

## Completing the Application for Food Premises Form

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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/facility:**

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:**

This premises already has an Interior Health Permit to Operate with correct ownership information but needs some other information updated. Complete Section A and all information requiring updating.

### Section A. Name and Contact Information

**1. Business/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 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.

**3. Type of ownership:**

- *Partnership:* A partnership is two or more individuals rather than a single entity.
- *Private/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:* (Although this option is not indicated on the application, please indicate in the Type of ownership space.) 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.

**4. Legal Owner 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.

**5. Owner Contact:**

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*.

**6. Mailing Address:**

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

**7. Owner contact information (phone, etc.):**

If the owner is a corporation, society or partnership this is the Owner Contact's information.

**8. Operator/Manager:**

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

**Section B. Type of Business**

**9. Intended Date of Opening/Change:**

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.

**10. Months of Operation: Indicate All Year or Seasonal**

- *Seasonal:* indicate months of operation, i.e. March to October. If operating for multiple date ranges please provide details, i.e. July to August and December to January.

**11. Food Service Establishment (FEES APPLY – ensure you complete Section C):**

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.

**12. 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.

**13. Food Other (NO FEE):**

A food premises in which food is processed, manufactured, packaged and not intended for immediate consumption. This includes, but is not limited to, beer & wine/u-brew, bakeries, water bottling, ice making, slaughter establishment, and meat processing.

**14. Other Services at this address:**

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

## 15. Sewage Waste Disposal

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

## 16. **Submit to Interior Health:**

Indicate whether this is a *New Build or Renovation or Purchase of Existing Facility*. All required documents must accompany the application. More information on these documents is provided in ***The Guide – Applying for Food Premises Approval***.

## Section C. Billing information:

Complete this section if you are a *Food Service* and fees apply to your facility.

## 17. **Send Invoice to:**

Indicate where you would like the Invoice to be mailed.

- *Site Address* - the address indicated under business facility address)
- *Mailing Address* - the address indicated under owner information.
- *Billing Address* - different from other addresses provided – indicate in space below.

## 18. **Name to appear on Invoice:**

Business/Facility name or Legal Owner name.

## 19. **Billing Contact:**

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

## 20. **Payment Methods:**

This indicates payment options available through Interior Health. ***Please do not put your credit or debit card information in this space.*** Payment can be made at your local Health Protection office or to pay by credit card call 1-855-744-6328.

## 21. **Signature of Applicant**

The application is to be *signed* by the applicant. If submitted electronically no signature necessary. The *Date* must reflect the actual date the application is submitted.

If you have any questions or require further information contact your local Health Protection Office.



# Interior Health

## HEALTH PROTECTION

### Application for Food Premises

Why are you applying? Please check all that apply

- A I'm building a new business/facility or renovating an existing business/facility (please complete all Sections)
- B I've purchased an existing business/facility (please complete all Sections)
- C 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

1	Business/Facility Name		Business/Facility Email Address	
2	Facility Site Address (include unit, number, street)		City	Postal Code
	Site Phone	Cell Phone	Site Fax	
3	Type of ownership <input type="checkbox"/> Partnership <input type="checkbox"/> Private/Sole Proprietorship <input type="checkbox"/> Corporation or Company (Ltd, Inc)			
4	What is the Legal Owner Name (if different from the Business/Facility Name above)			
5	Owner Contact Person		Email Address	
6	Mailing Address (include unit, number, street)		City	Postal Code
7	Owner Phone		Owner Alternate Number	Owner Fax
8	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	
9	Intended Date of Opening / Change (dd/mm/yyyy)			
10	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>			
11	<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)
12	<input type="checkbox"/> Food Store / Retail (No Fee)	<input type="checkbox"/> Food Preparation	<input type="checkbox"/> Non Food Preparation	
13	<input type="checkbox"/> Food Other (No Fee)	<input type="checkbox"/> Bakery <input type="checkbox"/> Water Bottling <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Beer & Wine / U Brew <input type="checkbox"/> Meat Processing	<input type="checkbox"/> Ice Making <input type="checkbox"/> Abattoir
14	Other Services at this address (check all that apply)			
	<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	
15	Sewage Waste Disposal <input type="checkbox"/> Septic System OR <input type="checkbox"/> Community Sewer			

**16** **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**

**17** Send Invoice to:     Site Address     Mailing Address     Billing Address  
**18** Name to appear on Invoice:  
 Billing Address (if different from Mailing Address)    City    Postal Code  
**19** Billing Contact Name    Billing Phone Number    Billing Fax Number  
**20** Payment Methods: Debit / Credit Card    Credit card payment phone number  
 Cash / Cheque (payable to Interior Health Authority)    Toll Free 1-855-744-6328

**21** Signature of Applicant    Date (dd/mm/yyyy)  
*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)(f) 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					