

FACILITY & CONTACT INFORMATION:				
Facility Name:				
Legal Name (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 processor (fish processor, meat processor)		<input type="checkbox"/> Public Eating Establishment (mobile food cart, restaurant)		
<input type="checkbox"/> Public Eating Establishment (hunting bear, deer)		<input type="checkbox"/> Public Eating Establishment (fishing camp)		
<input type="checkbox"/> Public Eating Establishment (Approved Kitchen)				
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 PUBLIC EATING ESTABLISHMENT (PEE) LICENCE APPLICANTS ONLY:				
Food service provided:	<input type="checkbox"/> Dine-in <input type="checkbox"/> Take-out <input type="checkbox"/> Both			
Seating capacity:				
If hunting / fishing camp:				
(A) # guest per week:		(B) # weeks per year:		(C.) Ave # guest/year:
For Caterers: List all approved kitchens where food will be stored, prepared and cooked. Note: only licenced or approved kitchens inspected by the Provincial Health Authority are permitted for use.				
1.		2.		
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			
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
Facility floor plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proposed menu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial equipment list	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturer's NSF specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved safe food handling certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other agency permits and licences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE:			DATE:	