

MOBILE PREMISES OPENING NOTIFICATION FORM

Business Name: _____ **Owner Name:** _____

Location of Mobile Unit Street Address: _____

Town/City: _____ **Postal Code:** _____

Mailing Address (if different): _____

Town/City: _____ **Postal Code:** _____

Phone Number: _____ **Email:** _____

Proposed Date of Opening: _____

Type of Foods you Intend to Serve: _____

Source and Location of Water Supply: _____

Power Supply: _____

Location of Any Additional Food Storage Areas: _____

If you are providing seating, washrooms must be provided for patrons.

Please note you are required to notify the Health Unit a minimum of two (2) weeks prior to the date you wish to open for the season.

Please Mail, E-mail or Fax Your Completed Form and to the Health Unit

458 Laurier Blvd., Brockville ON K6V 7A 3
Fax: 613-345-7148

25 Johnston Street, Smiths Falls ON K7A 0A4
Fax: 613-283-1679

Email: protection@healthunit.org

Personal information on this form is collected under the authority of the Health Protection and Promotion Act S.O. 1983, C10, and will be used for the provision of recording information for the Community Health Protection Department. Questions concerning the collection of this information should be directed to the Community Health Protection Department of the Health Unit in writing to; 458 Laurier Blvd. Brockville ON K6V 7A3 or by calling 1-800-660-5853