



## Bed and Breakfast Establishment Information Form

In support of obtaining written approval to operate from Capital Health, Environmental Health Services.  
**Faxed copies will not be accepted. (Please print clearly)**

1. NAME OF OWNER/COMPANY: \_\_\_\_\_

2. NAME OF OPERATOR (if different than Owner): \_\_\_\_\_

3. TRADE NAME (Name of Bed & Breakfast Establishment): \_\_\_\_\_

4. ADDRESS WHERE BED & BREAKFAST ESTABLISHMENT IS LOCATED: \_\_\_\_\_

\_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

5. POSTAL ADDRESS (if different than above): \_\_\_\_\_

\_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

6. LEGAL LAND LOCATION: \_\_\_\_\_

(Lot) (Block) (Plan) (Quarter-section) Township (Range) (Meridian)

7. OCCUPANCY LOAD: \_\_\_\_\_ 8. DATE OF OPENING: \_\_\_\_\_

9. PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

CELLULAR PHONE OR PAGER #: \_\_\_\_\_

10. REFUSE DISPOSAL: Can(s)  Bin

11. WATER & SEWER: Municipal Services  Well  Cistern  Private Sewage Disposal

LIST ANY EQUIPMENT USED FOR CONDITIONING OR TREATMENT OF WATER: \_\_\_\_\_

\_\_\_\_\_

12. LIST ALL ANIMALS BEING KEPT ON THE PREMISES: \_\_\_\_\_

13. FOOD MENU ATTACHED: YES  NO

14. FOOD HANDLING PERMIT APPLICATION: YES  NO

15. SWIMMING POOL: YES  NO  WHIRLPOOL: YES  NO

*(If swimming/whirlpool available, a license must be obtained from Capital Health, Environmental Health Services)*

16. \_\_\_\_\_

**APPLICANT'S SIGNATURE**

**PLEASE PRINT NAME**

**DATE**