

APPLICATION FOR FOOD FACILITY

COMPLETE ONE APPLICATION IN FULL FOR EACH TYPE OF SERVICE IN YOUR FACILITY

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. If you have any questions about the collection and use of this information, contact the Vancouver Island Health Authority Information & Privacy Office. **PLEASE PRINT WHERE POSSIBLE**
RETURN FORM TO NEAREST EPH OFFICE: <https://www.islandhealth.ca/our-locations/health-protection-environmental-services-locations>

FOOD FACILITY	STATUS		NEW <input type="checkbox"/> New Facility <input type="checkbox"/> New Location <input type="checkbox"/> New Ownership AMENDMENT <input type="checkbox"/> Change to Facility	
	FACILITY NAME (Doing Business As)			
	FACILITY LOCATION ADDRESS			
	CITY		POSTAL CODE	TELEPHONE
	FAX		EMAIL	
	MAILING ADDRESS (IF DIFFERENT FROM ABOVE):			
FACILITY'S REGISTERED OWNER	<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> SOCIETY* <input type="checkbox"/> PARTNERSHIP* <input type="checkbox"/> INCORPORATED*		<input type="checkbox"/> * Copy of Legal Documents Provided	
	REGISTERED OWNER NAME			
	MAILING ADDRESS			
	CITY		PROV	POSTAL CODE
	TELEPHONE		FAX	ALTERNATE PHONE
	EMAIL			
FACILITY MANAGER/ CONTACT	CONTACT NAME		POSITION	
	TELEPHONE		FAX	EMAIL
FACILITY SERVICING	WATER SOURCE <input type="checkbox"/> COMMUNITY (SYSTEM NAME): _____ <input type="checkbox"/> WELL <input type="checkbox"/> OTHER (SPECIFY): _____			
	SEWAGE DISPOSAL <input type="checkbox"/> SEWER <input type="checkbox"/> ONSITE SEWAGE DISPOSAL			
OPERATIONAL MONTHS	<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" – <input type="checkbox"/> TYPE A <input type="checkbox"/> TYPE B <input type="checkbox"/> TYPE C		<input type="checkbox"/> NO
WHAT TYPE OF FOOD PREMISES WILL YOU BE OPERATING?		<input type="checkbox"/> RESTAURANT <input type="checkbox"/> TAKEOUT <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"/> 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
VERIFICATION	APPLICANT SIGNATURE _____ DATE _____ 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.			
	PRINT NAME _____			
	PHONE _____		PLANS INCLUDED <input type="checkbox"/> YES <input type="checkbox"/> NO	
FOR OFFICIAL USE ONLY		DATE	INITIAL	
	RECEIVED BY EPH			FACILITY TYPE
	POSTED TO HS CLOUD			FACILITY #
	PLANS APPROVED BY EHO			AMOUNT PAID
	FACILITY APPROVED BY EHO			METHOD OF PAYMENT
	OPERATING PERMIT SENT			RECEIPT #