

# APPLICATION FOR FOOD FACILITY

**COMPLETE ONE APPLICATION IN FULL FOR EACH TYPE OF SERVICE IN YOUR FACILITY -PLEASE PRINT WHERE POSSIBLE**

The personal information collected relates directly to and is necessary for program operation per Section 26 of the Freedom of Information and Protection of Privacy Act. Information that appears on a licence may be disclosed per Section 22(4)(i) of the Act, as it is not considered an unreasonable invasion of personal privacy.

**RETURN FORM TO NEAREST HPES OFFICE: <https://www.islandhealth.ca/our-locations/health-protection-environmental-services-locations>**

<b>STATUS</b>	<b>NEW</b> <input type="checkbox"/> New Facility <input type="checkbox"/> New Location <input type="checkbox"/> New Ownership <b>AMENDMENT</b> <input type="checkbox"/> Change to Facility	
<b>FOOD FACILITY</b>	<b>FACILITY NAME</b> _____ <b>FACILITY LOCATION ADDRESS</b> _____ <b>CITY</b> _____ <b>POSTAL CODE</b> _____ <b>TELEPHONE</b> _____ <b>FAX</b> _____ <b>EMAIL</b> _____ <b>MAILING ADDRESS IF DIFFERENT FROM ABOVE</b> _____ <b>SEND INVOICE TO</b> <input type="checkbox"/> SAME AS FACILITY <input type="checkbox"/> SAME AS MAILING OR: _____	
<b>FACILITY'S REGISTERED OWNER(S) OR LEASEE(S)</b>	<b>REGISTERED OWNER/LEASEE NAME</b> _____ <input type="checkbox"/> SOCIETY <b>MAILING ADDRESS</b> _____ <input type="checkbox"/> SOLE PROPRIETOR <b>CITY</b> _____ <b>PROV</b> _____ <b>POSTAL CODE</b> _____ <input type="checkbox"/> PARTNERSHIP <b>TELEPHONE</b> _____ <b>FAX</b> _____ <b>ALTERNATE PHONE</b> _____ <input type="checkbox"/> INCORPORATED <b>EMAIL</b> _____	
<b>FACILITY MANAGER / CONTACT</b>	<b>CONTACT NAME</b> _____ <b>POSITION</b> _____ <b>ADDRESS</b> _____ <b>POSTAL CODE</b> _____ <b>TELEPHONE</b> _____ <b>FAX</b> _____ <b>EMAIL</b> _____	
<b>BUILDING INFORMATION</b>	<b>IF THE FACILITY IS PART OF A MALL, NAME OF MALL</b> _____ <b>BUILDING NAME (IF DIFFERENT FROM FACILITY)</b> _____ <b>ADDRESS</b> _____ <b>CITY</b> _____ <b>POSTAL CODE</b> _____	
<b>OWNER OF BUILDING OR COMPLEX</b>	<b>REGISTERED NAME</b> _____ <input type="checkbox"/> SOCIETY <b>MAILING ADDRESS</b> _____ <input type="checkbox"/> SOLE PROPRIETOR <b>CITY</b> _____ <b>PROV</b> _____ <b>POSTAL CODE</b> _____ <input type="checkbox"/> PARTNERSHIP <b>CONTACT/AGENT NAME</b> _____ <b>POSITION</b> _____ <input type="checkbox"/> INCORPORATED <b>TELEPHONE</b> _____ <b>FAX</b> _____ <b>EMAIL</b> _____	
<b>FACILITY SERVICING</b>	<b>WATER SOURCE</b> <input type="checkbox"/> COMMUNITY (SYSTEM NAME) _____ <input type="checkbox"/> WELL <input type="checkbox"/> OTHER   SPECIFY _____ <b>SEWAGE DISPOSAL</b> <input type="checkbox"/> SEWER <input type="checkbox"/> ONSITE SEWAGE DISPOSAL	
<b>OPERATIONAL MONTHS</b>	<input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC <input type="checkbox"/> ALL YEAR	
WILL YOUR OPERATION PREPARE FOOD/DRINK ON SITE FOR IMMEDIATE CONSUMPTION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
WILL YOUR OPERATION PREPARE FOOD OFF SITE? <input type="checkbox"/> YES   IF "YES" – LOCATION _____ <input type="checkbox"/> NO		
WILL YOUR OPERATION PROVIDE SEATING FOR CONSUMPTION OF PREPARED FOOD? <input type="checkbox"/> YES   IF "YES" – TOTAL SEATING CAPACITY _____ <input type="checkbox"/> NO		
WILL YOUR OPERATION BE MOBILE? <input type="checkbox"/> YES   IF "YES" – TYPE <input type="checkbox"/> CART <input type="checkbox"/> VEHICLE <input type="checkbox"/> VESSEL <input type="checkbox"/> NO		
WHAT TYPE OF FOOD PREMISES WILL YOU BE OPERATING? <input type="checkbox"/> RESTAURANT <input type="checkbox"/> TAKE OUT <input type="checkbox"/> MOBILE <input type="checkbox"/> CONCESSION <input type="checkbox"/> STORE <input type="checkbox"/> FISH PROCESSOR <input type="checkbox"/> LOUNGE/BAR <input type="checkbox"/> CARE FACILITY <input type="checkbox"/> KITCHEN <input type="checkbox"/> CATERER <input type="checkbox"/> OTHER _____ SPECIFY _____		
WILL THE FACILITY BE RENTED OR LEASED TO OTHERS? <input type="checkbox"/> YES   IF "YES" ENSURE THEY HAVE CONTACTED OUR OFFICE FOR NECESSARY APPROVAL <input type="checkbox"/> NO		
WILL YOUR OPERATION CONDUCT BUSINESS MORE THAN 14 DAYS IN A 12 MONTH PERIOD <input type="checkbox"/> YES <input type="checkbox"/> NO		
WILL YOUR OPERATION SELL TOBACCO PRODUCTS? <input type="checkbox"/> YES   IF "YES" <input type="checkbox"/> VENDING MACHINE <input type="checkbox"/> OVER THE COUNTER <input type="checkbox"/> NO		
WILL YOUR OPERATION PROVIDE AN OUTSIDE SMOKING AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>VERIFICATION</b>	<b>APPLICANT SIGNATURE</b> _____ <b>DATE</b> DD / MMM / YYYY <small>I hereby certify that the information set out by me in this application is true and correct to the best of my knowledge and belief. I acknowledge that it is an offence to supply false or inaccurate information on this application.</small> <b>PRINT NAME</b> _____ <b>POSITION</b> _____ <b>PROPOSED OPENING DATE</b> _____ <b>PHONE</b> _____ <b>ADDRESS</b> _____ <b>PLANS INCLUDED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>FOR OFFICIAL USE ONLY</b>	<b>DATE</b>	<b>INITIALS</b>
	APPLICATION PACKAGE REC'D	FACILITY TYPE
	PLANS APPROVED BY EHO	FACILITY #
	FACILITY APPROVED BY EHO	AMOUNT PAID
	POSTED TO HEALTHSPACE	METHOD OF PAYMENT
	OPERATING PERMIT SENT	RECEIPT #