

**NOTICE OF INTENTION TO OPERATE A FOOD PREMISES**

**Business Name:** \_\_\_\_\_ Corporation Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Same as Street Address:  Yes

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Primary Owner Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Same as Street Address:  Yes

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Primary Operator Name:** \_\_\_\_\_ Same as Owner Above:  Yes

Street Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Same as Street Address:  Yes

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Please Indicate if:**  New Building  Existing Building/Renovations  Ownership Change

**Proposed Date of Opening:** \_\_\_\_\_

**Water Source:** Well?  Yes  No (If yes, may be subject to [Small Drinking Water System regulation](#))

**Seasonal:**  Yes  No If Yes: Months of Operation: \_\_\_\_\_ to \_\_\_\_\_

**Subject to Menu Labeling?**  Yes  No (Chain of 20 or more locations in Ontario)

**Please Include the Following Documents:**

Property Site Plan  Building & Equipment Plan  Menu  Description of Proposed Plan

**Please Submit Completed Notice Form and Documents to:**

Email: [protection@healthunit.org](mailto:protection@healthunit.org)

458 Laurier Blvd., Brockville ON K6V 7A3

25 Johnston Street, Smiths Falls ON K7A 0A4

Fax: 613-345-7148

Fax: 613-283-1679