

# 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 at (250) 370-8043.

(RETURN FORM TO NEAREST HPES OFFICE)  
<http://www.viha.ca/mho/contacts/hpes.htm>

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>	<b>FACILITY NAME</b> _____ <b>FACILITY LOCATION ADDRESS</b> _____ <b>CITY</b> _____ <b>POSTAL CODE</b> _____ <b>TELEPHONE</b> _____ <b>FAX</b> _____ <b>EMAIL</b> _____ <b>MAILING ADDRESS IF DIFFERENT FROM ABOVE</b> _____ <b>SEND INVOICE TO</b> <input type="checkbox"/> SAME AS FACILITY <input type="checkbox"/> SAME AS MAILING OR: _____		
<b>FACILITY'S REGISTERED OWNER(S) OR LEASEE(S)</b>	<b>REGISTERED OWNER/LEASEE NAME</b> _____ <input type="checkbox"/> SOCIETY <b>MAILING ADDRESS</b> _____ <input type="checkbox"/> SOLE PROPRIETOR <b>CITY</b> _____ <b>PROV</b> _____ <b>POSTAL CODE</b> _____ <input type="checkbox"/> PARTNERSHIP <b>TELEPHONE</b> _____ <b>FAX</b> _____ <b>ALTERNATE PHONE</b> _____ <input type="checkbox"/> INCORPORATED <b>EMAIL</b> _____		
<b>FACILITY MANAGER / CONTACT</b>	<b>CONTACT NAME</b> _____ <b>POSITION</b> _____ <b>ADDRESS</b> _____ <b>POSTAL CODE</b> _____ <b>TELEPHONE</b> _____ <b>FAX</b> _____ <b>EMAIL</b> _____		
<b>BUILDING INFORMATION</b>	<b>IF THE FACILITY IS PART OF A MALL, NAME OF MALL</b> _____ <b>BUILDING NAME (IF DIFFERENT FROM FACILITY)</b> _____ <b>ADDRESS</b> _____ <b>CITY</b> _____ <b>POSTAL CODE</b> _____		
<b>OWNER OF BUILDING OR COMPLEX</b>	<b>REGISTERED NAME</b> _____ <input type="checkbox"/> SOCIETY <b>MAILING ADDRESS</b> _____ <input type="checkbox"/> SOLE PROPRIETOR <b>CITY</b> _____ <b>PROV</b> _____ <b>POSTAL CODE</b> _____ <input type="checkbox"/> PARTNERSHIP <b>CONTACT/AGENT NAME</b> _____ <b>POSITION</b> _____ <input type="checkbox"/> INCORPORATED <b>TELEPHONE</b> _____ <b>FAX</b> _____ <b>EMAIL</b> _____		
<b>FACILITY SERVICING</b>	<b>WATER SOURCE</b> <input type="checkbox"/> COMMUNITY (SYSTEM NAME) _____ <input type="checkbox"/> WELL <input type="checkbox"/> OTHER   SPECIFY _____ <b>SEWAGE DISPOSAL</b> <input type="checkbox"/> SEWER <input type="checkbox"/> ONSITE SEWAGE DISPOSAL		
<b>OPERATIONAL MONTHS</b>	<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" – TYPE <input type="checkbox"/> CART <input type="checkbox"/> VEHICLE <input type="checkbox"/> VESSEL <input type="checkbox"/> NO	
WHAT TYPE OF FOOD PREMISES WILL YOU BE OPERATING?		<input type="checkbox"/> RESTAURANT <input type="checkbox"/> TAKE OUT <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	
<b>VERIFICATION</b>	<b>APPLICANT SIGNATURE</b> _____ <b>DATE</b> DD / MMM / YYYY <small>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.</small> <b>PRINT NAME</b> _____ <b>POSITION</b> _____ <b>PROPOSED OPENING DATE</b> _____ <b>PHONE</b> _____ <b>ADDRESS</b> _____ <b>PLANS INCLUDED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>FOR OFFICIAL USE ONLY</b>	<b>DATE</b>	<b>INITIALS</b>	<b>FACILITY TYPE</b>
	APPLICATION PACKAGE REC'D		FACILITY #
	PLANS APPROVED BY EHO		AMOUNT PAID
	FACILITY APPROVED BY EHO		METHOD OF PAYMENT
	POSTED TO HEALTHSPACE		RECEIPT #
OPERATING PERMIT SENT			