island health
Environmental Public Health

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

STATUS	**NEW** ☐ New Facility	☐ New Location	☐ New Ownership	**AMENDMENT** ☐ Change to Facility	
FOOD 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	☐ **SOLE PROPRIETOR**	☐ **SOCIETY***	☐ **PARTNERSHIP***	☐ **INCORPORATED***	☐ * **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**	☐ COMMUNITY (SYSTEM NAME): _____	☐ WELL		
		☐ OTHER (SPECIFY): _____			
	SEWAGE DISPOSAL	☐ SEWER	☐ ONSITE SEWAGE DISPOSAL		
OPERATIONAL MONTHS	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN ☐ JUL ☐ AUG ☐ SEP ☐ OCT ☐ NOV ☐ DEC ☐ ALL YEAR				

WILL YOUR OPERATION PREPARE FOOD/DRINK ON SITE FOR IMMEDIATE CONSUMPTION?	☐ YES	☐ NO
WILL YOUR OPERATION PREPARE FOOD OFF SITE?	☐ YES IF "YES" – LOCATION: _____	☐ NO
WILL YOUR OPERATION PROVIDE SEATING FOR CONSUMPTION OF PREPARED FOOD?	☐ YES IF "YES" - **TOTAL SEATING CAPACITY**: _____	☐ NO
WILL YOUR OPERATION BE MOBILE?	☐ YES IF "YES" – ☐ TYPE A ☐ TYPE B ☐ TYPE C	☐ NO
WHAT TYPE OF FOOD PREMISES WILL YOU BE OPERATING?	☐ RESTAURANT ☐ TAKEOUT ☐ MOBILE ☐ CONCESSION ☐ STORE ☐ FISH PROCESSOR ☐ LOUNGE/BAR ☐CARE FACILITY ☐KITCHEN ☐ OTHER (SPECIFY): _____	
WILL THE FACILITY BE RENTED OR LEASED TO OTHERS?	☐ YES IF "YES" ENSURE THEY HAVE CONTACTED OUR OFFICE FOR NECESSARY APPROVAL	☐ NO
WILL YOUR OPERATION CONDUCT BUSINESS MORE THAN 14 DAYS IN A 12 MONTH PERIOD?	☐ YES	☐ NO
WILL YOUR OPERATION SELL TOBACCO PRODUCTS?	☐ YES IF "YES" ☐ VENDING MACHINE ☐ OVER THE COUNTER	☐ NO
WILL YOUR OPERATION PROVIDE AN OUTSIDE SMOKING AREA?	☐ YES	☐ 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 ☐ YES ☐ 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 #	