



Health and Social Services

ENVIRONMENTAL HEALTH SERVICES APPLICATION FOR A PERMIT TO OPERATE A FOOD PREMISES

In accordance with provisions pursuant to the *Public Health and Safety Act*, I hereby apply for permission to operate a food premises and in support of this application supply the following information:

PLEASE PRINT		PLEASE REVIEW REVERSE SIDE PRIOR TO COMPLETING			USE N/A, IF NOT APPLICABLE	
1. PREMISES (TRADE NAME)		^ NEW	^ EXISTING		IF EXISTING, PREVIOUSLY KNOWN AS:	
2. LEGAL DESCRIPTION					PLAN NUMBER	
3. MUNICIPAL ADDRESS (if applicable)					POSTAL CODE	
4. MAILING ADDRESS		^ SAME AS MUNICIPAL ADDRESS			POSTAL CODE	
5. PHONE No.		6. FAX No.	^ SAME AS PHONE #		7. E-MAIL ADDRESS	
IF A MOBILE UNIT, ALSO COMPLETE 8 TO 11				ATTACH PHOTOGRAPH(S) OF MOBILE UNIT		
8. SERIAL #		9. LICENSE PLATE NO.			PROVINCE / TERRITORY ^ YUKON	
10. SITE LOCATION(S) OF MOBILE UNIT			11. BASE ADDRESS ^ SAME AS LEGAL/MUNICIPAL			
OPERATOR / OWNER						
12. OPERATOR			13. BUSINESS NAME			
14. OPERATOR'S MAILING ADDRESS (CURRENT AND OFF-SEASON)						
15. OPERATOR'S PHONE No.		16. FAX No.	^ SAME AS PHONE #		17. E-MAIL ADDRESS	
18. BUILDING AND/OR LAND OWNER (if different from Operator)			MAILING ADDRESS		PHONE NUMBER	
FACILITY / FOOD SERVICE						
19. MANAGER or HEAD CHEF (if different from Operator)				20. PHONE No. ^ SAME AS PREMISES		
21. PROPOSED DATE TO OPEN/OPERATE		22. DAYS & HOURS OF OPERATION		23. IF SEASONAL, LIST MONTHS OF OPERATION		
24. No. OF STAFF	25. SEATING CAPACITY	26. FOOD SERVICE ATTACH MENU ^ LIQUOR SERVED ^ SINGLE SERVICE UTENSILS ONLY ^ BUFFET SERVICE			27. HACCP SYSTEM ^ YES ^ NO	
COMPLETE FOR NEW PREMISES OR CHANGES TO AN EXISTING PREMISES				ATTACH A FLOOR PLAN		
28. POTABLE WATER SUPPLY ^ MUNICIPAL, OR ^ OTHER, ATTACH FORM A		29. SEWAGE DISPOSAL ^ MUNICIPAL, OR ^ OTHER, ATTACH FORM A		30. GREASE TRAP ^ YES ^ NO	31. GARBAGE DISPOSAL ^ MUNICIPAL, OR ^ OTHER, ATTACH FORM A	
32. PUBLIC SANITARY FACILITIES (No. OF)			33. OTHER, DESCRIBE		34. STAFF SANITARY FACILITIES (No. OF)	
WOMEN'S TOILET(S)	BASIN(S)	MEN'S TOILET(S)	BASIN(S)	URINAL(S)	TOILET(S)	BASIN(S) CHANGE ROOM ^ YES ^ NO
I am familiar with the regulations and good public health practices that pertain to the operation of a food premises; and declare that, to the best of my knowledge, the information submitted is accurate.						
SIGNATURE OF OPERATOR			PRINT NAME		DATE	
OFFICE USE ONLY						
DISTRICT E.H.O.	REVIEWED BY ^ DISTRICT E.H.O.		NEIGHBOURHOOD	FREQUENCY DAYS	REVIEW DATE	
PERMIT TO OPERATE ^ ISSUE ^ ISSUE CONDITIONAL UPON ON-SITE INSPECTION ^ ISSUE WITH THE FOLLOWING CONDITIONS:				FACILITY TYPE		
				DATE ISSUED	PERMIT NUMBER	