, hot tub, etc.) <input type="checkbox"/> Tobacco and/or Vapour Dispensary <input type="checkbox"/> Personal Service Establishment (spa, tattoo parlour, piercing, hair salon, etc.) <input type="checkbox"/> Water Supply System	
<b>Sewerage Disposal System</b>		<input type="checkbox"/> Septic Tank or <input type="checkbox"/> Community Sewer	
<b>Name of System Supplying Water to Facility</b> (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):	<b>Reason for Application Form:</b> <input type="checkbox"/> Change of Facility Category / Type <input type="checkbox"/> Change of Months of Operation <input type="checkbox"/> Change of Site Address <input type="checkbox"/> New Facility <input type="checkbox"/> Change of Facility Name (specify previous Facility name): _____ <input type="checkbox"/> Change of Owner (specify previous Owner name): _____
EHO Approval Date:	
EHO Closure Date of Previous Ownership (if applicable):	
Community:	
EHO:	
Work Area:	