

FOOD PREMISES COMMENCEMENT NOTIFICATION

TO BE COMPLETED BY OWNER/OPERATOR OF FOOD PREMISES

GENERAL PREMISES INFORMATION

Premises Name:		Vendor's Permit #:	Date of Issue (YYYY/MM/DD):
Premises Address:		City/Town:	Postal Code:
Premises Phone #:		Fax #:	E-mail:
Existing Business <input type="checkbox"/>		New Business <input type="checkbox"/>	Proposed Opening Date (if new) ____/____/____ YYYY MM DD
Days and Hours of Operation: Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Sat ____ Sun ____ <small>(Circle all days of operation and state the hours of operation for that day in the space provided)</small>			
Non-Seasonal <input type="checkbox"/>		Seasonal <input type="checkbox"/>	Seasonal Opening Date ____/____/____ Seasonal Closing Date ____/____/____ YYYY MM DD YYYY MM DD

LEGAL INFORMATION

Choose one: Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>		
Legal Name (Provide number if owner is a numbered company):		
Legal Address:	City/Town:	Postal Code:
Legal Phone #:	Fax #:	E-mail:
Name(s) of Owner(s)/Director(s):		

OPERATOR INFORMATION

Operator/Manager Name:	Operator Contact Phone #:
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GENERAL

1.	Will you be engaged in meat processing such as curing, dehydrating or fermenting? <small>If yes, please attach food safety plan.</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Will you be participating in special events?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Will you require a liquor licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Are tobacco products sold at this location?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Is a certified food handler on site every hour of operation? <small>If yes, please attach copies of food handler certifications.</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Has pest control been contracted? <small>If yes, please provide the company name: _____</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Water supply <small>If private, please attach most recent water sample results.</small>	Municipal <input type="checkbox"/>	Private <input type="checkbox"/>
	Sewage Disposal	Municipal <input type="checkbox"/>	Private <input type="checkbox"/>
8.	Is a copy of the menu attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Is a copy of the floor plan attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

_____ Print Name of Applicant	_____ Reviewed by: Print Name of Public Health Inspector
_____ Signature of Applicant	_____ Signature of Public Health Inspector
_____ Date (YYYY/MM/DD)	_____ Date (YYYY/MM/DD)