



### Public Health Inspection Application

**Check applicable boxes:**

<input type="checkbox"/> <b>New Application:</b> <input type="checkbox"/> New Business  <input type="checkbox"/> Change of Address: <input type="checkbox"/> Site <input type="checkbox"/> Mailing <input type="checkbox"/> Billing  <input type="checkbox"/> <b>Change of Owner</b>  _____ <i>Previous Owner Name</i>	<input type="checkbox"/> <b>Change of Premises Name</b>  _____ <i>Previous Premises Name</i>  <input type="checkbox"/> <b>Change of Facility Status:</b> <input type="checkbox"/> Pending <input type="checkbox"/> Active <input type="checkbox"/> Closed	<input type="checkbox"/> <b>Change of Facility Category</b>  <input type="checkbox"/> <b>Change of Facility Category Style</b>  <input type="checkbox"/> <b>Change in Months of Operation</b>  <input type="checkbox"/> <b>Change of Fee Category</b>  <input type="checkbox"/> <b>Tobacco Attribute Closure</b>
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**Complete all applicable sections:**

<b>Intended Date of Opening/Change:</b> _____		<b>Facility #</b> _____	
Months of Operation: _____ to _____		Send Permit to: <input type="checkbox"/> Site Address <input type="checkbox"/> Mailing Address <input type="checkbox"/> Billing Address	
Premises Name _____			
Premises Site Address _____			
Postal Code _____	Site Phone _____	Site Fax _____	
Manager / Operator _____			
Water System Providing Water _____		<input type="checkbox"/> Septic System	<input type="checkbox"/> Community Sewer System
Legal Owner Name _____			
<input type="checkbox"/> Corporation # _____	<input type="checkbox"/> Partnership _____	<input type="checkbox"/> Proprietorship _____	
Owner Contact Name _____			
Mailing Address _____			
Postal Code _____	Owner Phone _____	Owner Fax _____	
Billing Name _____			
Billing Address _____			
Billing Postal Code _____	Billing Phone _____	Billing Fax _____	
Billing Contact Name _____			



# Interior Health

## Health Protection

### Facility Category *(Fill in appropriate sections)*

<input type="checkbox"/> Food Service	# of seats _____ <input type="checkbox"/> Mobile	<input type="checkbox"/> Fixed <input type="checkbox"/> Temporary (14 or less days per year)	<input type="checkbox"/> Institutional
<input type="checkbox"/> Food Store / Retail	<input type="checkbox"/> Food Preparation <input type="checkbox"/> Non Food Preparation		
<input type="checkbox"/> Food Other	<input type="checkbox"/> Bakery <input type="checkbox"/> Ice Making	<input type="checkbox"/> Beer & Wine/U-Brew <input type="checkbox"/> Slaughterhouse	<input type="checkbox"/> Butcher Shop/Meat Processing <input type="checkbox"/> Water Bottling <input type="checkbox"/> Other
<input type="checkbox"/> Pool	<input type="checkbox"/> Swimming Pool <input type="checkbox"/> Commercial Pool	<input type="checkbox"/> Hot Tub <input type="checkbox"/> Commercial Hot Tub	<input type="checkbox"/> Therapeutic <input type="checkbox"/> Wading Pool <input type="checkbox"/> Spray Pool
Water System: <input type="checkbox"/> > 300 connections <input type="checkbox"/> 15-300 connections <input type="checkbox"/> 14 or less connections <input type="checkbox"/> Bulk Water Hauler	<input type="checkbox"/> Government <input type="checkbox"/> Private <input type="checkbox"/> Society <input type="checkbox"/> Utility (Utility Act)	<input type="checkbox"/> Improvement District <input type="checkbox"/> Regional District <input type="checkbox"/> Strata Corporation <input type="checkbox"/> Water Users Community	<input type="checkbox"/> Municipality <input type="checkbox"/> School District
Population Served _____ # of connections _____			
<input type="checkbox"/> Personal Services	<input type="checkbox"/> Blood and Body Fluids <input type="checkbox"/> Non-blood and Body Fluids <input type="checkbox"/> Tanning		
<input type="checkbox"/> Beach	<input type="checkbox"/> Public Beach		
<input type="checkbox"/> Industrial Camp			
<input type="checkbox"/> Tobacco	<input type="checkbox"/> Tobacco Attribute	<input type="checkbox"/> Stand Alone Tobacco Facility	

**Signature of Applicant**

**Date**

*To receive a refund you must make application within 30 days of closure*

### Office Use

Receipt #	Date	Amount Paid
Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		
Cheque #	Toll Free Credit Card Line (Visa, MC) 1-866-314-2778 option 2	
HH Community	PHI	

White - Office

Canary - Applicant