

FACILITY & CONTACT INFORMATION:					
Facility Name:					
Legal Name (ISC Corporate # or Name):					
Business Type:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Cooperative <input type="checkbox"/> Not for profit				
Legal Owner/Operator:					
Facility Manager:					
Physical Address:		Street:	Town/City:		
Province/State:		Country:	Postal Code/Zip Code:		
Mailing Address: <input type="checkbox"/> As above		Street:	City/Town:		
Province/State:		Country:	Postal Code/Zip Code:		
Telephone(s):		Email:			
FACILITY TYPE:					
<input type="checkbox"/> Food distributor <input type="checkbox"/> Liquor Outlet					
This facility is:		<input type="checkbox"/> Existing Facility <input type="checkbox"/> New Construction <input type="checkbox"/> Renovation			
This facility operates:		<input type="checkbox"/> Year Round or <input type="checkbox"/> Seasonally (check all that apply) <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D			
FOR LIQUOR OUTLET APPLICANTS ONLY:					
Food service provided:		<input type="checkbox"/> Dine-in <input type="checkbox"/> Take-out <input type="checkbox"/> Both			
**If checked one of the boxes above please fill out the Public Eating Establishment Application.					
POTABLE WATER:					
Water source:		<input type="checkbox"/> Municipal		<input type="checkbox"/> Private	
Private sources only:					
If Private has water treatment been approved by Provincial Health Authority: <input type="checkbox"/> Yes <input type="checkbox"/> No					
WASTE WATER (SEPTIC):					
How will waste water be disposed?		<input type="checkbox"/> Municipal <input type="checkbox"/> Private (check those that are applicable) <input type="checkbox"/> Holding Tank <input type="checkbox"/> Septic Tank <input type="checkbox"/> Absorption Field <input type="checkbox"/> Lagoon <input type="checkbox"/> Mound <input type="checkbox"/> Jet Type Disposal System			
Is the facility equipped with a grease interceptor?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> N/A			
SOLID WASTE MANAGEMENT:					
How will solid waste (garbage) be disposed:		<input type="checkbox"/> Municipal <input type="checkbox"/> Private Contractor <input type="checkbox"/> Other			
SUPPORTING DOCUMENTS:		Enclosed	Previously Submitted	Forthcoming	N/A
Food Distributor	Liquor Outlet				
Facility floor plan	Facility floor plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proposed stock	Proposed menu (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other agency permits & licences	Other agency permits & licences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A	Commercial equip. list	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A	Manufacturer's NSF specs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A	Cleaning schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE:			DATE:		