simcoe muskoka
DISTRICT HEALTH UNIT
Your Health Connection

FOOD PREMISES COMMENCEMENT NOTIFICATION

To be completed and emailed to hc.phi@smdhu.org

GENERAL PREMISES INFORMATION

Premises Name:	Vendor's Permit #: Date of Issue (YYYY/MM/DD): *Or provide photocopy of vendor's permit for file	
Premises Address:	City/Town:	Postal Code:
Premises Phone #:	Fax #:	E-mail:

Existing Business ☐ New Business ☐ Proposed Opening Date (if new) _____/_____/_____ (YYYY MM DD)

Days and Hours of Operation: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____
(Circle all days of operation and state the hours of operation for that day in the space provided)

Non-Seasonal ☐ Seasonal ☐ Seasonal Opening Date _____/_____/_____ (YYYY MM DD) Seasonal Closing Date _____/_____/_____ (YYYY MM DD)

LEGAL INFORMATION

Choose one: Sole Proprietorship ☐ Partnership ☐ Corporation ☐

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 #:

GENERAL

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

_____ 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)

Personal information on this form is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990 c.H.7.O. The information will be used for program planning, enforcement and statistical purposes. Questions about the collection of personal information should be directed to the Privacy Officer at 705-721-7520 or 1-877-721-7520.