

Described below are a number of circumstances where the operating permit fee may be reduced or not payable. Please complete Sections 1 to 4. If you are uncertain of your status, contact your local Health Protection office for assistance.

NOTE: Explanations provided on the back of this form.

NOTE: Applies to Food or Recreation Water only

Section 1 – FEE NOT PAYABLE - applies to Food only				
Please check the box(es) that apply to you and complete Columns 1 & 2.				
<input type="checkbox"/> My facility operates for a total of no more than 14 days during one fiscal year.				
<input type="checkbox"/> My facility is a charitable organization whose purpose includes the relief of poverty.				
Legal name of the society, not-for-profit, and /or charity: _____				
Society Incorporation # or Charity Registration _____				
Section 2 – REDUCED FEE				
<ul style="list-style-type: none"> In Column 1, list ALL of the facilities that you operate in your building site. In Column 2, list ALL of the corresponding facility numbers (as per invoice or operating permit). If you are applying for a new facility, this column will be left blank. In Column 3, indicate the number of months that each facility is open during a fiscal year (April 1 to March 31). 				
Business Owner/Lessee Name: _____				
Section 3				
COLUMN 1		COLUMN 2		COLUMN 3
Facility Name	TYPE Food Water		Facility # (as per Invoice or permit)	# of months open April 1 – March 31
1.	<input type="checkbox"/>	<input type="checkbox"/>		
2.	<input type="checkbox"/>	<input type="checkbox"/>		
3.	<input type="checkbox"/>	<input type="checkbox"/>		
4.	<input type="checkbox"/>	<input type="checkbox"/>		
5.	<input type="checkbox"/>	<input type="checkbox"/>		
6.	<input type="checkbox"/>	<input type="checkbox"/>		
7.	<input type="checkbox"/>	<input type="checkbox"/>		
8.	<input type="checkbox"/>	<input type="checkbox"/>		
9.	<input type="checkbox"/>	<input type="checkbox"/>		
10.	<input type="checkbox"/>	<input type="checkbox"/>		
Section 4 – SIGNATURE				
I (<i>print name</i>) _____, declare the above information to be complete and correct, and understand that I may be contacted by local Health Protection staff if further information is required.				
Signature			Date	
Section 5 – Office Use Only				
Team Leader Signature			Date	

Your operating permit fee will be based on the above information, so please ensure that it is complete and accurate. Your local Health Protection office may verify this declaration.

EXPLANATIONS	
Charitable Organization	To be considered exempt from paying a food permit fee, you must be a charity (listed in CRA listing), non-profit organization (e.g. Society listed in BC Online) or national non-profit (in Corporations Canada listing) whose mandate includes the relief of poverty by providing food to the poor/hungry.
Building Site	<p>A "Building Site" means a site where facilities of the same type (eg. pool or restaurant) are located either in or adjacent to a single building or on a site that has a hotel. Adjacent buildings must be joined together.</p> <p>A person who operates facilities at a building site must:</p> <ul style="list-style-type: none"> • Pay for the most expensive operating permit; and • For each additional permit, pay • \$75.00, or • the prorated amount of the annual fee (if the operation is seasonal or if the facility opens part way through the year). <p>The lowest rate will automatically be calculated for each permitted premises. The \$75.00 multiple permit fee cannot be prorated or refunded.*</p>
Seasonal Facilities	A seasonal facility is one that is not open for the full fiscal year (April 1 – March 31). Indicate the whole or partial months in which you will be in operation. If you are open for any part of a month, count that as a whole month. For example, May 20, to September 3, is 5 months (May, June, August, September) hence payment would be required for 5 months.

Please Note: Any declaration for a reduced or canceled fee is not valid unless this form is dated and signed. This form is valid as long as the status of your facility does not change. If the status of your facility changes after making this declaration, you must contact your local Health Protection Office and complete another declaration form.

* Restaurant and pools are handled separately for the purpose of applying multiple permit fees.

Please send to your local Health Protection Office.