
Application for a Food Handling Permit

I (we) hereby apply for a food handling permit and in support of this application supply the following information:

Note: Faxed copies will NOT be accepted. (Please print)

1. NAME OF OPERATOR (Person, Company, Corporation): _____

2. TRADE NAME (Name of Food Establishment): _____

3. STREET ADDRESS WHERE FOOD ESTABLISHMENT IS LOCATED: _____

POSTAL CODE: _____

4. LEGAL LAND LOCATION: _____

(Lot) (Block) (Plan) (Quarter) (Section) (Township) (Range) (Meridian)

5. MAILING ADDRESS (If different than above): _____

POSTAL CODE: _____

6. IF MOBILE UNIT: (a) SERIAL & LICENCE PLATE #: _____

(b) POSTED UNIT NUMBER: _____

(c) ADDRESS OF OPERATIONS BASE: _____

7. IF SEASONAL: (a) OPERATION START DATE: _____

(b) OPERATION END DATE: _____

8. NAME OF OWNER/MANAGER: _____

9. NAME OF PERSON(S) HOLDING QUALIFICATIONS IN FOOD SAFETY: _____

10. PROPOSED DATE OF OPENING/CHANGE OF OWNERSHIP: _____

11. MENU ATTACHED: YES NO HOURS OF OPERATIONS: _____

12. PHONE # _____ CELL / PAGER # _____

FAX # _____ E-MAIL _____

13. PERMIT FEE EXEMPT STATUS: (Check or provide required information, if any of the following applies to your operation)

Registered Charitable Organization Registration # _____

Selling only pre-packaged low-risk food

Social Care Facility (adult/child care > 10)

Bed and Breakfast operation

14. _____

APPLICANT'S SIGNATURE

PLEASE PRINT NAME

DATE

FOR OFFICE USE ONLY

PREMISES TYPE

Restaurant _____
Food Distributor _____

PREMISES TYPE

Food Processor _____
Non Retail _____

FACILITY CLASS: CLASS I CLASS II CLASS III CLASS IV

TERMS, CONDITIONS & RESTRICTIONS (**Circle # in reference list below and/or stipulate after #15; other**)

PERMIT: APPROVED REFUSED

EXECUTIVE OFFICER

DATE

REFERENCE LIST OF TERMS, CONDITIONS & RESTRICTIONS

1. WAIVERS – specify Food Regulation and requirements
2. Foods from approved sources only; i.e. No home-prepared foods.
3. No preparation of food.
4. Pre-packaged foods only.
5. Pre-packaged low-risk foods only.
6. Fruit and vegetables only.
7. Low hazard foods only (state foods) _____
8. Approved for single service, disposable utensils only.
9. Take out foods only.
10. For Establishments Lacking Ventilation or Using a Domestic Ventilation System: No cooking/frying with the use of deep fat fryer, broiler, griddle, or any apparatus emitting grease-laden vapours.
11. For Rural Food Establishments (with private water source): Water samples must be submitted for microbiological analysis every _____ month(s).
12. For Commercial Potable Water Haulers: The Health Authority must be notified if non-potable water is transported for emergency purposes.
13. For Kitchen/Banquet Facilities – Community Halls: This food facility is equipped according to the Food Regulations. Commercial caterers using this facility must comply with the terms and conditions of the permit. Contact Capital Health - Environmental Public Health Services for further information.
14. Nil.
15. Other: _____