



Health Protection

# 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)(j) 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 at (250)370-8323.

PLEASE PRINT WHERE POSSIBLE

<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>	FACILITY NAME _____ FACILITY LOCATION ADDRESS _____ CITY _____ POSTAL CODE _____ TELEPHONE _____ FAX _____ EMAIL _____ FACILITY MAILING ADDRESS <input type="checkbox"/> SAME AS FACILITY OR: _____ SEND INVOICE TO <input type="checkbox"/> SAME AS FACILITY OR: _____	
<b>FACILITY'S REGISTERED OWNER(S) OR LEASEE(S)</b>	REGISTERED OWNER/LEASEE NAME _____ MAILING ADDRESS _____ CITY _____ POSTAL CODE _____ TELEPHONE _____ FAX _____ EMAIL _____	
<b>FACILITY MANAGER / CONTACT</b>	CONTACT NAME _____ POSITION _____ TELEPHONE _____ FAX _____ ADDRESS _____	
<b>OWNER'S AGENT (Contractor, Property Manager, Lawyer, Developer, Realtor)</b>	AGENT'S NAME _____ POSITION _____ ADDRESS _____ CITY _____ POSTAL CODE _____ TELEPHONE _____ FAX _____ EMAIL _____	

**PLEASE READ ACROSS AND COMPLETELY FILL IN APPROPRIATE BOXES**

WILL YOUR OPERATION PREPARE FOOD ON SITE FOR IMMEDIATE CONSUMPTION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	INCLUDES PRODUCTS SUCH AS COOKED FOODS, REHEATED FOODS, SANDWICHES, SALADS OR STEAMED MILK.
WILL YOUR OPERATION PREPARE FOOD OFF SITE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF "YES" - LOCATION _____
WILL YOUR OPERATION PROVIDE SEATING FOR CONSUMPTION OF PREPARED FOOD?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF "YES" - TOTAL SEATING CAPACITY _____
WILL YOUR OPERATION BE MOBILE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF "YES" - TYPE? <input type="checkbox"/> CART <input type="checkbox"/> VEHICLE <input type="checkbox"/> VESSEL
WILL YOUR MAIN SERVICE BE ALCOHOLIC BEVERAGES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF "YES" - DESCRIBE TYPE OF OPERATION <input type="checkbox"/> LOUNGE <input type="checkbox"/> PUB <input type="checkbox"/> CABARET
WHAT WORDS WOULD BEST DESCRIBE YOUR OPERATION?	<input type="checkbox"/> TAKE OUT <input type="checkbox"/> RESTAURANT <input type="checkbox"/> MOBILE CART <input type="checkbox"/> CONCESSION <input type="checkbox"/> SEAFOOD <input type="checkbox"/> PUB <input type="checkbox"/> CARE FACILITY <input type="checkbox"/> OTHER SPECIFY _____		
DURING WHICH MONTHS WILL YOUR OPERATION BE OPEN? (INCLUDE PARTIAL 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		
ARE YOU APPLYING FOR A "FOOD FACILITY" THAT WILL BE RENTED OR LEASED TO OTHERS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF "YES" - PLEASE ENSURE THEY HAVE CONTACTED OUR OFFICE FOR NECESSARY APPROVAL
WILL YOUR OPERATION CONDUCT BUSINESS MORE THAN 14 DAYS IN A 12 MONTH PERIOD? OR	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF "NO" COMPLETE "APPLICATION FOR CATERED FUNCTION BAKE SALE" INSTEAD OF THIS FORM
WILL YOUR OPERATION SELL TOBACCO PRODUCTS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF "YES" <input type="checkbox"/> VENDING MACHINE <input type="checkbox"/> OVER THE COUNTER
WILL YOUR OPERATION PROVIDE AN OUTSIDE SMOKING AREA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

<b>VERIFICATION</b>	APPLICANT SIGNATURE _____ 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.		DATE <b>DD / MMM / YYYY</b> _____
	PRINT NAME _____		PLANS INCLUDED <input type="checkbox"/> YES <input type="checkbox"/> NO PROPOSED OPENING DATE _____

<b>You are required to complete and submit a "Building/Property Information Sheet" with this application.</b>	<b>FOR OFFICIAL USE ONLY</b>		DATE	INITIALS			
		REC'D from Customer			FACILITY TYPE		Init.
		POSTED			FACILITY #		
		APPROVED			AMOUNT PAID		
		PERMIT SENT			METHOD OF PAYMENT		



Health Protection & Environmental Services  
**BUILDING/PROPERTY INFORMATION SHEET**

COMPLETE ONE INFORMATION SHEET **IN FULL** FOR **EACH** FACILITY USING BLOCK PRINTING WHERE POSSIBLE AND COMPLETELY FILLING IN THE APPROPRIATE BOXES

The information below refers to the physical building or property in/on which the facility is located. For example, a facility may be located in a complex that contains other businesses, and the complex may have a different mailing address than your facility.

On the other hand, the facility may be a home based business, which would have the same physical location and address indicated on the facility application form. In this case, please indicate that the information is the same as on the facility application form.

Thank you for your cooperation and accuracy in completing this form.

**CATEGORY OF ACCOMPANYING FACILITY APPLICATION**

- CARE FACILITY     
  FOOD     
  SCHOOL     
  TOBACCO

<b>FACILITY Information</b>	FACILITY NAME _____ WATER SOURCE <input type="checkbox"/> COMMUNITY SYSTEM NAME _____ <input type="checkbox"/> WELL SEWAGE SYSTEM <input type="checkbox"/> SEWER <input type="checkbox"/> ONSITE SEWAGE DISPOSAL
<b>BUILDING Information</b>	<input type="checkbox"/> BUILDING OWNER information <b>same</b> as Facility Owner (complete VERIFICATION section below) <input type="checkbox"/> BUILDING/PROPERTY address information same as Facility address (complete VERIFICATION section below)
<b>BUILDING OR COMPLEX</b>	BUILDING NAME (IF DIFFERENT FROM FACILITY) _____ ADDRESS _____ CITY _____ POSTAL CODE _____
<b>OWNER of Building or Complex</b>	REGISTERED NAME _____ <input type="checkbox"/> SOCIETY MAILING ADDRESS _____ <input type="checkbox"/> SOLE PROPRIETOR CITY _____ PROV _____ POSTAL CODE _____ <input type="checkbox"/> PARTNERSHIP TELEPHONE _____ FAX _____ EMAIL _____ <input type="checkbox"/> INCORPORATED
<b>CONTACT for Building or Complex</b>	NAME _____ ADDRESS _____ CITY _____ PROV _____ POSTAL CODE _____ TELEPHONE _____ FAX _____ EMAIL _____
<b>OWNER'S AGENT</b> (Contractor, Property Manager, Lawyer, Developer, Realtor)	NAME _____ ADDRESS _____ CITY _____ PROV _____ POSTAL CODE _____ TELEPHONE _____ FAX _____ EMAIL _____
<b>VERIFICATION</b> (Eg. Owner, Licensee, Leasee)	DATE _____ SIGNATURE _____ PROPOSED OPENING DATE _____ PRINT NAME _____

**FOR OFFICIAL USE ONLY**

DATE RECEIVED _____	BY _____
FACILITY # _____	SIGNATURE _____